

**WHATCOM COUNTY  
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:  
202501019 - 9

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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If not, is this an Amendment or Renewal to an Existing Contract? If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	202501019
Does contract require Council Approval? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If No, include WCC:	3.08.100	
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	ALN # (this amendment): 93.069 / 93.136 / 93.268 / 93.323 / 93.994

Is this contract grant funded? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):
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Method of Procurement:	N/A - Interlocal	Contract Cost Center:	Various
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Is this agreement excluded from E-Verify? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
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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): \$ 6,815,736	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.
This Amendment Amount: \$ 3,905,030	
Total Amended Amount: \$ 10,720,766	

Summary of Scope: This amendment incorporates funding and scopes of work for various public health programs.

<b>Contract Term Ends:</b>	<b>12/31/2027</b>		
Contract Routing:	1. Prepared by:	J. Thomson	Date: 07/16/2025
	2. Attorney signoff:	Kimberly A. Thulin	Date: 09/09/2025
	3. AS Finance reviewed:	Bbennett	Date: 09/09/2025
	4. IT reviewed (if IT related):		Date:
	5. Contractor signed:		Date:
	6. Submitted to Exec.:	J. Thomson	Date: 09/09/2025
	7. Council approved (if necessary):	n/a	Date:
	8. Executive signed:	ssidhu	Date: 09/10/2025
	9. Original to Council:		Date:



# Memorandum

**TO:** Satpal Sidhu, County Executive  
**FROM:** Charlene Ramont, Interim Director  
**RE:** Washington State Department of Health – 2025 - 2027 Consolidated Contract Amendment #9  
**DATE:** **SEPTEMBER 10, 2025**

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Attached is a grant amendment between Whatcom County and Washington State Department of Health for your review and signature. This amendment increases funding and/or revises statements of work for various public health programs, as described below.

▪ **Background and Purpose**

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

▪ **Funding Amount and Source**

This amendment adds \$3,905,030. Total funding for this grant is \$10,720,766 and is provided by state and federal resources. These funds are included in the 2025 budget. Council authorization for this grant was received on 01/14/2025.

▪ **Differences from Previous Contracts**

Adds statements of work and/or increases funding for the following programs:

1. COVID-19 Response Epidemiology and Laboratory Capacity (ELC) – This amendment extends the period of performance through 12/31/2025. These funds are used to support salaries for personnel that work in communicable disease surveillance and investigation.
2. Foundational Public Health Services – This amendment adds \$3,618,000 for the period of 07/01/2025 – 06/30/2026. These funds cover long-term investments in public health without increasing the burden on the County's general funds.
3. Overdose Data to Action in States – This amendment adds \$56,161 for the period of 09/01/2025 – 08/31/2026. These funds are used to cover a portion of an Overdose Response and Prevention Behavioral Health Specialist and a portion of the position's supervisor.
4. Maternal & Child Health Block Grant – This amendment adds \$142,176 for the period of 10/01/2025 – 09/30/2026. These funds support local activities to improve the health of women, infants, children, youth, and their families. The funding is used to pay for personnel focused on children with special health care needs and expanding caregiver support.
5. Perinatal Hepatitis B – This amendment adds \$375. These funds are used to coordinate with hospitals and health care providers to conduct activities to prevent perinatal Hepatitis B.
6. Public Health Emergency Preparedness – This amendment adds \$88,318. These funds will continue to fund a) salary and benefits for planning and training the Incident Management Team, developing an emergency plan, continuity of operations plan, and workplace safety plans; b) emergency preparedness supplies; and c) travel and registration for emergency preparedness and resiliency conferences.

Please contact Charlene Ramont, Interim Director at 360-778-6169 ([CRamont@co.whatcom.wa.us](mailto:CRamont@co.whatcom.wa.us)) if you have any questions.

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

**CONTRACT NUMBER: CLH32073**

**AMENDMENT NUMBER: 9**

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:  
 Foundational Public Health Services - Effective July 1, 2025  
 Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2025  
 Office of Resiliency & Health Security-PHEP - Effective July 1, 2025
  - Amends Statements of Work for the following programs:  
 DCHS - ELC COVID-19 Response - Effective January 1, 2025  
 Injury & Violence Prevention-Overdose Data to Action in States - Effective January 1, 2025  
 Maternal & Child Health Block Grant – Effective January 1, 2025
  - Deletes Statements of Work for the following programs:
  
2. Exhibit B-9 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-8 Allocations as follows:
  - Increase of **\$3,905,030** for a revised maximum consideration of **\$10,720,766**.
  - 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: <i>Chris R</i>	Signature:
Date: <i>9/10/25</i>	Date:

APPROVED AS TO FORM ONLY  
Assistant Attorney General

WHATCOM COUNTY

*Satpal Singh Sidhu*

9.10.25

Satpal Singh Sidhu, County Executive

STATE OF WASHINGTON )

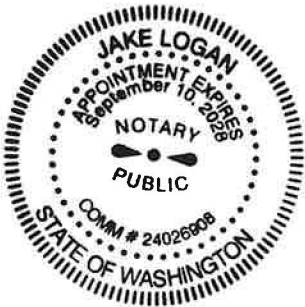
COUNTY OF WHATCOM )

On this 10<sup>th</sup> day of September, 2025, before me personally appeared Satpal Singh Sidhu, to me known to be the County Executive of Whatcom County and who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

*[Signature]*

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

My Commission expires: 9.10.28



APPROVED AS TO FORM

Approved by email KT/JT  
Kimberly A. Thulin, Senior Civil Deputy Prosecutor

09/09/2025  
Date

**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 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 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			
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 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	\$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	\$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	\$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		
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	\$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		
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 8	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$13,500	\$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		
SFY25 Wastewater Management-GFS		Amd 7	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	(\$10,000)	\$12,764	\$12,764
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		
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	\$223,713
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	\$41,172	\$102,019	
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		
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	\$84,508
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	\$28,249	
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		
<b>SFY26 FPHS-LHJ Funds-GFS</b>		<b>Amd 9</b>	<b>N/A</b>	<b>336.04.25</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>\$3,618,000</b>	<b>\$3,618,000</b>	<b>\$7,461,000</b>
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	\$200,000
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	\$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	(\$3,200)	\$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	\$3,200		
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	(\$3,200)	\$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	\$3,200		

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 Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Chart of Accounts Start Date	Funding Period End Date			
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	\$3,600	\$3,600
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		
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	\$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	(\$4,000)	\$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	\$4,000		
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	(\$4,000)	\$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	\$4,000		
<b>TOTAL</b>									<b>\$10,720,766</b>	<b>\$10,720,766</b>	
<b>Total consideration:</b>				<b>\$6,815,736</b>						<b>GRAND TOTAL</b>	<b>\$10,720,766</b>
				<b>\$3,905,030</b>							
<b>GRAND TOTAL</b>				<b>\$10,720,766</b>						<b>Total Fed</b>	<b>\$1,804,262</b>
										<b>Total State</b>	<b>\$8,916,504</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:** DCHS - ELC COVID-19 Response - 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 December 31, 2025

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

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19.

**Revision Purpose:** Extend Period of Performance and LHJ Funding End Date from June 30, 2025 to December 31, 2025.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
FFY20 ELC EDE LHJS CDC	1897140E	93.323	333.93.32	01/01/25	12/31/25	386,500	0	386,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>386,500</b>	<b>0</b>	<b>386,500</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and/or other preparedness and response activities for COVID-19.			
	Examples of key activities include:			
	<ul style="list-style-type: none"> <li>• Incident management for the response</li> <li>• Testing</li> <li>• Case Investigation/Contact Tracing</li> <li>• Sustainable isolation and quarantine</li> <li>• Care coordination</li> <li>• Surge management</li> <li>• Data reporting</li> </ul>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.				
<b>DCHS COVID-19 Response</b>				
1	Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the “Budget narrative Template”, “Budget Guidance” and any other applicable documents that may be identified.	Submit the budget plan and narrative using the template provided.	Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.	Reimbursement of actual costs incurred, not to exceed:
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to sustain modest local level capacity for prioritized case investigation and contact tracing for COVID-19. This includes efforts to conduct follow-up on outbreak/cluster investigations in prioritized high risk settings.</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> <li>1. Strive to maintain the capacity to conduct targeted investigations as appropriate.</li> <li>2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum.</li> <li>3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols.</li> <li>4. Coordinate with Tribal partners in conducting contact tracing for Tribal members.</li> <li>5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined)</li> </ol>	<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	<p>\$386,500 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897140E) Funding end date <del>12/31/25</del> <b>6/30/2025</b></p>



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>reports to DOH on testing locations and volume as requested.</p> <ul style="list-style-type: none"> <li>c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.                             <ul style="list-style-type: none"> <li>i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission.</li> <li>ii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry.</li> </ul> </li> <li>d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe.</li> <li>e. Support Infection Prevention and control for high-risk populations                             <ul style="list-style-type: none"> <li>i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers.</li> <li>ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities.</li> <li>iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks.</li> </ul> </li> </ul>	<p>Contract manager on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p> <p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis).</li> <li>v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations.</li> <li>vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings.</li>   <li>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</li>   <li>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</li>   <li>h. Establish sustainable isolation and quarantine (I&amp;Q) measures in accordance with <b>WAC 246-100-045</b> (Conditions and principles for isolation or quarantine). <ul style="list-style-type: none"> <li>i. Have at least one (1) location for conducting I&amp;Q operations identified and confirmed. This location should be sufficient for supporting I&amp;Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal agreement; alternatively, the jurisdiction may</li> </ul> </li> </ul>	<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p>		

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

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](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](#) by DOH as required by P.L. 109-282.

**Program Specific Requirements**

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

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

CDC Funding Regulations and Policies

<https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>

**Monitoring Visits (frequency, type)**

The DOH program contact may conduct monitoring visits during the life of this project. The type, duration, and timing of visit will be determined and scheduled in cooperation with the subawardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project

**Special Billing Requirements:**

**Payment:** Upon approval of deliverables and receipt of an invoice voucher, DOH will reimburse for actual allowable costs incurred. Billings for services on a monthly fraction of the budget will not be accepted or approved.

**Submission of Invoice Vouchers:** The LHJ shall submit correct monthly A19-1A invoice vouchers for amounts billable under this statement of work to DOH by the 25th of the following month or on a frequency no less often than quarterly.

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

**DOH Program Name or Title:** Foundational Public Health Services - Effective July 1, 2025

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

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

<b>Funding Source</b>	<b>Federal Compliance (check if applicable)</b>	<b>Type of Payment</b>
<input type="checkbox"/> Federal <Select One>	<input type="checkbox"/> FFATA (Transparency Act)	<input type="checkbox"/> Reimbursement
<input checked="" type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input checked="" type="checkbox"/> Periodic Distribution
<input type="checkbox"/> Other		

**Period of Performance:** July 1, 2025 through June 30, 2026

**Statement of Work Purpose:** Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system’s capacity and increase the availability of FPHS services statewide.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SFY26 FPHS - LHJ FUNDS - GFS	99210860	N/A	336.04.25	07/01/25	06/30/26	0	3,618,000	3,618,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>3,618,000</b>	<b>3,618,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>FPHS funds to each LHJ</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$1,141,000
2	<b>Assessment Reinforcing Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$60,000
3	<b>Assessment – CHA/CHIP</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$30,000
4	<b>Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$687,000

<b>Task #</b>	<b>Activity</b>	<b>Deliverables/Outcomes</b>	<b>Due Date/Time Frame</b>	<b>Payment Information and/or Amount</b>
5	<b>CD - NEW SFY 24 Immunization Outreach, Education &amp; Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$225,000
6	<b>EPH - NEW SFY 24 Fully fund Environmental Public Health Policy &amp; Leadership Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
7	<b>FC - NEW SFY 24 Strengthening Local Finance Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$62,000
8	<b>FC - NEW SFY 24 Public Health Communications</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$200,000
9	<b>Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
10	<b>EPR - NEW SFY 24 Emergency Preparedness &amp; Response – Capacity and Capability</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$205,000
11	<b>CD – Hepatitis C</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$41,000
12	<b>CD – Case Investigation Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in 9 Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$296,000
13	<b>CD – Tuberculosis Program</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$19,000
14	<b>Assessment – Localized Epidemiology Capacity – General (Assessment/Surveillance, CHA/CHIP)</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
15	<b>EPH – Toxicology and Environmental Epidemiology</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000
16	<b>EPH Core Team – Safe and Healthy Communities</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$47,000
17	<b>EPH Core Team – Climate Change Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$80,000

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FPHS staff from DOH and the Washington State Association of Local Public Health Officials (WSALPHO) will coordinate and communicate together to build and assure common systemwide approaches per FPFS Steering Committee direction and the FPFS framework intent.

- For LHJ questions about the use of funds:
  - Chris Goodwin, FPMS Policy Advisor, WSALPHO – [cgoodwin@wsac.org](mailto:cgoodwin@wsac.org), 564-200-3166
  - Brianna Steere, FPMS Policy Advisor, WSALPHO – [bsteere@wsac.org](mailto:bsteere@wsac.org), 564-200-3171

The intent of FPMS funding is outlined in [RCW 43.70.512](#).

Foundational Public Health Services Definitions and related information can be found here: [www.doh.wa.gov/fpms](http://www.doh.wa.gov/fpms).

**Stable funding and an iterative decision-making process** – The FPMS Steering Committee’s roles and responsibilities are outlined in the [FPMS Committee & Workgroup Charter](#). The Steering Committee is the decision making body for FPMS and operates under a consensus-based decision making model, outlined [here](#). The Steering Committee use an iterative approach to decision making meaning additional tasks and/or funds may be added to a local health jurisdiction’s (LHJ) FPMS Statement of Work (SOW) as funding decisions are made.

**Spending of FPMS funds** – FPMS funds do not require pre-approval or pre-authorization to spend. FPMS funds are to assure FPMS services are available in each jurisdiction based on the FPMS Definitions (link) and as reflected in the SOW. Assurance includes providing FPMS as part of your jurisdiction's program operations, contracting with another governmental public health system partner to provide the service, or receiving the service through a new service delivery model such as cross-jurisdictional sharing or regional staff. **FPMS funds are eligible starting at the beginning of each state fiscal year (July 1) regardless of when funds are received by the LHJ, even if the expenditure occurred before the LHJ’s contract was signed.**

These funds are not intended for fee-based services such as select environmental public health services. As state funding for FPMS increases, other funds sources (local revenue, grants, federal block grants) should be directed to the implementation of additional important services and local/state priorities as determined by each agency/jurisdiction.

**Annual Allocations** – The legislature appropriates FPMS funding on an annual basis and the FPMS Steering Committee allocates funds annually through the FPMS Concurrence Process for the State Fiscal Year (SFY): July - June.

The Legislature appropriates FPMS funding amounts for each fiscal year of the biennium. This means that funds must be spent within that fiscal year and cannot be carried forward. Any funds not spent by June 30<sup>th</sup> each year must be returned to the State Treasury. Funding allocations reset and begin again at the start of the next fiscal year (July 1).

This Statement of Work is for the period of July 1, 2025-June 30,2026 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

**Disbursement of FPMS funds to LHJs** – Unlike other ConCon grants, FPMS bill-back to DOH is NOT required. Half of the annual FPMS funds allocated by the Steering Committee to each LHJ are disbursed each July and January. The July payments to LHJs and access to FPMS allocation for all other parts of the governmental public health system occur upon completion of the FPMS Annual Assessment.

**Deliverables** – FPMS funds are to be used to assure FPMS services statewide. The FPMS accountability process measures how funds are spent, along with changes in system capacity through the FPMS Annual Assessment, system performance indicators, and other data. DOH, SBOH and local health jurisdictions have agreed to complete:

1. Reporting of spending and spending projections. Process timelines and reporting template are provided by the FPMS Steering Committee via FPMS Support Staff.
2. FPMS Annual Assessment is due each July to report on the previous state fiscal year. Process and reporting template are provided by the FPMS Steering Committee via FPMS Support Staff. System results are published in the annual FPMS Investment Report available at [www.doh.wa.gov/fpms](http://www.doh.wa.gov/fpms).

**BARS Revenue Code:** 336.04.25

**BARS Expenditure Coding** – provided for your reference

562.xx	BARS Expenditure Codes for FPHS activities: see below
10	FPHS Epidemiology & Surveillance
11	FPHS Community Health Assessment
12	FPHS Emergency Preparedness & Response
13	FPHS Communication
14	FPHS Policy Development
15	FPHS Community Partnership Development
16	FPHS Business Competencies
17	FPHS Technology
20	FPHS CD Data & Planning
21	FPHS Promote Immunizations
23	FPHS Disease Investigation – Tuberculosis (TB)
24	FPHS Disease Investigation – Hepatitis C
25	FPHS Disease Investigation – Syphilis, Gonorrhea & HIV
26	FPHS Disease Investigation – STD (other)
27	FPHS Disease Investigation – VPD
28	FPHS Disease Investigation – Enteric
29	FPHS Disease Investigation – General CD
40	FPHS EPH Data & Planning
41	FPHS Food
42	FPHS Recreational Water
43	FPHS Drinking Water Quality
44	FPHS On-site Wastewater
45	FPHS Solid & Hazardous Waste
46	FPHS Schools
47	FPHS Temporary Worker Housing
48	FPHS Transient Accommodations
49	FPHS Smoking in Public Places
50	FPHS Other EPH Outbreak Investigations
51	FPHS Zoonotics (includes vectors)
52	FPHS Radiation
53	FPHS Land Use Planning
60	FPHS MCH Data & Planning
70	FPHS Chronic Disease, Injury & Violence Prevention Data & Planning
80	FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning
90	FPHS Vital Records
91	FPHS Laboratory – Centralized (PHSKC Only)
92	FPHS Laboratory

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

[FPHS Intent - RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)

[FPHS Committee & Workgroup Charter](#)

[FPHS Steering Committee Consensus Decision Making Model](#)

**Activity Special Instructions:****Investments to Each LHJ:****1. FPHS Funds to Each LHJ**

These funds are allocated to be used to provide any programs and services within all of the FPHS Definitions. Each LHJ is empowered to prioritize where and how to use these funds to maximize equitable, effective and efficient delivery of FPHS to every community in Washington.

Use BARS expenditure codes from the list above that most closely align with expenditure made.

**Targeted Investments to Each LHJ:****2. Assessment Reinforcing Capacity (FPHS definition G.2)**

Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

**3. Assessment – CHA/CHIP (FPHS definitions G.3)**

Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11

**4. Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity (FPHS definitions D, E, F)**

Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60, 562.70, and/or 562.80

**5. CD - NEW SFY 24 Immunization Outreach, Education & Response (FPHS definition C.3)**

Promote immunization education and use of the statewide immunization registry through evidence-based strategies. Funding can also be used to support vaccine-preventable disease response. BARS expenditure codes: 562.21 and/or 562.27

**6. EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity (FPHS definitions B.2, A.C, J.1-3, K.1-2, L.1)**

These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53

**7. FC - NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)**

Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: 562.16

**8. FC - NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)**

Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: 562.13

**9. Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response (FPHS definitions D.1-2, D.4, F.1-3, G.1-3, I.1-2, J.1-J.3, K.1-2)**

Capacity and infrastructure related to addressing overdose crisis. This includes but is not limited to: Overdose response trainings, convening stakeholders or coordination groups, data analysis, and community education. Use BARS expenditure codes: 562.13, 562.14, 562.15, 562.60, 562.70, 562.80

**10. EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)**

Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12

**Targeted Investments to Select LHJs – Assuring FPHS Available in Own Jurisdiction:**

**11. CD – Hepatitis C (FPHS definitions C.4.o-p)**

Address Hepatitis C cases per guidance developed by the FPHS CD SME Workgroup and [DOH’s Hepatitis C Prioritization document](#) with particular emphasis on lab surveillance and investigation of acute cases. Use BARS expenditure codes: 562.24.

**12. CD – Case Investigation Capacity (FPHS definitions C.2, C. 4)**

Support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities. Use BARS expenditure codes: 562.23-29.

**13. CD – Tuberculosis Program (FPHS definition C.4.q-v)**

Expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community providers, and coordinate case management for patients with LTBI. Funding allocated to LHJs with high Tuberculosis (TB) burden. Use BARS expenditure codes: 562.23.

**14. Assessment – Localized Epidemiology Capacity – General (Assessment/Surveillance, CHA/CHIP) (FPHS definitions G.1, 2)**

Provide general assessment epidemiology focused on local public health assessment needs. Use BARS expenditure codes: 562.10 or 11

**15. EPH – Toxicology and Environmental Epidemiology (FPHS definitions B.1, B.2, B.6, B.7)**

Conduct investigations, research, communications, and data analysis related to toxic exposures. LHJs will work with DOH and tribes to identify environmental epidemiology, toxicology and community engagement needs, and conduct needs assessments on needs for a model program to place capacity closer to the communities potentially affected. Anticipated spending includes, but is not limited to, staffing and travel-related expenses. Use BARS expenditure code: 562.50.

**EPH -- Core Teams (Applies to all EPH Core Team FPHS Investments) (FPHS definition B.1-7)**

Each EPH Core Team investment is for LHJ staff to participate in a cross-jurisdictional topic-specific Core Team. The Core Teams are each tasked with developing one or more model program(s), intended to offer guidance for scalable environmental public health responses relating to their specific sub-topic area(s). Where it makes sense to do so, the Core Teams may also work on implementation of these model programs. The content and output of these model programs will vary depending on the needs and approaches specific to each sub-topic area.

Recipients of these Core Team FPHS funds are required to participate in the associated Core Team for each investment. Recipients may spend these funds towards staffing time necessary to participate and on FPHS-qualifying activities for the specific sub-topic area(s) attached to its associated investment. Each Core Team FPHS investment is distinctive from all other Core Team FPHS investments.

Core Teams exist outside the FPHS structure, in partnership between LHJs and WA DOH, with one co-lead from each. Model programs developed through Core Team work will be made available to all Washington public health agencies.

There are currently six EPH Core Teams. They are listed below, with their sub-topic area(s), as applicable.

- System-Wide Data Management Improvement
- Climate-Change Response
- Lead Exposure
- Water System Capacity
- Homelessness Response

- Safe & Healthy Communities

**Whatcom is receiving funds to participate in these EPH Core Teams:**

16. **EPH Core Team – Safe & Healthy Communities**

This Core Team develops system capacity to advance EPH perspectives into planning processes such as State Environmental Policy Act (SEPA) work, Health Impact Assessments, Comprehensive Plans, and related environmental review opportunities. The Core Team will develop one or more model program(s) to provide scalable approaches to healthy community planning, which may include wastewater planning and treatment, seawater intrusion in drinking water, ventilation in public buildings, PFAS contamination, climate change challenges, and other emerging topics identified by the Core Team.

- Use BARS expenditure code: 562.40

17. **EPH Core Team – Climate-Change Response**

This Core Team will address environmental health concerns related to climate and the effects of climate change.

- Model program development will start with Wildfire Smoke and Harmful Algal Blooms, and may include other priorities and topics.

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

**DOH Program Name or Title:** Injury & Violence Prevention-Overdose Data to Action in States - Effective January 1, 2025

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

**Contract Number:** CLH32073

**SOW Type:** Revision      **Revision # (for this SOW)** 3

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

**Period of Performance:** January 1, 2025 through August 31, 2026

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to allocate funds to Whatcom County Health & Community Services to implement overdose prevention strategies under the CDC Overdose Data to Action in States (OD2A-S) Cooperative Agreement. Please see the budget tables under the activity table for a breakdown of allocated funds. Please also see the "Program Special Requirements" section at the bottom of the Statement of Work.

**Revision Purpose:** Extend the Period of Performance from August 31, 2025 to August 31, 2026, add funds for OD2A-S for FFY25, revise deliverable reporting periods and due dates, and revise program specific requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 CDC PCH OD2A PREVENTION	77520240	93.136	333.93.13	01/01/25	08/31/25	91,081	0	91,081
SFY25 LOCAL OPI PREV & SUPP PROVISIO	77550855	N/A	334.04.93	01/01/25	06/30/25	16,042	0	16,042
FFY25 OD2A PREVENTION CDC YR3	77520250	93.136	333.93.13	09/01/25	08/31/26	0	56,161	56,161
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>107,123</b>	<b>56,161</b>	<b>163,284</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount				
1.	OD2A-S 9.1.1  The LHJ will hire a navigator at the Division Street Behavioral Health Campus Resource Center to provide support and resource navigation to individuals who are at high risk of overdose. This position will work directly with individuals soon after an overdose, at risk of overdose, with a history of overdose, actively using substances, and/or not currently connected to ongoing substance use disorder (SUD)/opioid use disorder (OUD) services.	Progress report update on: <ul style="list-style-type: none"> <li>The hiring process for the navigator</li> <li>The outreach, screening, and linkage work conducted by the navigator</li> <li>The navigator’s efforts to partner with the ED, MOUD providers, and RSD</li> <li>The creation of a leave behind SUD/MOUD guide</li> <li>The establishment of a warm-handoff process</li> </ul>	Progress report updates and quantitative performance measure reporting and due to DOH on the following timeline: <table border="1" style="margin-left: 20px;"> <tr> <th>Reporting Period</th> <th>Report Due Date</th> </tr> <tr> <td><del>11/01/24-01/31/25</del></td> <td>02/10/25</td> </tr> </table>	Reporting Period	Report Due Date	<del>11/01/24-01/31/25</del>	02/10/25	Monthly invoices for actual cost reimbursement will be submitted to DOH.  Barring the purchase of naloxone, the LHJ may bill to <i>any either</i> of the <del>two</del> MI codes listed in the funding table for time and effort spent on any activity in this statement of work.
Reporting Period	Report Due Date							
<del>11/01/24-01/31/25</del>	02/10/25							

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame		Payment Information and/or Amount
	<p>The navigator will provide outreach supplies, brief screenings, information and linkages to community-based care, crisis intervention, follow-up response, and transportation. The navigator will partner closely with the emergency department, local medications for opioid use disorder (MOUD) providers, and WCHCS’s Response Systems Division (RSD).</p> <p>The LHJ will create a leave behind SUD/MOUD resource guide.</p> <p>The LHJ will establish a referral and warm-handoff processes from the navigator to WCHCS’s SSP and MOUD providers.</p>	<p>Quarterly performance measure reporting on the data that is relevant to this activity. Please see the deliverables/outcomes tied to the “Evaluation Requirements” activity for a full list of performance measures.</p>	09/01/25-11/30/25	12/10/25	<p>Total of all invoices for FFY24 CDC PCH OD2A PREVENTION will not exceed \$91,081 through August 31, 2025.</p> <p>Total of all invoices for SFY25 LOCAL OPI PREV &amp; SUPP POVISO will not exceed \$16,042 through June 30, 2025</p> <p><i>Total of all invoices for FFY25 OD2A PREVENTION CDC YR3 will not exceed \$56,161 through August 31, 2026</i></p>
2.	<p>OD2A-S 9.1.2</p> <p>The navigator will conduct naloxone, harm reduction, and trauma-informed care trainings.</p> <p>The navigator will become oriented to the Response Services Division (RSD) and Syringe Services Program (SSP) case management programs. The LHJ will establish and implement a referral process from the navigator to RSD and SSP case management and outreach participants from the population of focus.</p> <p>The LHJ will obtain participant feedback about support received by the navigator and subsequent case management.</p>	<p>Progress report update on:</p> <ul style="list-style-type: none"> <li>The topics and locations of trainings conducted by the navigator</li> <li>The navigator’s process becoming familiar with the case management programs at the RSD and SSP</li> <li>The establishment of a referral process</li> <li>Any participant feedback collected</li> </ul> <p>Quarterly performance measure reporting on the data that is relevant to this activity. Please see the deliverables/outcomes tied to the “Evaluation Requirements” activity for a full list of performance measures.</p>	02/01/25-03/31/25	04/10/25	
			12/01/25-02/28/26	03/10/26	
			04/01/25-06/30/25	07/10/25	
3.	<p>OD2A-S 9.1.3</p> <p>The LHJ will conduct outreach to their population of focus and refer appropriate participants to WCHCS’s Street Medicine ARNP within 72 hours of an overdose for Suboxone bridge prescription until ongoing MOUD is available. They will provide warm hand-offs and referrals to ongoing MOUD within 7 days of contact.</p> <p>The LHJ will review linkages to care data and identify any changes in approach, obtain participant feedback about support received by the navigator, and obtain</p>	<p>Progress report update on:</p> <ul style="list-style-type: none"> <li>Outreach conducted to the population of focus</li> <li>The process to make referrals to the WCHCS ARNP and ongoing MOUD</li> <li>Any changes in approach identified as a need by linkage to care data or participant/partner feedback</li> <li>The process to build partnerships with local SUD outreach providers and provide education</li> </ul>	03/01/26-05/30/26	06/10/26	
			07/01/25-08/31/25	10/31/25	
			06/01/26-08/31/26	10/15/26	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>community partner feedback about the continuum of care.</p> <p>The navigator will build partnerships with local SUD and outreach providers and provide community education about their position and scope of work.</p> <p>The LHJ will establish and implement a referral process from community providers and 911 dispatch/EMS to their navigation services and outreach their population of focus. The LHJ will refer appropriate participants to the RSD Street Medicine ARNP within 72 hours of an overdose for Suboxone bridge prescription until ongoing MOUD available. The LHJ will provide warm hand-offs and referrals to ongoing MOUD within 7 days of contact.</p> <p>The LHJ will review the time it takes to connect with an individual after an overdose as well as linkages to care data to determine any needed process changes. They will also obtain participant feedback about support received by navigator.</p> <p>The LHJ will present data to Community Paramedicine programs and local fire departments to bolster EMS referrals after an overdose.</p>	<ul style="list-style-type: none"> <li>• The implementation of a referral process from community providers and 911 dispatch/EMS to their navigation services</li> <li>• The process to make referrals to the RSD ARNP and ongoing MOUD</li> <li>• Any insights gathered from reviewing connection time data and participant feedback.</li> <li>• The kinds of data presented to community paramedicine programs and whether EMS referrals were bolstered in response</li> </ul> <p>Quarterly performance measure reporting on the data that is relevant to this activity. Please see the deliverables/outcomes tied to the “Evaluation Requirements” activity for a full list of performance measures.</p>		
4.	<p>OD2A-S 9.2.1</p> <p>The navigator will form partnerships with local SUD and outreach providers and the LHJ will explore/establish a designated health provider/group to review DOH Prescription Monitoring Program (PMP) monthly and report to the navigator.</p> <p>The LHJ will explore/establish relationship with ScalaNW to track appointment attendance for referrals made from PeaceHealth St. Joseph Medical Center (PHSJ)’s Emergency Department as appropriate.</p> <p>The LHJ will establish care coordination meetings with linkage to care agencies explore/establish a reporting tool from linkage to care agencies related to</p>	<p>Progress report update on:</p> <ul style="list-style-type: none"> <li>• Process to establish partnerships with local SUD providers</li> <li>• Process of exploring/establishing a designated health provider group</li> <li>• Engagement with ScalaNW</li> <li>• Establishment of care coordination meetings</li> <li>• Process of exploring/establishing a reporting tool as needed</li> <li>• The process of reviewing appointment attendance data and participant feedback to outreach those identified as needing support, including how these individuals were identified</li> </ul>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	appointment attendance as needed. The LHJ will review appointment attendance data and outreach those needing support in reconnecting to services and obtain participant feedback about treatment interruptions.	Quarterly performance measure reporting on the data that is relevant to this activity. Please see the deliverables/outcomes tied to the “Evaluation Requirements” activity for a full list of performance measures.		
5.	<p>One Time Enhancement Activities</p> <p>The LHJ will increase capacity for their proposed long-term projects focused on community-based linkage to care. The LHJ will lease a vehicle, pending CDC approval, to allow navigation staff to deliver critical assistance directly to individuals at risk of overdose.</p>	Progress report updates on the process of leasing a vehicle and providing mobile harm reduction/care navigation services for people using drugs.		
6.	<p>Maintain partnerships</p> <p>The LHJ will maintain partnerships with EMS, Fire, 911 dispatch, St. Joseph Medical Center, MOUD treatment providers among others to maintain the communication channel to receive referrals.</p>	Progress report update on the maintenance of partnerships to support referrals and linkage to care.		
7.	<p>Maintain communication with DOH</p> <ul style="list-style-type: none"> <li>• The LHJ will meet virtually with the DOH contract manager on a monthly or quarterly basis.</li> <li>• When requested, the LHJ will join meetings with DOH and CDC OD2A-S project officers to provide updates on the implementation of the statement of work activities.</li> <li>• The LHJ will participate in quarterly calls with DOH and other recipients of this funding to share lessons learned, successes, and challenges.</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly or quarterly meetings</li> <li>• Meetings with CDC as requested</li> <li>• Participate in quarterly calls with all grantees</li> </ul>		
8.	<p>Evaluation requirements</p> <p>The LHJ will engage in evaluation activities in the following ways:</p> <ul style="list-style-type: none"> <li>• Collect data on CDC performance measures to support DOH evaluation plan.</li> <li>• Provide answers to contextual performance measures questions.</li> </ul>	Submit the quantitative data on a DOH-provided excel workbook on the quarterly timeline mentioned in the “Due Date/Time Frame” column and submit the qualitative data on a DOH-provided excel workbook <u>once</u> on the quarter 4 progress report template.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>• Collaborate with the DOH evaluator on a Targeted Evaluation Project (TEP) that will provide a greater understanding of navigation activities.</li> <li>• Support other evaluation tasks as requested, to meet overall CDC evaluation requirements.</li> </ul> <p>The LHJ will collect and submit the following quantitative data on a DOH-provided excel workbook on the quarterly timeline mentioned in the “Due Date/Time Frame” column:</p> <ul style="list-style-type: none"> <li>• Total number of harm reduction service encounters (e.g., in-person, mail, telephone, online)</li> <li>• Zip code where harm reduction services were provided (list “unknown” when location is unknown)</li> <li>• Total number of navigators located in a harm reduction setting or other setting</li> <li>• Number of referrals to harm reduction services for each race ethnicity</li> <li>• If possible, total number of hours spent by each navigator on linkage to care or referral efforts</li> <li>• Type of organization where naloxone was distributed (SSP, faith-based organizations, schools, etc.)</li> <li>• Zip code where naloxone was distributed (list “unknown” when unknown)</li> <li>• Number of naloxone doses distributed at each type of organization</li> <li>• Number of service encounters involving drug checking</li> <li>• Zip code for drug checking encounters (list “unknown” when unknown)</li> <li>• Number of referrals to MOUD for each race/ethnicity</li> <li>• Number of referrals to behavioral health treatment only (without MOUD) for each race/ethnicity</li> <li>• Number of other referrals, if not to MOUD and behavioral health, with a description of the type of referral</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>
	<p>The LHJ will collect and submit the following qualitative data on a DOH-provided excel workbook <u>once</u> on the quarter 4 progress report template:</p> <p><b>Health Equity (HE)</b></p> <p><u>HE Impact: Impactful practices for improving access to care and treatment for PWUD who are historically underserved by overdose prevention programs</u></p> <ol style="list-style-type: none"><li>1. Please provide a brief description of the implemented and/or tailored (adapted to specific cultural, linguistic, environmental, or social needs of populations) evidence-based intervention or innovative practice (including setting and whether navigators were included if applicable) and how these compare to previous efforts.</li><li>2. Please describe how access to care or treatment has been improved, and what new/existing community assets were leveraged.</li><li>3. Please describe how specific populations disproportionately affected by overdose and underserved with care and treatment programs are impacted by efforts (if tracked).</li><li>4. (Optional) Please share if there were any other outcomes that were improved (provides recipients the option to expand beyond access to care and include any other outcomes, for example, retention in care, decreased opioid use).</li><li>5. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).</li></ol> <p><u>HE Activities: Number of health equity focused overdose prevention activities implemented with OD2A funding</u></p> <ol style="list-style-type: none"><li>1. Please describe the activities in this performance measure, for whom they were intended, and how the activities were implemented and/or tailored (e.g., linguistically, culturally) for racially, ethnically, and linguistically diverse populations?</li></ol>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>2. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).</p> <p><b>Harm Reduction (HR)</b></p> <p><u>HR Encounters: Number of harm reduction service encounters at organizations funded or supported by OD2A</u></p> <ol style="list-style-type: none"><li>1. What are the barriers for people accessing harm reduction services in your jurisdiction?</li><li>2. What are the facilitators for people accessing harm reduction services in your jurisdiction?</li><li>3. What types of services are included?</li><li>4. Please estimate the proportion of harm reduction service encounters that occurred: ___ % at brick and mortar locations ___ % via mobile-based outreach services ___ % via mail-based delivery ___ % other (please specify)</li><li>5. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).</li></ol> <p><u>HR Naloxone: Number of naloxone doses distributed by OD2A funded or supported organizations</u></p> <ol style="list-style-type: none"><li>1. What are barriers to accessing or receiving naloxone?</li><li>2. What are facilitators to accessing or receiving naloxone?</li><li>3. How did you use OD2A Funds to distribute naloxone (e.g. staffing to distribute, vending machines)?</li><li>4. (Optional) Describe mechanisms used to distribute naloxone (e.g., mail in, handoffs).</li><li>5. If you selected “other” type of organizations in the reporting tool, please describe.</li><li>6. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).</li></ol>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p><b>Linkage to Care (LTC)</b></p> <p><u>LTC Navigators: Number of navigators who link PWUD to care and harm reduction services via warm handoffs</u></p> <ol style="list-style-type: none"> <li>1. Please describe what types of navigators are included in the data reported (e.g., certified peer recovery specialists, peer support specialists, case managers, patient navigators, community health workers, persons with lived experience, etc.).</li> <li>2. Please describe methods to support navigators, including average hourly pay, benefits, and additional supports (e.g., trauma, wellness, emotional/psychological support, infrastructure such as a phone) to help retain them.</li> <li>3. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).</li> </ol> <p><u>LTC Referrals: Number of referrals to care and harm reduction services</u></p> <ol style="list-style-type: none"> <li>1. (Optional) If you have other OD2A funded or supported referrals beyond referrals to MOUD, behavioral treatment only (without MOUD), and harm reduction services, please describe the “other” types of referrals.</li> <li>2. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).</li> </ol>			

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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**

**Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):** ~~Reimbursement for the purchase of naloxone can only be billed to SFY25 LOCAL OPI PREV & SUPP POVISO. The LHJ must have received prior approval from the DOH contract manager to purchase naloxone. Please refer to unallowable guidance document provided by DOH program staff.~~

### **Billing Requirements:**

DOH awards funding through reimbursement-based billing. Invoices must be submitted monthly on an A19-1A invoice voucher.

### **Budget Tables**

\*The LHJ must receive written approval from DOH before making any changes to the *approved* SOW activities or itemized budget *on file with DOH*.

\*If the LHJ intends to request reimbursement for indirect costs, the LHJ must have an unexpired cost-rate approval letter on file with DOH. Payment for indirect costs may be withheld until an up-to-date approval letter is received by DOH.

**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)** 1

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

**Period of Performance:** January 1, 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 provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2025 to September 30, 2026, for continuation of MCHBG related activities, and update Program Specific Requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
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	0	142,176	142,176
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>106,632</b>	<b>142,176</b>	<b>248,808</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Maternal and Child Health Block Grant (MCHBG) Administration</b>				
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. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
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	
1c	Participate in DOH-sponsored annual MCHBG meeting.	LHJ Contract Lead or designee will attend meeting.	September 30, 2025	

<b>Task #</b>	<b>Activity</b>	<b>Deliverables/Outcomes</b>	<b>Due Date/Time Frame</b>	<b>Payment Information and/or Amount</b>
<i>1d</i>	<i>Report actual expenditures for October 1, 2024 through September 30, 2025.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.</i>	<i>December 5, 2025</i>	See Program Specific Requirements and Special Billing Requirements.
<i>1e</i>	<i>Report actual expenditures for the six-month period from October 1, 2025 through March 31, 2026.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.</i>	<i>May 15, 2026</i>	
<i>1f</i>	<i>Report annual FTE billed to MCHBG.</i>	<i>Submit FTE information on DOH-provided template.</i>	<i>July 1, 2026</i>	
<i>1g</i>	<i>Develop 2026-2027 MCHBG Budget Workbook for October 1, 2026 through September 30, 2027 using DOH-provided template.</i>	<i>Submit MCHBG Budget Workbook to DOH Community Consultant.</i>	<i>September 4, 2026</i>	
<i>1h</i>	<i>Participate in DOH-sponsored MCHBG fall regional meeting.</i>	<i>LHJ Contract Lead or designee will attend regional meeting.</i>	<i>September 30, 2026</i>	
<b>Implementation</b>				
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.
<i>2c</i>	<i>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.</i>	<i>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.</i>	<i>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</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<i>2d</i>	<i>Develop 2026-27 MCHBG Monthly Reporting Template for October 1, 2026 through September 30, 2027 using DOH-provided template.</i>	<i>Submit MCHBG reporting document to DOH Community Consultant.</i>	<i>Draft – August 14, 2026 Final – September 11, 2026</i>	
<b>Children and Youth with Special Health Care Needs (CYSHCN)</b>				
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 <a href="mailto:DOH-CHIF@doh.wa.gov">DOH-CHIF@doh.wa.gov</a> 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. <i>Through September 30, 2025</i>	See Program Specific Requirements and Special Billing Requirements.
3c	Review your program’s entry on <a href="http://ParentHelp123.org">ParentHelp123.org</a> 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	
<i>3e</i>	<i>Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at <a href="mailto:DOH-CHIF@doh.wa.gov">DOH-CHIF@doh.wa.gov</a> and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2025 January 15, 2026 April 15, 2026 July 15, 2026</i>	
<i>3f</i>	<i>Review your program’s entry on <a href="http://ParentHelp123.org">ParentHelp123.org</a> annually for accuracy.</i>	<i>Document in the Administrative box on your MCHBG report that you have updated</i>	<i>September 30, 2026</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<i>information on your local CYSHCN program with WithinReach/Help Me Grow.</i>		
3g	<i>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.</i>	<i>Submit updates as part of monthly reporting document.</i>	<i>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</i>	
<b>MCHBG Assessment and Evaluation</b>				
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.  See Program Specific Requirements and Special Billing Requirements.
4b	<i>Provide summary of outcomes of MCHBG-funded work completed from October 1, 2024 through September 30, 2025 using DOH-provided reporting template.</i>	<i>Submit documentation as requested by DOH.</i>	<i>November 21, 2025</i>	
4c	<i>As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.</i>	<i>Submit documentation as requested by DOH.</i>	<i>September 30, 2026</i>	

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

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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](http://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\(wa.gov\)](#)  
[Health Services Authorization \(HSA\) Form](#)

[Children and Youth with Special Health Care Needs Website\(wa.gov\)](#)

### **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 *B*udget *W*orkbook.

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

**DOH Program Name or Title:** Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2025

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

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

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

**Period of Performance:** July 1, 2025 through June 30, 2026

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to define required Perinatal Hepatitis B activities, deliverables, and funding.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY26 IMMUNIZATIONS DISCRE CDC YR1	74610269	93.268	333.93.26	07/01/25	06/30/26	0	375	375
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>375</b>	<b>375</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Within 30 days of executed contract review preliminary budget and submit any projected updates/changes to budget and forecast for expenditure of funds.	1. Review previously submitted preliminary budget for changes and return to DOH.  2. Using DOH provided forecast template, submit the forecast for expenditure of contract.	July 30, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	1. In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following:	Enter information for each case identified into the Washington Disease Reporting System.	By the last day of each month	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>• Identification of hepatitis B surface antigen (HBsAG)-positive pregnant women and pregnant women with unknown HBsAg status.</li> <li>• Reporting of HBsAg-positive women and their infants.</li> <li>• Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing.</li> </ul> <p>2. Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations.</p> <p>3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Washington Disease Reporting System.</p>			
3	Review previously submitted budget forecast and submit any updates; provide notice of any projected unspent funds by end of contract period.	Using DOH provided forecast template, submit the forecast for expenditure of any remaining funds. Submit notice of any projected unspent funds.	January 15, 2026	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](http://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 the DOH using a Contract A19-1A invoice form and required back-up documentation. Final invoices are due within 45 days of the end of the end of the contract.

**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 Resiliency & Health Security-PHEP - Effective July 1, 2025

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

**Contract Number:** CLH32073

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

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

**Period of Performance:** July 1, 2025 through June 30, 2026

**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 a partial allocation of PHEP funds because DOH has received a partial allocation from the CDC. DOH will add the remaining funds to the statement of work when they are received. If they are not received, DOH will review the statement of work and adjust activities as needed.

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:** NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY25 PHEP BP2 - CDC- LHJ PARTNERS	31602254	93.069	333.93.06	07/01/25	06/30/26	0	88,318	88,318
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>88,318</b>	<b>88,318</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>1</b>	Maintain accurate and up-to-date contact information. This includes names, position titles, email addresses, and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.	Submit information by September 1, 2025, and any changes within 30 days of the change.  Mid-and end-of-year reports on template provided by DOH. Note any changes or no changes.	September 1, 2025 Within 30 days of the change.  December 31, 2025 June 30, 2026	Reimbursement for actual costs not to exceed total funding allocation amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	As requested, submit additional information to DOH to comply with federal grant requirements and/or DOH requirements.	Information requested by DOH.	Upon request from DOH.	
3	Participate with DOH in a site visit (virtual or in person) to develop stronger relationships, enhance collaboration, and promote a unified approach to public health preparedness and response efforts.	Participation in site visit.  Preparation and follow-up activities as requested by DOH.	As requested by DOH.	
4	<p><b>Jurisdictional Risk Assessment</b> Implementing the preparedness cycle in any organization or jurisdiction is dependent on information about jurisdictional hazards. DOH is providing every local health jurisdiction with access to the H2azaRDS tool that was developed by the University of Washington. This Jurisdictional Risk Assessment (JRA) identifies, analyzes, and prioritizes potential public health and medical threats and hazards within the jurisdiction.</p>			
4.1	<p>Participate in the public health disaster risk assessment tool/report (H2azaRDS tool) training. This training will provide a foundational understanding of the tool and the rollout of it.</p> <p>Note: LHJs will be notified at least 30 days in advance of the training date.</p>	<p>Participation in training.</p> <p>Mid-year reports on template provided by DOH (note participation in training).</p>	December 31, 2025	
4.2	<p>Complete a jurisdictional risk assessment tool/report during the PHEP FFY24 BP1 grant period or between July 1 and December 31, 2025, to inform the 2026 Integrated Preparedness Planning Workshop (IPPW). OR Participate in a jurisdictional risk assessment tool/report during the PHEP FFY24 BP1 grant period or between July 1 and December 31, 2025, to inform the 2026 IPPW.</p> <p>The completed risk assessment report will include:</p> <ul style="list-style-type: none"> <li>• Documented risk profiles, capability gaps, and recommendations to inform planning and resource allocation.</li> <li>• Preparedness strategies in alignment with local, state, and federal emergency management frameworks.</li> <li>• A list of identified risks within the jurisdiction.</li> <li>• A prioritized ranking of the top five risks.</li> <li>• A summary of how these risks impact the most affected populations.</li> </ul>	Risk Assessment	December 31, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<p><b>Training</b> Maintaining baseline training competency is essential for a coordinated and effective public health emergency response. Ensuring staff complete the appropriate Incident Command System (ICS) training enables them to operate within standardized response structures and communicate effectively during emergencies. Requiring sub-awardees to verify completion through a DOH-approved training plan promotes accountability and consistency across jurisdictions.</p>			
5.1	<p>Ensure baseline NIMS compliant training competency is maintained as determined by the LHJ.</p> <p>PHEP funding may be used to support additional public health emergency response trainings identified by the LHJ.</p>	<p>Mid- and end-of-year reports on templates provided by DOH, including titles, dates, and sponsor of trainings.</p>	<p>December 31, 2025 June 30, 2026</p>	
6	<p><b>Exercising</b> Both state and local health departments follow the Homeland Security Exercise and Evaluation Program (HSEEP) principles. Assessing the effectiveness of our emergency response plans and the training of those who might respond to the public health impacts of disasters, is a core component of the preparedness cycle. The act of exercising combined with the learning as demonstrated by an After-Action Report (AAR) drives future planning and training. It is DOH's responsibility to meet the exercise requirements under our CDC PHEP Cooperative Agreement. DOH uses the Multi-Year Preparedness Activities Calendar (MYPAC) to demonstrate that sub-recipients of the PHEP funding are participating in, or leading exercises. Local Jurisdictions and Tribes may use PHEP funding for any exercise that furthers their preparedness.</p>			
6.1	<p>If DOH participation is requested, complete the WA DOH <a href="#">Exercise Notification Form</a> prior to conducting an exercise that was not previously identified in the LHJ's MYPAC or led by DOH.</p>	<p>Exercise Notification Form</p>	<p>As soon as the LHJ is aware of the exercise date and details.</p>	
6.2	<p>Conduct, or participate in, at least one emergency response exercise by June 30, 2026.</p> <p>LHJs should coordinate preparedness exercises with local partners, including Tribes, emergency management, healthcare facilities, and first responder agencies. Participation in exercises hosted by other organizations within the jurisdiction or geographic region is also strongly encouraged to support regional coordination and strengthen multi-agency response capabilities.</p> <p>Note: A real-world response would meet this deliverable.</p>	<p>Submit a Completed After-Action Report/Improvement Plan (AAR/IP)</p>	<p>For AARs that the LHJ are responsible for, 90 days after exercise completion. For others, when the AAR is publicly available.</p>	
7	<p><b>Public Health Emergency Response Planning</b> A core component of every public health preparedness and response program is maintaining an up-to-date and complete emergency response plan that describes how the jurisdiction will respond to the public health impacts of the most likely threats faced by the jurisdiction.</p>			
7.1	<p>Update or develop LHJ identified sections of the Comprehensive Emergency Response Plan addressing gaps/needs identified from an After Action Report from an exercise or a real world response</p>	<p>Describe progress to date in the mid-year report on template provided by DOH.</p>	<p>December 31, 2025 June 30, 2026</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Align the Plan with National Incident Management System/Incident Command System (NIMS/ICS) standards and coordinate with community-based organizations, healthcare, and local emergency response agencies.	Emergency Response Plan by June 30, 2026.		
<b>8</b>	<b>Integrated Preparedness Planning</b> Washington values the strengths of a decentralized public health system while recognizing that PHEP resources are limited. The Integrated Preparedness Planning (IPP) process is intended to promote inter-jurisdictional efficiency by aligning planning, training, and exercise efforts across the many public health jurisdictions in the state.			
<b>8.1</b>	To inform IPPW, develop a Multi-Year Preparedness Activities Calendar (MYPAC).  Use the following to inform development of your MYPAC: exercise plans, emergency response plans, AAR/IPs, IPPs, and response training plans.	MYPAC  Bring (or have available) your MYPAC to the IPPW (digital or on paper). Highlight activities that are new since January 2025.	January 5, 2026  January 13-14, 2026	
<b>8.2</b>	Participate in both days of DOH Integrated Preparedness Planning Workshop (IPPW), with at least one representative (virtually or in person).  The IPPW is scheduled for January 13-14, 2026 (location TBD).	Participation in IPPW (DOH will be looking at sign in documents).  End-of-year report on template provided by DOH.	January 13-14, 2026  June 30, 2026	
<b>8.3</b>	Develop or update a multi-year-integrated preparedness plan with critical response and recovery partners using the whole community approach.  Use the information gathered in tasks 8.1. and 8.2 to inform the development of this plan	Multiyear integrated preparedness plan that is aligned with HSEEP principles, developed or updated between February 1 and June 30, 2026 (after the IPPW).	June 30, 2026	
<b>9</b>	<b>Emergency Information Sharing</b> Effective emergency communication and notification are critical for ensuring a timely, coordinated response to public health incidents. Immediate notification and accurate situation reporting enable rapid decision-making, resource deployment, and situational awareness at the state, tribal, and local levels. Maintaining reliable communication systems and conducting regular drills help verify readiness, strengthen coordination, and ensure that response protocols function as intended during real-world emergencies.			
<b>9.1</b>	Notification Requirement: Notify the Washington State Department of Health (DOH) Duty Officer at <b>360-888-0838</b> or via email at <a href="mailto:hanalert@doh.wa.gov">hanalert@doh.wa.gov</a> for any incident that involves the activation of emergency response plans and/or the implementation of an incident command structure.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
9.2	<p>Situation Reporting: Develop situation reports (sitreps) documenting jurisdictional activities during all response incidents that extend beyond two operational periods and require a written Incident Action Plan.</p> <p>Situation reports may be prepared directly by the LHJ or by another jurisdiction, provided they include input from the LHJ to ensure accuracy and completeness.</p> <p>Submit Situation Reports to DOH Duty Office (hanalert@doh.wa.gov) during LHJ response as soon as they are available.</p>	Mid- and end-of-year reports on template provided by DOH. Note whether Situation Reports were submitted, or there was no need to submit them.	December 31, 2025 June 30, 2026	
9.3	<p>Maintain the Washington Secure Electronic Communications, Urgent Response, and Exchange System (WASECURES) as the primary platform for emergency notifications.</p> <p>Participate in DOH-led notification drills.</p> <p>Notes:</p> <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>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
9.4	Participate in quarterly WASECURES notification drills coordinated by DOH to support statewide communication readiness.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
9.5	Conduct at least one Local Health Jurisdiction (LHJ)-led drill using the jurisdiction's preferred staff notification system to ensure operational effectiveness.	Submit results of the drill on the mid- OR end-of-year reports on template provided by DOH.	December 31, 2025 OR June 30, 2026	
10	<p><b>Medical Materiel and Volunteer Management</b></p> <p>Effective medical materiel and volunteer management are essential for ensuring timely access to critical supplies and skilled personnel during public health emergencies, enabling local health jurisdictions to respond quickly, coordinate resources efficiently, and maintain continuity of operations under surge conditions. While LHJs are not expected to sustain these capabilities independently, they must have plans in place to access and coordinate resources through local, mutual aid, and state systems when needed.</p>			
10.1	Maintain and update the LHJ's medical materiel management plan components, operational guide, or process document by verifying that the local agency's preferred large parcel delivery sites are accurate and operational and jointly confirmed with DOH, confirming that	Mid- and end-of-year reports on template provided by DOH that describe progress on this task.	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	inventory tracking systems work as intended, and ensuring the LHJ can procure, store, manage, and distribute palletized and bulk medical supplies during a public health emergency when necessary.	Summary of medical materiel management plan components, operational guide, or process document. (You may submit the whole plan, guide, or document if you prefer.)	December 31, 2025 OR June 30, 2026	
10.2	<p>Develop process/procedure to integrate clinical volunteers into your emergency response plan(s) including the process for management of volunteers during a public health emergency. This could be in partnership with other response partners (EM, Hospitals, Local Volunteer agencies, etc.).</p> <p>This plan must identify a point of contact to collaborate with state volunteer registries and support volunteer vetting, credentialing, and response readiness.</p> <p>If a Medical Reserve Corps (MRC) is housed within the Local Health Jurisdiction (LHJ), confirm a Point of Contact (POC).</p> <p>For LHJs without an MRC, identify a POC to liaise with external volunteer management organizations, including the State Emergency Medical Reserve Corps.</p>	<p>Mid- and end-of-year reports on template provided by DOH, including identified volunteer management point of contact.</p> <p>Volunteer management process, procedure, or plan, including the point of contact.</p> <p>Updated volunteer management point of contact, as needed.</p>	<p>December 31, 2025</p> <p>June 30, 2026</p> <p>June 30, 2026</p> <p>As changes occur.</p>	
11	<p><b>Public Health Information and Warning</b> Effectively communicating with the public about health risks during emergencies is essential for reducing morbidity and mortality. When people understand the nature of a threat and what actions they can take to stay safe, they are better equipped to protect themselves and others. Timely, clear, and culturally appropriate messaging helps minimize confusion, supports informed decision-making, and ultimately saves lives during public health emergencies.</p>			
11.1	Incorporate communication strategies into exercises to strengthen your jurisdiction's capacity to manage and disseminate accurate information during emergencies to populations disproportionately affected by top public health hazards within jurisdiction.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
12	<p><b>Healthcare Coalition Partnerships</b> Collaboration between local PHEP recipients and healthcare coalitions is essential to align public health and healthcare system preparedness capabilities, enhance interoperable response plans, and ensure efficient allocation of critical resources during emergencies.</p>			
12.1	Participate in the Northwest Healthcare Response Network (NWHRN) monthly or the Healthcare Alliance (HCA) bi-monthly meetings, at least once during each contract reporting period.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	The contract reporting periods are July 1 – December 31, 2025, and January 1 – June 30, 2026.			
12.2	Participate in the following additional activities with the Northwest Healthcare Response Network (NWHRN) or the Healthcare Alliance (HCA): <ul style="list-style-type: none"> <li>• Communications</li> <li>• Planning</li> <li>• Training, and/or exercises.</li> </ul>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
13	<b>Coordination with Tribes</b> Tribes bring valuable cultural knowledge, governance structures, and community networks, essential for effective preparedness, response, and recovery. Partnering with tribes enhances trust, optimizes resource use, and ensures equitable support during crises.			
13.1	Seek to engage and coordinate with local tribes on preparedness activities, if you have federally recognized tribes within your LHI.  Note: The jurisdictional risk assessment might be an opportunity to work with tribes (Task #4).	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
14	<b>Administrative Preparedness Plans/Procedures</b> Administrative preparedness is essential for LHJs to effectively fulfill their obligation to respond to public health emergencies in their jurisdiction. Having established administrative procedures that allow your organization to implement appropriate flexibility during declared emergencies—even in the absence of a formal plan—helps ensure rapid access to resources, contracts, staffing, and operational support during public health emergencies.			
14.1	Based on the unique structure and administrative procedures, review and have an understanding of the following areas: <ul style="list-style-type: none"> <li>• Conditions under which expedited processes can be activated.</li> <li>• Identification of those authorized to implement emergency administrative processes and procedures.</li> <li>• Streamlined processes for securing emergency funding from federal, state, or both levels of government (recognizing that state and federal funding is contingent on availability).</li> <li>• Accelerated procedures for procuring resources, including additional staff (temporary or permanent).</li> <li>• Criteria for deactivating emergency processes and transitioning back to normal operations.</li> </ul>	Mid- and end-of-year reports on template provided by DOH.  Plan and/or procedures available upon request	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
15	<p><b>Build Highly Qualified PHEP Workforce</b> Maintaining a qualified PHEP workforce is essential for ensuring operational readiness and effective emergency response. Ongoing participation in communities of practice fosters shared learning, supports the dissemination of best practices, and strengthens workforce competencies needed to execute critical public health preparedness functions.</p>			
15.1	<p>Engage in at least one community of practice (CoP) group that identifies problems, solutions, and best practices in public health emergency preparedness. This can be a community of practice led by DOH, CDC, or Northwest Center for Evidence-Based Public Health Emergency Preparedness and Response.</p> <p>Note: Attending the MCM CoP (Task 16.2) meets this activity also.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2025  June 30, 2026</p>	
16	<p><b>Medical Countermeasures</b> – All LHJs, including non-Cities Readiness Initiative (CRI)* LHJs, must be able to meet medical countermeasure (MCM) capabilities to ensure timely protection of their communities during public health emergencies. Building and maintaining this capability supports equitable access to life-saving interventions and strengthens the overall statewide response system.</p> <p>*Non-CRI LHJs are LHJs that do not receive Cities Readiness Initiative (CRI) funding. In Washington State, the LHJs that receive CRI funding are Clark County Public Health, Public Health – Seattle &amp; King County, Snohomish County Health Department, and Tacoma–Pierce County Health Department.</p>			
16.1	<p>Update MCM plan between July 1, 2025, and June 30, 2026, to reflect current capabilities, procedures, and resources, to demonstrate ongoing medical countermeasure (MCM) readiness.</p> <p>If the MCM plan does not include jurisdiction's ability to receive, stage, store, and distribute MCM, provide a comprehensive supplemental report on these capabilities. This report should include:</p> <ul style="list-style-type: none"> <li>The process for receiving, staging, storing, and distributing MCM.</li> </ul>	<p>Updated MCM plan (submit once by June 30, 2026, or sooner).</p> <p>If the Plan is not submitted by December 31, 2025, describe progress to date in the mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p>	<p>December 31, 2025 June 30, 2026</p>	
16.2	<p>Attend one of the MCM quarterly meetings for the non-CRI LHJs and one MCM community of practice meeting throughout the performance period.</p> <p>Note: Participation in the MCM community of practice also meets the requirement of Task 15.1.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2025  June 30, 2026</p>	

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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 the implementation of activities in this statement of work. DOH will provide copies of the documents.

New Statement of Work Guidance Document (under development)

*Washington State Doctrine for Enhancing Resiliency, Health Security, Response, and Recovery.*

*Public Health Response Readiness Framework (CDC) -- 2024-2028 PHEP Program Priorities – Defines Excellence in Response Operations*

*Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health*

*Public Health Emergency Preparedness (PHEP) Cooperative Agreement (2024 – 2029 Guidance Document)*

**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](#)

Recipients may only use funds for reasonable program purposes, including personnel, travel, supplies, and services.” PHEP Notice of Funding Opportunity: Funding Limitations Supplemental Guidance – February 2024

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

- Clothing (except for vests to be worn during exercises or responses).
- Salaries at a rate above Federal Executive Schedule Level II.
- Vehicles (with preapproval, funds may be used to lease vehicles).
- Pay or reimburse backfilling costs for staff.
- Vaccines for seasonal influenza mass vaccination clinics or other routine vaccinations covered by CDC/ACIP schedules.
- Influenza vaccines for the public.
- Promotional items and memorabilia.
- Construction or major renovations.

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

- Contracting.
- Purchasing food or beverages is generally not allowable (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.
- Overtime pay for staff directly associated with this statement of work.
- Purchase of caches of vaccine for public health responders and their households to ensure the health and safety of the public health workforce.
- Purchase of caches of vaccine for select critical workforce groups to ensure their health and safety during an exercise testing response plans.

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

## **BILLING**

**Please refer to the Billing Instructions in the 2025 – 2027 Consolidated Contract.**

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

**Submit invoices monthly** on a signed A19-1A invoice voucher form with backup documentation appropriate for risk level. DOH will provide A19 form and risk level.

- Submit invoices monthly within 60 days of the end of the month of service (unless the related ConCon amendment has not been executed, in that case submit invoices as soon as possible after the amendment is executed).
- Please do not submit invoices until the ConCon amendment including the funds has been executed.
- 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 Contact via email.
- If you are submitting a supplemental, revised, corrected, or any additional invoice for a month, please clarify your intentions in the email with the invoice.
- Submit final billing within 60 days of the end of the funding period.