

**WHATCOM COUNTY CONTRACT
INFORMATION SHEET**

Whatcom County Contract No.

202201016 - 5

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

| | | | | |
|---|--|---------------------|---|-----------------------------|
| Is this a New Contract? | If not, is this an Amendment or Renewal to an Existing Contract? | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: | | 202201016 | |
| Does contract require Council Approval? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | If No, include WCC: | | |
| (see Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100) | | | | |
| Is this a grant agreement? | If yes, grantor agency contract number(s): | | CLH31033 | CFDA#: Various |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | If yes, Whatcom County grant contract number(s): | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, RFP and Bid number(s): | | Contract Cost Center: | Various |
| Is this contract the result of a RFP or Bid process? | If yes, RFP and Bid number(s): | | | |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no, include Attachment D Contractor Declaration form. | | | |
| Is this agreement excluded from E-Verify? | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | | | |

If YES, indicate exclusion(s) below:

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

| | |
|---|---|
| Contract Amount:(sum of original contract amount and any prior amendments): | Council approval required for; all property leases, contracts or bid awards exceeding \$40,000 , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when: <ol style="list-style-type: none"> Exercising an option contained in a contract previously approved by the council. Contract is for design, construction, r-o-w acquisition, professional services, or other capital costs approved by council in a capital budget appropriation ordinance. Bid or award is for supplies or equipment included approved in the budget. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County. |
| \$ 5,959,895 | |
| This Amendment Amount: | |
| \$ 819,759 | |
| Total Amended Amount: | |
| \$ 6,779,654 | |

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

| | | | |
|-------------------|---------|------------------|------------|
| Term of Contract: | 3 years | Expiration Date: | 12/31/2024 |
|-------------------|---------|------------------|------------|

| | | | | |
|-------------------|-------------------------------------|------------|-------|------------|
| Contract Routing: | 1. Prepared by: | JT | Date: | 06/30/2022 |
| | 2. Attorney signoff: | RB | Date: | 06/30/2022 |
| | 3. AS Finance reviewed: | M Caldwell | Date: | 7/1/22 |
| | 4. IT reviewed (if IT related): | | Date: | |
| | 5. Contractor signed: | | Date: | |
| | 6. Submitted to Exec.: | JT | Date: | 07/13/2022 |
| | 7. Council approved (if necessary): | AB2022-395 | Date: | 07/12/2022 |
| | 8. Executive signed: | | Date: | 7-13-22 |
| | 9. Original to Council: | | Date: | 7-15-22 |



MEMORANDUM

TO: Satpal Sidhu, County Executive

FROM: Erika Lautenbach, Director

RE: Washington State Department of Health – 2022 – 2024 Consolidated Contract Amendment #5

DATE: July 13, 2022

Attached is a grant amendment between the Washington State Department of Health and Whatcom County for your review and signature.

▪ **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**

Total funding for this grant is \$6,779,654 and is provided by state and federal sources; these funds will be included in the 2022 budget. Council approval is required as new grant funds exceeding \$40,000 are provided by this amendment.

▪ **Differences from Previous Contract**

This amendment revises funding and/or statements of work for the following programs:

| Program | Allocation |
|--|---------------------------------|
| COVID-19 Mass Vaccination-FEMA | Extends funding through 9/30/22 |
| Office of Drinking Water – Group A Program | \$800 |
| Infectious Disease Prevention Services – SSP | \$69,070 |
| Office of Immunization – Promotion of Immunizations to Improve Vaccination Rates | \$13,470 |
| Youth Cannabis & Commercial Tobacco Prevention Program | \$733,619 |
| Zoonotic Disease Program – WNV Mosquito Surveillance | \$2,800 |
| Total | \$819,759 |



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

CONTRACT NUMBER: CLH31033

AMENDMENT NUMBER: 5

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and WHATCOM COUNTY HEALTH DEPARTMENT, a Local Health Jurisdiction, hereinafter referred to as "LHJ", pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:



1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1.9a94688da2d94d3ca80ac7fbc32e4d7c>
 - Adds Statements of Work for the following programs:
 - Infectious Disease Prevention Services-SSP - Effective July 1, 2022
 - OI-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2022
 - Youth Cannabis & Commercial Tobacco Prevention Program - Effective July 1, 2022
 - Zoonotic Disease Program-WNV Mosquito Surveillance - Effective June 1, 2022
 - Amends Statements of Work for the following programs:
 - COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
 - Office of Drinking Water-Group A Program - Effective January 1, 2022
 - Deletes Statements of Work for the following programs:

2. Exhibit B-5 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-4 Allocations as follows:
 - Increase of **\$819,759** for a revised maximum consideration of **\$6,779,654**.
 - Decrease of _____ for a revised maximum consideration of _____.
 - No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

Unless designated otherwise herein, the effective date of this amendment is the date of execution.

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

| | |
|---|--|
| WHATCOM COUNTY HEALTH DEPARTMENT | STATE OF WASHINGTON DEPARTMENT OF HEALTH |
| Signature:  | Signature:  |
| Date: 07/13/2022 | Date: 07/14/22 |

APPROVED AS TO FORM ONLY
Assistant Attorney General

WHATCOM COUNTY

Satpal Sidhu

Satpal Singh Sidhu, County Executive

STATE OF WASHINGTON)

COUNTY OF WHATCOM)

On this 13th day of July, 2022, before me personally appeared Satpal Sidhu, to me known to be the Executive of Whatcom County and who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.



Suzanne M. Mildner

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

My Commission expires: 12-31-22

APPROVED AS TO FORM

Approved by email RB/JT
Royce Buckingham, Senior Civil Deputy Prosecutor

06/30/2022
Date

EXHIBIT B-5
ALLOCATIONS

Whatcom County Health Department

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

Contract Term: 2022-2024

Contract Number:
Date:

CLH31033
June 1, 2022

| Chart of Accounts Program Title | Federal Award Identification # | Assist List #* | BARS Revenue Code** | Statement of Work LHIJ Funding Period Start Date End Date | DOH Use Only | | Amount | Funding Period SubTotal | Chart of Accounts Total |
|--|--------------------------------|----------------|---------------------|---|---|----------|-------------|-------------------------|-------------------------|
| | | | | | Chart of Accounts Funding Period Start Date | End Date | | | |
| FFY22 Swimming Beach Act Grant IAR (ECY) | NGA Not Received | 66.472 | 333.66.47 | 03/01/22 10/31/22 | 01/01/22 | 11/30/22 | \$15,000 | \$15,000 | \$15,000 |
| FFY21 PHEP BP3 LHJ Funding | NU90TP922043 | 93.069 | 333.93.06 | 01/01/22 06/30/22 | 07/01/21 | 06/30/22 | \$62,455 | \$62,455 | \$62,455 |
| FFY22 TB Elimination-FPH | NGA Not Received | 93.116 | 333.93.11 | 01/01/22 12/31/22 | 01/01/22 | 12/31/22 | \$20,827 | \$20,827 | \$20,827 |
| COVID19 Vaccines | NH23IP922619 | 93.268 | 333.93.26 | 01/01/22 06/30/24 | 07/01/20 | 06/30/24 | \$301,034 | \$301,034 | \$301,034 |
| COVID19 Vaccines R4 | NH23IP922619 | 93.268 | 333.93.26 | 01/01/22 06/30/24 | 07/01/20 | 06/30/24 | \$853,429 | \$853,429 | \$853,429 |
| FFY22 PPHF Ops | NH23IP922619 | 93.268 | 333.93.26 | 01/01/22 06/30/22 | 07/01/21 | 06/30/22 | \$1,000 | \$1,000 | \$1,000 |
| FFY23 VFC Ops | NGA Not Received | 93.268 | 333.93.26 | 07/01/22 06/30/23 | 07/01/22 | 06/30/23 | \$13,470 | \$13,470 | \$26,873 |
| FFY22 VFC Ops | NH23IP922619 | 93.268 | 333.93.26 | 01/01/22 06/30/22 | 07/01/21 | 06/30/22 | \$13,403 | \$13,403 | \$13,403 |
| FFY19 COVID CARES | NU50CK000515 | 93.323 | 333.93.32 | 01/01/22 04/22/22 | 04/23/20 | 07/31/24 | \$45,830 | \$45,830 | \$45,830 |
| FFY19 ELC COVID Ed LHJ Allocation | NU50CK000515 | 93.323 | 333.93.32 | 01/01/22 10/18/22 | 05/19/20 | 10/18/22 | (\$147,919) | \$1 | \$1 |
| FFY19 ELC COVID Ed LHJ Allocation | NU50CK000515 | 93.323 | 333.93.32 | 01/01/22 10/18/22 | 05/19/20 | 10/18/22 | \$147,920 | | |
| FFY20 ELC EDE LHJ Allocation | NU50CK000515 | 93.323 | 333.93.32 | 01/01/22 12/31/22 | 01/15/21 | 07/31/24 | (\$410,548) | \$1,448,582 | \$1,448,582 |
| FFY20 ELC EDE LHJ Allocation | NU50CK000515 | 93.323 | 333.93.32 | 01/01/22 12/31/22 | 01/15/21 | 07/31/24 | \$1,859,130 | | |
| FFY22 Vector-borne T2&3 Epi ELC FPH | NGA Not Received | 93.323 | 333.93.32 | 08/01/22 09/30/22 | 08/01/22 | 07/31/23 | \$1,400 | \$1,400 | \$2,800 |
| FFY21 Vector-borne T2&3 Epi ELC FPH | NGA Not Received | 93.323 | 333.93.32 | 06/01/22 07/31/22 | 08/01/21 | 07/31/22 | \$1,400 | \$1,400 | \$2,800 |
| FFY22 Tobacco-Vape Prev Comp 1 | NGA Not Received | 93.387 | 333.93.38 | 04/29/22 12/31/22 | 04/29/22 | 04/28/23 | \$37,772 | \$37,772 | \$37,772 |
| FFY22 MCHBG LHJ Contracts | B0445251 | 93.994 | 333.93.99 | 01/01/22 09/30/22 | 10/01/21 | 09/30/22 | (\$106,632) | \$0 | \$0 |
| FFY22 MCHBG LHJ Contracts | B0445251 | 93.994 | 333.93.99 | 01/01/22 09/30/22 | 10/01/21 | 09/30/22 | \$106,632 | | |
| FFY21 MCHBG Special Project | NGA Not Received | 93.994 | 333.93.99 | 01/01/22 09/30/22 | 10/01/21 | 09/30/22 | \$106,632 | \$106,632 | \$106,632 |
| GFS-Group B (FO-NW) | | N/A | 334.04.90 | 01/01/22 06/30/22 | 07/01/21 | 06/30/22 | \$12,939 | \$12,939 | \$12,939 |
| Slate Drug User Health Program | | N/A | 334.04.91 | 07/01/22 06/30/23 | 07/01/21 | 06/30/23 | \$69,070 | \$69,070 | \$103,605 |
| State Drug User Health Program | | N/A | 334.04.91 | 01/01/22 06/30/22 | 07/01/21 | 06/30/23 | \$34,535 | \$34,535 | \$34,535 |
| SFY23 Dedicated Cannabis Account | | N/A | 334.04.93 | 07/01/22 12/31/22 | 07/01/22 | 06/30/23 | \$409,588 | \$409,588 | \$409,588 |

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
Local Health Jurisdiction Name: Whatcom County Health Department
Contract Number: CLH31033

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

SOW Type: Revision **Revision # (for this SOW)** 3
Period of Performance: January 1, 2022 through September 30, 2022

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

Revision Purpose: The purpose of this revision is to extend the period of performance and funding end date from 7/1/2022 to 9/30/2022.

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

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

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

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

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

Federal Funding Accountability and Transparency Act (FFATA)

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

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

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Specific Requirements

Program Manual, Handbook, Policy References

Emergency Response Plan (or equivalent)

Medical Countermeasure/Mass Vaccination Plan

Billing Requirements:

Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.

Contract Master Index (MI) Code: 934V0200 General Mass Vaccination

BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement

Special Instructions:

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

Detailed documentation must be maintained as directed by the regional IMT/Organization and DOH to substantiate costs associated with these activities for submission to FEMA upon request by DOH.

Eligible costs from the timeframe of January 1, 2022 through ~~April 4, 2022~~ *September 30, 2022* include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed \$5,000 per piece. Equipment over \$5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1, 2022. **Local Health Jurisdiction Name:** Whatcom County Health Department

Contract Number: CLH31033

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

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

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

Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHH for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems

Revision Purpose: The purpose of Revision 1 is to provide additional Sanitary Survey funding.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHH Funding Period Start Date | LHH Funding Period End Date | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|--|-------------------|---------------------------|-------------------|-------------------------------|-----------------------------|--------------------|--------------------------------|------------------|
| SANITARY SURVEY FEES (FO-NW) SS-STATE | 24222522 | N/A | 346.26.65 | 01/01/22 | 12/31/22 | 3,000 | 400 | 3,400 |
| YR 24 SRF - LOCAL ASST (15%) (FO-NW) SS | 24229224 | N/A | 346.26.64 | 01/01/22 | 12/31/22 | 3,000 | 400 | 3,400 |
| YR 24 SRF - LOCAL ASST (15%) (FO-NW) TA | 24229224 | N/A | 346.26.66 | 01/01/22 | 12/31/22 | 2,000 | 0 | 2,000 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| TOTALS | | | | | | 8,000 | 800 | 8,800 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|---|---|--|---|
| 1 | Trained LHH staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity. The purpose of this statement of work is to provide funding to the LHH for conducting sanitary surveys and providing technical assistance to small | Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. 2. Completed Small Water System checklist. 3. Updated Water Facilities Inventory (WFI). | Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey. | Upon ODW acceptance of the Final Sanitary Survey Report, the LHH shall be paid \$400 for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHH shall be paid \$800 for each sanitary survey of a non-community system with four or more connections and each community system. Payment is inclusive of all associated costs such as travel, lodging, per diem. |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|--|--|---|---|
| | community and non-community Group A water systems. | 4. Photos of water system with text identifying features 5. Any other supporting documents. *Final Reports reviewed and accepted by the ODW Regional Office. | | Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment. |
| 2 | Trained LHH staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity. | Provide completed SPI Report and any supporting documents and photos to ODW Regional Office. | Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request. | Upon acceptance of the completed SPI Report, the LHH shall be paid \$800 for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline. Late or incomplete reports may not be accepted for payment. |
| 3 | Trained LHH staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity. | Provide completed TA Report and any supporting documents and photos to ODW Regional Office. | Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance. | Upon acceptance of the completed TA Report, the LHH shall be paid for each technical assistance activity as follows: <ul style="list-style-type: none"> • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750 Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment. |
| 4 | LHH staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH. See Special Instructions for task activity. | For training attended in person, prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact for approval (to ensure enough funds are available). | Annually | For training attended in person, LHH shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp |

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

Federal Funding Accountability and Transparency Act (FFATA)

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

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

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P. L. 109-282.

Program Manual, Handbook, Policy References: Field Guide (DOH Publication 331-486).

Special References:

Chapter 246-290 WAC is the set of rules that regulate Group A water systems. By this statement of work, ODW contracts with the LHJ to conduct sanitary surveys (and SPJs and provide technical assistance) for small community and non-community water systems with groundwater sources. ODW retains responsibility for conducting sanitary surveys (and SPJs and provide technical assistance) for small community and non-community water systems with surface water sources, large water systems, and systems with complex treatment.

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. See special instructions under Task 4, below.

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$6,400~~ **\$6,800** for **Task 1**, and **\$2,000** for **Task 2**, **Task 3** and **Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

When invoicing for **Task 1**, submit the list of WS Name, ID #, Amount Billed, Survey Date and Letter Date for which you are requesting payment.

When invoicing for **Task 2-3**, submit the list of WS Name, ID #, TA Date and description of TA work performed, and Amount Billed.

When invoicing for **Task 4**, submit receipts and the signed pre-authorization form for non-employee travel to the ODW Program Contact below and a signed A19-1A Invoice Voucher to DOH Grants Management, billing to BARS Revenue Code 346.26.66 under Technical Assistance (TA).

Special Instructions

Task 1

Trained LHJ staff will evaluate the water system for physical and operational deficiencies and prepare a Final Sanitary Survey Report which has been accepted by ODW. Detailed guidance is provided in the *Field Guide for Sanitary Surveys, Special Purpose Investigations and Technical Assistance* (Field Guide). The sanitary survey will include an evaluation of the following eight elements: source; treatment; distribution system; finished water storage; pumps, pump facilities and controls; monitoring, reporting and data verification; system management and operation; and certified operator compliance. If a system is more complex than anticipated or other significant issues arise, the LHJ may request ODW assistance.

- No more than **5** surveys of non-community systems with three of fewer connections be completed between January 1, 2022 and December 31, 2022.
- No more than **5 6** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2022 and December 31, 2022.

The process for assignment of surveys to the LHJ, notification of the water system, and ODW follow-up with unresponsive water systems; and other roles and responsibilities of the LHJ are described in the Field Guide.

Task 2

Trained LHJ staff will perform Special Purpose Investigations (SPIs) as assigned by ODW. SPIs are inspections to determine the cause of positive coliform samples or the cause of other emergency conditions. SPIs may also include sanitary surveys of newly discovered Group A water systems. Additional detail about conducting SPIs is described in the Field Guide. The ODW Regional Office must authorize in advance any SPI conducted by LHJ staff.

Task 3

Trained LHJ staff will conduct Technical Assistance as assigned by ODW. Technical Assistance includes assisting water system personnel in completing work or verifying work has been addressed as required, requested, or advised by the ODW to meet applicable drinking water regulations. Examples of technical assistance activities are described in the Field Guide. The ODW Regional Office must authorize in advance any technical assistance provided by the LHJ to a water system.

Task 4

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work.

If required trainings, workshops or meetings are not available, not scheduled, or if the LHJ staff person is unable to attend these activities prior to conducting assigned tasks, the LHJ staff person may, with ODW approval, substitute other training activities to be determined by ODW. Such substitute activities may include one-on-one training with ODW staff, co-surveys with ODW staff, or other activities as arranged and pre-approved by ODW. LHJ staff may not perform the activities under tasks 1, 2, and 3 without completing the training that has been arranged and approved by ODW.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Infectious Disease Prevention Services-SSP - Effective July 1, 2022 **Local Health Jurisdiction Name:** Whatcom County Health Department

Contract Number: CLH31033

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

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

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

Statement of Work Purpose: The purpose of this statement of work is to provide comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD).

Revision Purpose: N/A

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date End Date | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|--|-------------------|---------------------------|-------------------|--|--------------------|--------------------------------|------------------|
| STATE DRUG USER HEALTH PROGRAM | 12405100 | N/A | 334.04.91 | 07/01/22 06/30/23 | 0 | 69,070 | 69,070 |
| | | | | | 0 | 0 | 0 |
| | | | | | 0 | 0 | 0 |
| | | | | | 0 | 0 | 0 |
| | | | | | 0 | 0 | 0 |
| TOTALS | | | | | 0 | 69,070 | 69,070 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------------------------------------|--|---|--|---|
| Drug User Health | | | | |
| Syringe Service Program (SSP) | To provide comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSP programs will operate during scheduled hours to provide new harm reduction supplies and syringes to prevent transmission of disease. SSP will offer referrals to address social determinants of health. | Identify and submit annual projections for each of the SSP deliverables. Enter SSP deliverable data into database for tracking SSP activities by the 15th of each month following service. | LHJ must adhere to DOH Infectious Disease (ID) Reporting Requirements. | \$69,070 – MI 12405100 State Drug User Health \$69,070 for 7/1/22-6/30/23 |

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

Program Specific Requirements/Narrative

Fiscal Guidance

- i) **Funding** –The LHJ shall submit all claims for payment for costs due and payable under this statement of work by July 31, 2023. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The LHJ agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the LHJ shall submit correct A19-1A invoice vouchers for amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25th of the following month.**

The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19-1A invoice voucher payment requests to DOH.

Exhibit A
Statement of Work
Contract Term: 2022-2024

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

Local Health Jurisdiction Name: Whatcom County Health Department
Contract Number: CLH31033

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

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

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

Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates.

Revision Purpose: N/A

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date | LHJ Funding Period End Date | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|--|-------------------|---------------------------|-------------------|-------------------------------|-----------------------------|--------------------|--------------------------------|------------------|
| FFY23 VFC Ops | 74310222 | 93.268 | 333.93.26 | 07/01/22 | 06/30/23 | 0 | 13,470 | 13,470 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| TOTALS | | | | | | 0 | 13,470 | 13,470 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|--|--|-------------------------------------|--|
| 1 | Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners. The proposal must meet guidelines outlined in the <i>Local Health Jurisdiction Funding Opportunity, Promotion of Immunizations to Increase Vaccination Rates</i> announcement. | Written proposal and a report that shows starting immunization rates for the target population | August 1, 2022 | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |
| 2 | Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified. | Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided) | November 30, 2022 March 31, 2023 | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |
| 3 | Perform data collection necessary to enable a comparison of immunization rates from the start of the project. | Final written report, including a report showing ending immunization rates for the target population (template will be provided) | June 15, 2023 | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |

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

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Specific Requirements

Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunization.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Youth Cannabis & Commercial Tobacco Prevention Program - Effective July 1, 2022 **Local Health Jurisdiction Name:** Whatcom County Health Department **Contract Number:** CLH31033

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

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

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

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

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

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

Revision Purpose: N/A

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

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

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|--|--|--|--|
| | | <ul style="list-style-type: none"> Activities that utilize program strategies (defined into the YCCTPP implementation guide), that will address the defined performance-based objectives and overarching goals, tied to a specific timeframe with identified timeline goals. Funding must be dedicated to equitable policy, systems, environmental change in communities of higher need within the contractor's specified region, and if it is unclear a justification must be provided. The workplan must have a designated equity framework that will be utilized in <u>all</u> prevention efforts. This workplan will be created in collaboration with and approved by the YCCTPP Contract Manager. More details regarding the workplan requirements including the goals of the YCCTPP program, objectives, and strategies can be found in the YCCTPP Implementation guide. <p>Note: Activities can be added to the tasks after workplan approval, the contractor should speak with their contract manager for approval.</p> | | <p>Prevention and Education)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A 19-1A invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> |
| 2 | NETWORK EQUITY ASSESSMENT | <p>Contractor will complete an <u>initial</u> equity assessment provided by YCCTPP within their regional network that will be submitted to the YCCTPP contract manager within 90 days of the workplan being completed. The assessment will be continuously revised throughout the year based on the network's needs.</p> | within 90 days of the workplan being completed | The expenditure worksheet in the YCCTPP budget workbook must be completed by the 30 th of the month following the month in which costs were incurred. |
| 3 | ORGANIZATION AND NETWORK ADMINISTRATIVE PLAN | <p>Contractor will complete an administrative plan within 90 days of contract execution and submit any updates or changes on a quarterly basis, which will include:</p> <ul style="list-style-type: none"> Most current job descriptions and contact information of the program facilitator that is responsible for the performance of the statement of work and relevant staff. Calendar of meetings, trainings, and professional development opportunities that the program administrator and relevant staff will participate in. All relevant staff are expected to participate in required conference calls (including kick off training, monthly check ins, YCCTPP program all contractors calls), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH. This is subject to change based on trainings and professional opportunities available. A list of all individuals/organizations that participate in the regional network that including contact information, a copy of a Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), or membership agreement, and the justification of their participation in the network. Required network sectors must have a representative for the grant to be considered in compliance. Sectors chosen and their levels of engagement will be determined with the contract manager and tailored to | 90 days of contract execution | |

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

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

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|---------------------------------------|---|---------------------|-----------------------------------|
| | Collaboration & Engagement | <p>Contractor will collaborate with YCCCTPP program partners and external organizations (CBOs, CPWI, TPWI, ACII, DFC, etc.) to support prevention efforts for the youth and their community.</p> <p>Contractor will educate individuals, public and private organizations on the value of YCCCTPP, utilizing material provided by DOH or created by their own organization network or another YCCCTPP contractor/network.</p> <p>Contractor will educate adults who influence youth, such as parents, other family members, educators, clergy, coaches, etc.</p> <p>Contractor will build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.</p> <p>Contractor will implement activities designed to prepare young people to make informed decisions, and lead change in their community.</p> | 04/28/22 – 04/29/23 | |
| | Media & Communication | <p>Contractor will plan and implement public relations/earned media efforts (i.e. press releases, social media) utilizing national (ex: CDC Tips Campaign), statewide, and tailored media campaigns to prevent youth commercial tobacco initiation, and support cessation.</p> <p>Contractor will promote Washington State Quitline and self-help options for TUDT, including 2Morrow Health App (doh.wa.gov/quit) and This is Quitting (doh.wa.gov/vapefreeva), to people who use commercial tobacco.</p> <p>Contractor will prepare (design, research, write, edit), get approval for, or distribute informational/educational materials in hard copy or online.</p> <p>Contractor will plan, conduct, and document reach of various campaigns on various platforms (e.g., social media, point of purchase, movie theaters, radio, etc.).</p> | 04/28/22 – 04/29/23 | |

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

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

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

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Specific Requirements

A. For MI Codes 77410893, 77410823 & 77420823 To be in compliance with grant requirements, contractor will:

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

For MI Codes: 77410212, To be in compliance with grant requirements, the contractor will:

1. Hire and maintain program staff, which includes at least .25 FTE (that can be split among two people). They shall ensure that DOH has the most current contact information of the local program administrator that is responsible for the performance of this statement of work.
2. Participate in required conference calls (including kick off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.
3. Submit an Annual Budget according to the deadlines in Section E below.
4. Submit an Annual Workplan that is supplemental to the state contract, according to the deadlines in Section E below.
5. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
6. Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
7. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
8. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

B. DOH will support Contractor by providing:

1. Timely communications regarding funding amounts and/or funding reductions.
2. An annual calendar of key events including required and optional trainings and other key dates.
3. Contract oversight and point of contact for overall project coordination, technical assistance, and facilitation of project communication.
4. Templates for implementation plan, budget workbook, and reporting requirements.

5. Technical assistance on meeting project goals, objectives, and activities related to:
 - a. Adapting required and innovative activities to ensure they are culturally and linguistically appropriate evidence-based or evidence-informed, or promising programs.
 - b. Developing and adapting project materials so they are culturally and linguistically appropriate using Cultural and Linguistically Appropriate Services (CLAS) standards <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
 - c. Providing relevant resources and training, as resources permit.
 - d. Meeting performance measure, evaluation, and data collection requirements.
 - e. Interpreting DOH guidelines, requirements, and expectations. This includes making determinations of whether CTPP funds may be used for activities and projects proposed by the Priority Population Contractor.

C. Program Administration:

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

D. Subcontractor Requirements:

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

E. Required Plans and Reports

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

| <u>Report</u> | <u>Date Due</u> |
|---------------|-----------------|
| | |

| | |
|--|--|
| 1. Submit an annual workplan and budget | Annually, no later than 45 calendar days after state contract execution (07/01/22), DOH approval will occur no later than two weeks after submission. Update as needed with contract manager approval. A19s and updated budget workbook due the 30 th of the month following the month in which costs are incurred. |
| 2. Expenditure Report and Request for Reimbursement (A19) | Non-health departments (non-consolidated contracts): A-19 documents (PDFs) must be saved, signed and emailed with the following title format: A-19-Contract #-organization name- month-year . |
| 3. Final Expenditure Projections, Report and Request for Reimbursement (FY Closeout) | Year-end projections are due as follows: SFY23: May 10, 2023. An invoice must be submitted market FINAL INVOICE PROJECTION Final Expenditure Reports and invoices are due no later than July 14, 2023 for SFY and June 13, 20223 for FFY and must be marked FINAL INVOICE. |
| 4. Monthly Progress Report | The 20 th of the month following the month in which activities were performed. Monthly reports of work will report on overall progress of activities in a monthly survey provided by YCCTPP. All documents related to task activities will be attached. Subcontractor reporting should be submitted to the YCCTPP contractor by the 15 th of each month. |
| 5. Quarterly Progress Report | The 20 th of the of each month on a quarterly basis, starting September 2022 that focuses on narrative successes and challenges for each contractor. This report will be submitted in a survey provided by YCCTPP. |
| 6. SFY Only: Network Equity Assessment | Completed annually, no later than 90 calendar days after workplan approval. |
| 7. SFY Only: Organization and Network Administrative Plan | Completed no later than 90 calendar days after contract execution and updated quarterly after the fact. |
| 8. SFY Only: Annual Report | Completed no later than 30 calendar days after period of performance, utilizing a template provided by YCCTPP that includes data from monthly and quarterly reports. |
| 9. Assessment and Evaluation | Using a template provided by YCCTPP, complete project evaluation activities developed and coordinated by YCCTPP as requested. Additionally, utilizing data in monthly and quarterly progress reports, participate and support statewide evaluation efforts of CDC funds. |

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

F. Payment

1. All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs in accordance with the YCCTPP Implementation Guide.
2. DOH will reimburse the contractor for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.
3. DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments.
4. DOH shall pay for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: SFY July 1, 2022 – June 30, 2023 & FFY April 29, 2022 – April 28, 2023
5. Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and Request for Reimbursement form (A19) according to Section E of this contract. If the Monthly Progress Report, Expenditure Report and/or Request for Reimbursement form (A19) are not completed within 60 days of the month when expenditures were incurred, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
6. Final expenditure projections must be submitted by the 14th of July for state funds and 13th of June for federal funds to allow DOH to appropriately accrue funds to make final payments.

7. The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year in order to assure reimbursement of approved costs.
8. Backup documentation can include, but is not limited to: receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
9. Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

G. Evaluation of YCCTPP Contractor's Performance

The YCCTPP Contractor performance will be evaluated on the following:

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

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

Federal Funding Restrictions and Limitations:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Recipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Recipients may not use funds for tobacco compliance check inspections.
- Recipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - o Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
 - o The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See Additional Requirements (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-

governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).

Dedicated Cannabis Account Restrictions:

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

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

I. Program Manual, Handbook, Policy References

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

Special References

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

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

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Zoonotic Disease Program - WNV Mosquito Surveillance - Effective June 1, 2022

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

SOW Type: Original **Revision # (for this SOW)** 0

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

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Federal Subrecipient | <input checked="" type="checkbox"/> FFATA (Transparency Act) | Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price |
| <input type="checkbox"/> State | <input type="checkbox"/> Research & Development | |
| <input type="checkbox"/> Other | | |

Statement of Work Purpose: The purpose of this statement of work is for Whatcom County Health Department to conduct weekly mosquito surveillance for West Nile virus (WNV) in Whatcom County during mosquito season, June through September. The detection of the virus in mosquito populations serves as an early warning of disease risk in the localized area. It alerts the local health department to strengthen educational outreach and mosquito control to minimize the health impact of mosquito-borne disease on communities. In addition, data generated by surveillance advances our understanding of the emergence and spread of vector mosquitoes and pathogens in western Washington.

Revision Purpose: N/A

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date | LHJ Funding Period End Date | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|--|-------------------|---------------------------|-------------------|-------------------------------|-----------------------------|--------------------|--------------------------------|------------------|
| FFY21 Vector-borne T2&3 Epi ELC FPH | 1882121B | 93.323 | 333.93.32 | 06/01/22 | 07/31/22 | 0 | 1,400 | 1,400 |
| FFY22 Vector-borne T2&3 Epi ELC FPH | 1882122B | 93.323 | 333.93.32 | 08/01/22 | 09/30/22 | 0 | 1,400 | 1,400 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| TOTALS | | | | | | 0 | 2,800 | 2,800 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|--|---|---|---|
| | Conduct weekly mosquito trapping at two (2) site locations in Whatcom County. · Purchase of dry ice, as needed · Set and collect traps Record field data on DOH-provided reporting forms, including zero catch information. | Submit two weekly collections of mosquitoes along with complete corresponding data on reporting forms for trapping events to DOH. Should no mosquitoes be collected during a trapping event, the data reporting form documenting the effort is to be emailed to the DOH Program contact. | Weekly by Thursday during mosquito season, June through September | Reimbursement up to \$2,800 (including staff time, transportation, and costs related to mosquito surveillance activities) |

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

Federal Funding Accountability and Transparency Act (FFATA)

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

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

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.