

**WHATCOM COUNTY
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:
202201016 – 18

Originating Department:	85 Health and Community Services
Division/Program: (i.e. Dept. Division and Program)	8510 All Divisions
Contract or Grant Administrator:	Erika Lautenbach
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:	
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):	CLH31033
		CFDA#:	Various

Is this contract grant funded?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):	

Is this contract the result of a RFP or Bid process?			
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If yes, RFP and Bid number(s):	Contract Cost Center: Various

Is this agreement excluded from E-Verify?	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
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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):	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:
\$ 13,893,641	1. Exercising an option contained in a contract previously approved by the council.
This Amendment Amount:	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.
\$ 416,456	3. Bid or award is for supplies.
Total Amended Amount:	4. Equipment is included in Exhibit "B" of the Budget Ordinance
\$ 14,310,097	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.

Summary of Scope: This amendment adds and/or revises scopes of work for various public health programs. 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
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Contract Routing:	1. Prepared by:	JT	Date:	05/01/2024
	2. Attorney signoff:	Christopher Quinn	Date:	5/7/2024
	3. AS Finance reviewed:	A Martin	Date:	05/03/2024
	4. IT reviewed (if IT related):		Date:	
	5. Contractor signed:		Date:	
	6. Submitted to Exec.:		Date:	
	7. Council approved (if necessary):	AB2024-318	Date:	
	8. Executive signed:		Date:	
	9. Original to Council:		Date:	

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

CONTRACT NUMBER: CLH31033

AMENDMENT NUMBER: 18

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - Adds Statements of Work for the following programs:
 School-Based Health Centers Program – Effective July 1, 2024
 - Amends Statements of Work for the following programs:
 COVID-19 LHJ Gap Funding - Effective July 1, 2023
 Office of Drinking Water Group A Program - Effective January 1, 2022
 Youth Cannabis & Commercial Tobacco Prevention Program - Effective July 1, 2022
 - Deletes Statements of Work for the following programs:

2. Exhibit B-18 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-17 Allocations as follows:
 - Increase of **\$416,456** for a revised maximum consideration of **\$14,310,097**.
 - 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 & COMMUNITY SERVICES	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY
Assistant Attorney General

Indirect Rate January 1, 2022 through December 31, 2023: 21.8% CD & Epi; 25% Comm. Hlth & Hlth Svcs; 33.7% Enviro Hlth

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	End Date			
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 18	21.027	333.21.02	07/01/23	02/29/24	07/01/23	06/30/25	(\$64,126)	\$41,774	\$41,774
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 14, 18	21.027	333.21.02	07/01/23	02/29/24	07/01/23	06/30/25	\$105,900		
FFY24 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 17	66.472	333.66.47	03/01/24	09/30/24	01/01/24	11/30/24	\$10,000	\$10,000	\$35,000
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$10,000	\$10,000	
FFY22 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$15,000	\$15,000	
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 14	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$156,138	\$156,138	\$374,731
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$156,138	\$156,138	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$62,455	\$62,455	
FFY24 TB Elimination-FPH	NU52PS910221	Amd 16	93.116	333.93.11	01/01/24	09/30/24	01/01/24	09/30/24	\$13,183	\$13,183	\$49,788
FFY23 TB Elimination-FPH	NU52PS910221	Amd 10	93.116	333.93.11	01/01/23	12/31/23	01/01/23	12/31/23	\$15,778	\$15,778	
FFY22 TB Elimination-FPH	NU52PS910221	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	\$20,827	\$20,827	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 13	93.116	333.93.11	07/01/22	09/30/23	07/01/22	09/30/23	\$25,250	\$40,250	\$45,000
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 11	93.116	333.93.11	07/01/22	09/30/23	07/01/22	09/30/23	\$15,000		
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 13	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	(\$25,250)	\$4,750	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 9	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	\$30,000		
FFY24 CDC PPHF Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$100	\$1,100	\$1,100
FFY24 CDC PPHF Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$1,000		
FFY24 CDC VFC Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$1,344	\$14,784	\$14,784
FFY24 CDC VFC Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$13,440		
COVID19 Vaccines	NH23IP922619	Amd 12	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	(\$15,167)	\$285,867	\$285,867
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$301,034		
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$853,429	\$853,429	\$853,429
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$1,000	\$1,000	\$2,000
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,000	\$1,000	
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$13,470	\$13,470	\$26,873
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$13,403	\$13,403	
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$45,830	\$45,830	\$45,830
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 4	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$147,919)	\$1	\$1
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$147,920		

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					LHJ Funding Period Start Date	LHJ Funding Period End Date	Funding Period Start Date	Funding Period End Date			
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 17	93.323	333.93.32	01/01/22	06/30/24	01/15/21	07/31/24	(\$553,818)	\$894,764	\$894,764
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 4, 9, 17	93.323	333.93.32	01/01/22	06/30/24	01/15/21	07/31/24	(\$410,548)		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9, 17	93.323	333.93.32	01/01/22	06/30/24	01/15/21	07/31/24	\$1,859,130		
FFY21 NH & LTC Strike Teams HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$14,750	\$14,750	\$14,750
FFY21 SHARP HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$12,500	\$12,500	\$12,500
FFY21 SNF Strike Teams HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$50,500	\$50,500	\$50,500
FFY23 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 15	93.323	333.93.32	08/01/23	09/30/23	08/01/23	09/30/23	\$943	\$2,063	\$9,345
FFY23 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 12	93.323	333.93.32	08/01/23	09/30/23	08/01/23	09/30/23	\$1,120		
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 15	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,346	\$5,882	
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 12	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,680		
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5, 12	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,456		
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5, 12	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,400		
FFY21 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5	93.323	333.93.32	06/01/22	07/31/22	08/01/21	07/31/22	\$1,400	\$1,400	
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 15	93.354	333.93.35	07/01/23	06/30/24	07/01/23	06/30/24	\$200,000	\$200,000	\$200,000
FFY23 Crisis Coag-Mpox	NU90TP922236	Amd 13	93.354	333.93.35	12/01/22	06/30/23	12/01/22	06/30/23	\$15,000	\$15,000	\$15,000
FFY23 OID Crisis Coag-Mpox CDC	NU90TP922236	Amd 15, 17	93.354	333.93.35	07/01/23	12/31/24	07/01/23	01/31/25	\$15,000	\$15,000	\$15,000
FFY24 Tobacco-Vape Prev CDC Comp 1	NGA Not Received	Amd 18	93.387	333.93.38	04/29/24	12/31/24	04/29/24	04/28/25	\$18,886	\$18,886	\$94,430
FFY23 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 12	93.387	333.93.38	04/29/23	04/28/24	04/29/22	04/28/23	\$37,772	\$37,772	
FFY22 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 5, 9	93.387	333.93.38	04/29/22	04/28/23	04/29/22	04/28/23	\$37,772	\$37,772	
FFY22 PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 16	93.967	333.93.96	01/01/24	12/31/24	12/01/22	06/30/25	\$200,000	\$200,000	\$200,000
FFY24 HRSA MCHBG LHJ Contracts	B04MC52960	Amd 14	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$142,176	\$142,176	\$250,284
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 14	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	(\$34,068)	\$108,108	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$142,176		
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 14	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$58,068	\$58,068	\$58,068
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	(\$106,632)	\$0	\$0
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$106,632		
FFY21 MCHBG Special Project	B04MC40169	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$106,632	\$106,632	\$106,632

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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 Funding Start Date	LHJ Funding End Date	Funding Start Date	Funding End Date			
SFY1 GFS - Group B		Amd 17	N/A	334.04.90	01/01/24	06/30/24	07/01/23	06/30/25	\$12,618	\$12,618	\$38,495
GFS-Group B (FO-NW)		Amd 10	N/A	334.04.90	01/01/23	06/30/23	07/01/22	06/30/23	\$12,938	\$12,938	
GFS-Group B (FO-NW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$12,939	\$12,939	
SFY25 SBHC Proviso		Amd 18	N/A	334.04.90	07/01/24	12/31/24	07/01/24	06/30/25	\$95,000	\$95,000	\$95,000
SFY25 Harm Reduction Proviso HCA IAR		Amd 16	N/A	334.04.91	07/01/24	12/31/24	07/01/24	06/30/25	\$34,500	\$34,500	\$69,000
SFY24 Harm Reduction Proviso HCA IAR		Amd 16	N/A	334.04.91	01/01/24	06/30/24	07/01/23	06/30/24	\$34,500	\$34,500	
SFY24 Drug User Health Program		Amd 13	N/A	334.04.91	07/01/23	12/31/23	07/01/23	12/31/23	\$34,535	\$34,535	\$34,535
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$69,070	\$69,070	\$103,605
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$34,535	\$34,535	
LHJ COVID-19 GFS		Amd 18	N/A	334.04.92	07/01/23	06/30/24	07/01/23	06/30/24	\$64,126	\$64,126	\$64,126
SFY25 Dedicated Cannabis Account		Amd 18	N/A	334.04.93	07/01/24	12/31/24	07/01/24	06/30/25	\$204,794	\$204,794	\$1,023,970
SFY24 Dedicated Cannabis Account		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$409,588	\$409,588	
SFY23 Dedicated Cannabis Account		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$409,588	\$409,588	
SFY22 Marijuana Education		Amd 4	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/22	\$294,228	\$294,228	\$294,228
SFY25 Nicotine Addict Prev & Ed Pro		Amd 18	N/A	334.04.93	07/01/24	12/31/24	07/01/24	06/30/25	\$60,847	\$60,847	\$60,847
Rec Shellfish/Biotoxin		Amd 13	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$16,500	\$16,500	\$34,500
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$18,000	\$18,000	
SFY24 Tobacco Prevention Proviso		Amd 14	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/24	\$121,694	\$121,694	\$361,694
SFY23 Tobacco Prevention Proviso		Amd 7, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$10,000	\$240,000	
SFY23 Tobacco Prevention Proviso		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$230,000		
SFY24 Youth Tobacco Vapor Products		Amd 18	N/A	334.04.93	07/01/24	12/31/24	07/01/24	06/30/25	\$28,129	\$28,129	\$140,647
SFY24 Youth Tobacco Vapor Products		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$56,259	\$56,259	
SFY23 Youth Tobacco Vapor Products		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$56,259	\$56,259	
Managed Care Org		Amd 10, 14	N/A	334.04.98	01/01/23	06/30/24	07/01/21	06/30/25	\$52,000	\$52,000	\$52,000
SFY23 FPHS-LHJ-GFS		Amd 12	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$350,000	\$3,001,000	\$3,001,000
SFY23 FPHS-LHJ-GFS		Amd 6, 9	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,651,000		

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					Start Date	End Date	Start Date	End Date			
SFY24 FPHS-LHJ Funds-GFS		Amd 15	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	(\$150,000)	\$3,843,000	\$3,843,000
SFY24 FPHS-LHJ Funds-GFS		Amd 14	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$1,342,000		
SFY24 FPHS-LHJ Funds-GFS		Amd 13	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$2,651,000		
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$1,362,000)	\$0	\$1,362,000
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,362,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,362,000	\$1,362,000	
YR 26 SRF - Local Asst (15%) SS		Amd 18	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$2,400	\$4,200	\$12,000
YR 26 SRF - Local Asst (15%) SS		Amd 15	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$1,800		
YR 25 SRF - Local Asst (15%) SS		Amd 12	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$2,800	\$4,400	
YR 25 SRF - Local Asst (15%) SS		Amd 11	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$1,600		
YR 24 SRF - Local Asst (15%) (FO-NW) SS		Amd 5	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$400	\$3,400	
YR 24 SRF - Local Asst (15%) (FO-NW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$3,000		
Sanitary Survey Fees SS-State		Amd 18	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$2,400	\$12,000	\$12,000
Sanitary Survey Fees SS-State		Amd 15	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$1,800		
Sanitary Survey Fees SS-State		Amd 12, 15	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$2,800		
Sanitary Survey Fees SS-State		Amd 11, 15	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$1,600		
Sanitary Survey Fees SS-State		Amd 5, 11, 15	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$400		
Sanitary Survey Fees SS-State		Amd 1, 11, 15	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$3,000		
YR 26 SRF - Local Asst (15%) TA		Amd 18	N/A	346.26.66	01/01/24	12/31/24	01/01/23	12/31/23	\$4,000	\$4,000	\$10,000
YR 25 SRF - Local Asst (15%) TA		Amd 11	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$4,000	\$4,000	
YR 24 SRF - Local Asst (15%) (FO-NW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$2,000	\$2,000	
TOTAL									\$14,310,097	\$14,310,097	
Total consideration:				\$13,893,641						GRAND TOTAL	\$14,310,097
				\$416,456							
GRAND TOTAL				\$14,310,097						Total Fed	\$3,697,450
										Total State	\$10,612,647

*Catalog of Federal Domestic Assistance

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

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

DOH Program Name or Title: COVID-19 LHJ Gap Funding - Effective July 1, 2023

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

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

Period of Performance: July 1, 2023 through June 30, 2024

Statement of Work Purpose: The purpose of this statement of work is to support LHJ COVID-19 work utilizing American Rescue Plan Act (ARPA) funding and General Fund State funding.

Revision Purpose: The purpose of this revision is to clear the ARPA LHJ COVID 19 balance and add coding for General Fund State for the remaining balance.

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			
FY24 LHJ COVID-19 ARPA	926C0240	21.027	333.21.02	07/01/23	02/29/24	105,900	-64,126	41,774
LHJ COVID-19 GFS	926C0140	N/A	334.04.92	07/01/23	06/30/24	0	64,126	64,126
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						105,900	0	105,900

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Task 1, 2, and 3	Activities Supported by LHJ COVID-19 Gap Supplemental		July 1, 2023 – June 30, 2024	Reimbursement for actual costs incurred, not to exceed total funding allocation. Due date: Every 60 days as specified in the ConCon billing instructions.
1.	Provide vaccination services to increase COVID-19 vaccine availability in the community. Vaccination services are defined as those outside the usual healthcare delivery method, such as pop-up clinics, mobile clinics, non-clinical facilities and may be conducted during non-traditional hours such as evenings and weekends. Activities may	Vaccine availability to the community and prioritized in your jurisdiction’s community.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary or off-site clinics to travel and provide vaccination services in non-traditional settings, community outreach/messaging or to supplement the work of other community partners in underserved communities and may include administration costs for COVID-19 vaccine.			
1A.	<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) then 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 48 hours of use.</p> <p>Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.</p>	Within two (2) days of vaccine use	
1B.	Specific itemized breakdown of activities and costs from our partners for vaccine efforts and keeping Washington safe.	Final written report including activities completed and how LHH addressed equitable distribution of the vaccine, community outreach and messaging.	<p>Report due within 30 days of the end of each quarter listed below:</p> <p>Year 1 Quarter 1 July 1, 2023-September 30, 2023</p> <p>Year 1 Quarter 2 October 1, 2023-December 31, 2023</p> <p>Year 1 Quarter 3 January 1, 2024-March 31, 2024</p> <p>Year 1 Quarter 4 April 1, 2024-June 30, 2024</p>	
1C.	COVID-19 vaccine purchase	See Special Requirements Below	See reporting requirements in 1A and 1B	
2.	<p>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.</p> <p>Examples of key activities include:</p> <ul style="list-style-type: none"> • Incident management for the response • Testing 	See Special Requirements below.	See Special Requirements below.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> 5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. ii. Case investigation <ul style="list-style-type: none"> 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 2. Enter all case investigation and outbreak data in WDRS following DOH guidance. <ul style="list-style-type: none"> a) Strive to enter all case investigation and outbreak data into CREST as directed by DOH. b) Ensure all staff designated to utilize WDRS have access and are trained in the system. c) Include if new positive cases are tied to a known existing positive case or indicate community spread. d) Conduct targeted case investigation and monitor outbreaks. e) Coordinate with Tribal partners in conducting case investigations for tribal members. 3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. b. Testing <ul style="list-style-type: none"> i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs. ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to 	<p>Enter all case investigation data in WDRS-following guidance from DOH.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>disproportionately impacted communities and as a part of the jurisdiction’s contact tracing strategy.</p> <ul style="list-style-type: none"> iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested. <p>c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.</p> <ul style="list-style-type: none"> 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. ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH. iii. 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. <p>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.</p> <p>e. Support Infection Prevention and control for high-risk populations</p> <ul style="list-style-type: none"> 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. 	<p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH 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"> 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. 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. 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). 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. 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. <p>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.</p>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with WAC 246-100-045 (Conditions and principles for isolation or quarantine).</p> <p>i. Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&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 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.</p> <p>ii. Maintain ongoing census data for isolation and quarantine for your population.</p> <p>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.</p> <p>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.</p>	<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> <p>Report census numbers to include historic total by month and monthly total for current quarter to date</p>		

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

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

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

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

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

Program Specific Requirements

Special Requirements:

A report on the specific areas the LHJ partners have spent the ARPA vaccine dollars if the legislature requests this information.

The funds from the American Rescue Plan Act are not available for the purchase of vaccines when the federal government is already making COVID-19 vaccines available to certain populations. The Department of Health Office of Immunization, is using a combination of federal and state funds to supply COVID-19 vaccines for the following groups:

- *All children less than 19 years of age.*
- *Adults 19 years of age and older who are:*
 - *Uninsured.*
 - *Underinsured – lacks cost-free coverage for COVID-19 vaccines.*

To access these vaccines, healthcare providers must be enrolled in the Childhood Vaccine Program and/or the Adult Vaccine Program.

In order for LHJs to utilize the American Rescue Plan Act (FY24 LHJ COVID-19 ARPA) funding as listed on the LHJ con-con to purchase COVID-19 vaccines beyond what is currently available as stated above for administration in their jurisdiction, the LHJ must follow the guidance provided. In this guidance, it specifically asks that this funding is targeted to disproportionately impacted, underserved populations and communities having COVID-19 impacts that are documented and the response must be tailored to benefit this impacted class.

DOH has received the following guidance: to (1) identify and respond to other pandemic impacts and (2) serve other populations that experienced pandemic impacts, beyond the enumerated uses and presumed eligible populations. Recipients can also identify groups or ‘classes’ of beneficiaries that experienced pandemic impacts and provide services to those classes. You should refer to pages 32 and 33 of the Overview of the Final Rule for (1) identifying impacts to a specific household or class of households and (2) tailoring the response to benefit this impacted class.

If LHJs identify a disproportionately impacted underserved population in their LHJ COVID-19 vaccination plan that would benefit from expanded access to COVID-19 vaccines and is not already served by another state program, they may use this funding to purchase COVID-19 vaccines in support of a documented mission.

**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)** 6

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

Period of Performance: January 1, 2022 through December 31, 2024

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

Revision Purpose: The purpose of this revision is to finalize activity completed 1/1/2022 through 12/31/2023 for Sanitary Survey, Sanitary Survey State and Technical Assistance and to update funding provided for Sanitary Survey, Sanitary Survey State and Technical Assistance activity assigned 1/1/2024 through 12/31/2024.

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			
SANITARY SURVEY FEES SS-STATE	24112522	N/A	346.26.65	01/01/22	12/31/24	9,600	2,400	12,000
YR 24 SRF - LOCAL ASST (15%) (FO-NW) SS	24229224	N/A	346.26.64	01/01/22	12/31/22	3,400	0	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
YR 25 SRF - LOCAL ASST (15%) SS	24119226	N/A	346.26.64	01/01/23	12/31/23	4,400	0	4,400
YR 25 SRF - LOCAL ASST (15%) TA	24119226	N/A	346.26.66	01/01/23	12/31/23	4,000	0	4,000
YR 26 SRF - LOCAL ASST (15%) SS	24119226	N/A	346.26.64	01/01/24	12/31/24	1,800	2,400	4,200
YR 26 SRF - LOCAL ASST (15%) TA	24119226	N/A	346.26.66	01/01/24	12/31/24	0	4,000	4,000
						0	0	0
TOTALS						25,200	8,800	34,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ 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 LHJ for	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.	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 LHJ 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 LHJ shall be paid \$800 for each sanitary survey of a non-community system with four or more connections and each community system.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.	3. Updated Water Facilities Inventory (WFI). 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 inclusive of all associated costs such as travel, lodging, per diem. 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 LHJ 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 LHJ 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 LHJ 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 LHJ 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.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	LHJ 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, LHJ 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) (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

Data Sharing

The Office of Drinking Water will share water system information and files with the local health jurisdiction to support the work identified in this statement of work. To request water system data please contact the regional office with the name of the water system, water system ID#, specific information being requested and any timeline requirements. If allowable, please give administrative staff 3 to 5 business days to provide records.

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 SPIs and provide technical assistance) for small community and non-community water systems with groundwater sources. ODW retains responsibility for conducting sanitary surveys (and SPIs 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 ~~\$19,200~~ **\$24,000** for **Task 1**, and ~~\$6,000~~ **\$10,000** 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 or fewer connections be completed between January 1, 2022 and December 31, 2022.
- No more than **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.
- No more than **4** surveys of non-community systems with three or fewer connections be completed between January 1, 2023 and December 31, 2023.
- No more than **9** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2023 and December 31, 2023.
- No more than **3** surveys of non-community systems with three or fewer connections be completed between January 1, 2024 and December 31, 2024.
No more than ~~3~~**9** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2024 and December 31, 2024.

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: School-Based Health Centers Program - Effective July 1, 2024

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

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

Period of Performance: July 1, 2024 through December 31, 2024

Statement of Work Purpose: The purpose of this statement of work (SOW) is to fulfill the legislative mandate, RCW 43.70.825, and formalize a contract with Whatcom County Health Department to support the Mount Baker school-based health center(SBHC) start-up grant. A school-based health center is defined as "a student-focused health center located in or adjacent to a school that provides integrated medical, behavioral health, and other health care services such as dental care."

Whatcom County will implement the SBHC plan and complete infrastructure and capacity-building tasks and activities outlined in the contract to start an SBHC.

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			
SFY25 SBHC PROVISIO	78310850	N/A	334.04.90	07/01/24	12/31/24	0	95,000	95,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	95,000	95,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Provide updates to DOH on progress of SBHC project, including construction plans, outreach, and communication.	Meeting attendance, notes	September 30, 2024 December 31, 2024	\$7,500 per report (\$15,000 total)
2	Create plan and scope of work for contracting with a construction development consultant who will: <ul style="list-style-type: none"> • Create a cost-benefit analysis for the Mount Baker SBHC construction options • Develop a construction project timeline 	Solicitation for services, scope of work, and signed contract with construction development consultant	July 31, 2024	\$40,000
3	Work with a construction development consultant to conduct a cost-benefit analysis of the Mount Baker SBHC construction options and sites.	Mount Baker SBHC construction timeline and summary of SBHC site cost-benefit analysis	December 31, 2024	\$20,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	With construction development consultant, create or update timeline for Mount Baker SBHC construction.			
4	In collaboration with Mount Baker School District and the SBHC sponsor, create or update a communications, outreach, and engagement plan.	Communications, outreach, and engagement plan	December 31, 2024	\$20,000

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

Special References (i.e., RCWs, WACs, etc.): In accordance with RCW 43.70.825: Concerning School Based Health Centers (2021), the Washington State Department of Health (DOH) contemplates awarding a contract to Whatcom County Health Department (LHJ) to support starting a school-based health center.

Definitions: A school-based health center is defined in the law as “a student-focused health center located in or adjacent to a school that provides integrated medical, behavioral health, and other health care services such as dental care.” Upon execution of the contract, the SBHC must meet the minimum requirements outlined below:

- Be open during regular school hours.
- Provide on-site primary care services by a nurse practitioner, physician’s assistant, medical doctor, and/or doctor of osteopathy, at least once a week.
- Coordinate clinic services.
- Provide behavioral health care services by a behavior health provider that is on-site, through telehealth, and/or through mobile units. If a behavioral health provider is not licensed, they must be supervised by a licensed behavioral health provider.

Billing Requirements:

- The LHJ will invoice no more than monthly and no less than quarterly.
- Due dates and deliverables can be negotiated on and changed, as needed, with prior approval from the contract manager.
- Invoices will be submitted on the DOH A-19 form with a copy of the general ledger (or grant budget and spending documentation) and agreed upon back-up documentation. Invoices must reference this contract number and provide detailed information as requested.
- All invoices must be approved by DOH prior to payment; approval will not be unreasonably withheld. DOH will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the statement of work and/or budget. DOH will issue payment within 30 days of receiving a correct and complete invoice and approving the deliverable(s).
- DOH will return all incorrect or incomplete invoices and will not pay for services that occur outside the period of performance.
- The LHJ will not invoice for services if they are entitled to payment, have been, or will be paid by any other source for that service.
- The LHJ may bill incrementally for progress on objectives, but the entire product will be delivered for the amount specified regardless of time spent on the tasks for each objective.
- DOH must receive correct and complete invoices within 60 days of the contract expiration date. Late invoices will be paid at the discretion of DOH and are contingent upon the availability of funds.
 - Submit all final billings within 60 days of the end of the contract.
 - Submit all required program reports and deliverables within 60 days.

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

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

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

SOW Type: Revision **Revision # (for this SOW)** 6

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

Period of Performance: July 1, 2022 through December 31, 2024

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: Dedicated Cannabis Account, Tobacco Prevention, Youth Tobacco Vapor Products, and 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.

Note: Dates after December 31, 2024 under the Program Specific Requirements section are shown for reference only as the YCCTP project and funding is expected to continue in a new statement of work under the next consolidated contract term effective January 1, 2025.

Revision Purpose: The purpose of this revision is to add Chart of Accounts Master Index Titles and funding for next FY, extend the period of performance end date from June 30, 2024 to December 31, 2024, change the Statement of work purpose, and change/add dates for deliverables/requirements for the upcoming year.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SFY23 YOUTH TOBACCO VAPOR PRODUCTS	77410893	N/A	334.04.93	07/01/22	06/30/23	56,259	0	56,259
FFY22 TOBACCO-VAPE PREV COMP 1	77410212	93.387	333.93.38	04/29/22	04/28/23	37,772	0	37,772
SFY23 TOBACCO PREVENTION PROVISO	77410823	N/A	334.04.93	07/01/22	06/30/23	240,000	0	240,000
SFY23 DEDICATED CANNABIS ACCOUNT	77420823	N/A	334.04.93	07/01/22	06/30/23	409,588	0	409,588
FFY23 TOBACCO-VAPE PREV COMP 1	77410215	93.387	333.94.98	04/29/23	04/28/24	37,772	0	37,772
SFY24 YOUTH TOBACCO VAPOR PRODUCTS	77410640	N/A	334.04.93	07/01/23	06/30/24	56,259	0	56,259
SFY24 DEDICATED CANNABIS ACCOUNT	77420640	N/A	334.04.93	07/01/23	06/30/24	409,588	0	409,588
SFY24 TOBACCO PREVENTION PROVISO	77410840	N/A	334.04.93	07/01/23	06/30/24	121,694	0	121,694
SFY25 YOUTH TOBACCO VAPOR PRODUCTS (YTVP)	77410650	N/A	334.04.93	07/01/24	12/31/24	0	28,129	28,129
FFY24 TOBACCO-VAPE PREV CDC COMP 1 (CDC1)	77410240	93.387	333.94.38	04/29/24	12/31/24	0	18,886	18,886
SFY25 NICOTINE ADDICT PREV & ED PRO (NAPE)	77410850	N/A	334.04.93	07/01/24	12/31/24	0	60,847	60,847
SFY25 DEDICATED CANNABIS ACCOUNT (DCA)	77420650	N/A	334.04.93	07/01/24	12/31/24	0	204,794	204,794
						0	0	0
TOTALS						1,368,932	312,656	1,681,588

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 2022-2023-2024-2025 utilizing the template provided by YCCTPP 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 YCCTPP contract manager. • Activities that utilize program strategies (defined into <i>in</i> 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>	45 days of contract execution,	<p>Funding utilized: State (YTVP, Tobacco Prevention, Marijuana Prevention and Education, NAPE, DCA)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the YCCTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
2	NETWORK EQUITY ASSESSMENT	Contractor will complete an initial equity assessment provided by YCCTPP within their regional network that will be submitted to the YCCTPP contract manager within 90 days of the workplan being completed. The assessment will be continuously revised throughout the year based on the network’s needs.	Within 90 days of the workplan being completed	
3-2	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 	90 days of contract execution	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>Understanding (MOU), Memorandum of Agreement (MOA), or membership agreement, and the justification of their participation in the network.</p> <ul style="list-style-type: none"> • Required network sectors must have a representative for the grant to be considered in compliance. Sectors chosen and their levels of engagement will be determined with the contract manager and tailored to the region's needs. A complete list of network sectors will be provided in the implementation guide. • 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. 		
4-3	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 progress on a quarterly six-month basis through electronic survey that focuses on successes and challenges of their network and the YCCTPP program.</p>	20 th of each month.	
5-4	ASSESS PROGRAM IMPLEMENTATION	<p>Contractor will create annual report based on monthly and quarterly six-month 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>	
6-5	PREPARE AND MANAGE WORK PLAN	<p>Contractor will submit work plan for 2024-2025 for all required tasks (listed in more detail within the table below) for commercial tobacco prevention within 45 15 days of the state contract execution (estimated start date of 7/1/24), 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. 	45 15 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</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> 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 approval, the contractor should speak with their YCCTPP contract manager for approval.</p>		be submitted to the DOH Grants Management office per the consolidated contract. <i>The expenditure worksheet in the budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</i>
	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 20th of each month. Contractor will share network process progress on quarterly <i>a six-month</i> basis through electronic survey that focuses on successes and challenges of their organization and YCCTPP program.	20th 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. Contractor will participate in community or population needs assessment every 2 years to update community/population data and needs.	Annual Report- 30 days after the period of performance Needs assessment- every 2 years.	
7-6	Policies, Systems & Environmental Work	Contractor will work to strengthen or defend existing policy, systems, or environmental change (ex: SIPP and VIPP laws). 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.	04/29/22—04/28/23 04/29/23—12/31/23 <i>Length of funding allotted</i>	
	Education & Technical Assistance	Contractor will provide technical assistance regarding commercial tobacco (including e-cigarettes/vapor products) to community partners, and decision makers.	04/29/22—04/28/23 04/29/23—12/31/23 <i>Length of funding allotted</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>Contractor will host or speak at trainings or community events to education others regarding prevention and education for commercial tobacco to increase the knowledge skills, and abilities of network members, community partners, and other community stakeholders.</p> <p>Contractor will disseminate resources (ex: TUDT) provided by YCCTPP and/or developed local to CBOs, centers, and networks supporting disparately affected communities that address emerging commercial tobacco/e-cigarettes and are culturally & linguistically appropriate, trauma-informed & equity-based.</p>		
	<p>Collaboration & Engagement</p>	<p>Contractor will collaborate with YCCTPP program partners and external organizations (CBOs, CPWI, TPWI, ACH, DFC, etc.) to support prevention efforts for the youth and their community.</p> <p>Contractor will educate individuals, public and private organizations on the value of YCCTPP, utilizing material provided by DOH or created by their own organization network or another YCCTPP contractor/network.</p> <p>Contractor will educate adults who influence youth, such as parents, other family members, educators, clergy, coaches, etc.</p> <p>Contractor will build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.</p> <p>Contractor will implement activities designed to prepare young people to make informed decisions, and lead change in their community.</p>	<p>04/29/22 — 04/28/23 04/29/23 — 12/31/23 <i>Length of funding allotted</i></p>	
	<p>Media & Communication</p>	<p>Contractor will plan and implement public relations/earned media efforts (i.e. press releases, social media) utilizing national (ex: CDC Tips Campaign), statewide, and tailored media campaigns to prevent youth commercial tobacco initiation, and support cessation.</p> <p>Contractor will promote Washington State Quitline and self-help options for TUDT, including 2Morrow Health App (doh.wa.gov/quit) and This is Quitting (doh.wa.gov/vapefreewa), to people who use commercial tobacco.</p> <p>Contractor will prepare (design, research, write, edit), get approval for, or distribute informational/educational materials in hard copy or online.</p> <p>Contractor will plan, conduct, and document reach of various campaigns on various platforms (e.g., social media, point of purchase, movie theaters, radio, etc.).</p>	<p>04/29/22 — 04/28/23 04/29/23 — 12/31/23 <i>Length of funding allotted</i></p>	

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

Federal Funding Accountability and Transparency Act (FFATA) (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

For MI Codes ~~77410893, 77410823, 77420823, TBDYTPV, TBDMJ, TBDTPP~~ ~~77410840, 77410640, 77420641, 77410850, 77410650, 77420650~~ 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. Maintain a regional network of prevention partners.
 - i. **A Network** - an intentional collaboration between groups and individual partners who draw upon lived and professional experience to help guide the regions prevention efforts and share resources.
 - ii. **Minimum Requirements for A Network** (See Implementation Guide for further guidance):
 1. A Network Coordinator (minimum of 1.0 FTE)
 2. Key partners with representation from 4 required sectors (Local Health Jurisdiction, Youth Serving Organization, Community Based Organization / Non-Profit, and Prevention Coalitions)
 3. A clear process for engaging key partners in development of YCCTPP workplan and shared responsibility in implementation.
 4. A Network Administrative Plan
3. Participate in required virtual and/or in-person meetings, and optional trainings/webinars including but not limited to:
 - i. YCCTPP quarterly meetings, tentatively scheduled for ~~July 11, 2023, November 7-9, 2023, March 12, 2024, and May 14-16, 2024.~~ *July 30, 2024, October 8-9, 2024, March 11, 2025, and May 20-22, 2025.*
 - ii. Monthly check-ins with contract manager
 - iii. *Contractor will participate in a DOH site visit once per biennium.*
 - iv. *Optional:* Practice Collaborative (PC) meetings, schedule to be determined by the PC's Leadership Team
 - v. *Optional:* Trainings and/or Webinars, schedule to be determined by TA contractor and WA DOH.
 - ~~vi. Contractor will participate in a DOH site visit once per biennium.~~
4. Contractor will serve as YCCTPP Representative of their region/population for Washington State.
5. 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.
6. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.

7. 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 Work Plan 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.~~

For MI Code: 77410215 & 77410240, 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 Work Plan 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.

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.

Subcontractor Requirements:

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

BREAKDOWN OF DELIVERABLES, DUE DATES, AND FUNDING SOURCE

Deliverable	Due Date	Funding Source
Update Annual Network Workplan & Submit budget proposal	Due within 15 days of Contract Execution July 16, 2023 <i>(based on 23-24 Contract Funding)</i> July 16, 2024 <i>(based on 24-25 Contract Funding)</i>	YTVP DCA NAPE
Submit Organization Administrative Plan	Due within 30 Days of Contract Execution July 31, 2023 <i>(based on 23-24 Contract Funding)</i> July 31, 2024 <i>(based on 24-25 Contract Funding)</i>	YTVP DCA NAPE
Network Administrative Plan	Due within 90 days of contract execution September 30, 2023 <i>(based on 23-24 Contract Funding)</i> September 30, 2024 <i>(based on 24-25 Contract Funding)</i>	YTVP DCA NAPE
Community/Population Data Evaluation and Needs & Resource Assessment	Due by last day of the contract June 30, 2024-December 31, 2024 <i>(based on 23-24 Contract Funding)</i> June 30, 2025 <i>(based on 24-25 Contract Funding)</i>	YTVP DCA NAPE
Monthly Progress Reporting	Due the 20 th of each month	YTVP DCA NAPE
Annual Report	Due within 30 days after the period of performance. July 31, 2024 <i>(based on 23-24 Contract Funding)</i> July 31, 2025 <i>(based on 24-25 Contract Funding)</i>	YTVP DCA NAPE

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.

EXPENDITURE REPORT AND REQUEST FOR REIMBURSEMENT -

A19s and updated budget workbook due the 30th of the month following the month in which costs are incurred. Reimbursement for actual expenditures, not to exceed total funding consideration.

Consolidated Contracts (Health Departments):

- A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.
- Year-end projections *and Final Expenditures* are due as follows:
 - ~~FY23~~ For CDCI funding: Year-end projections are due ~~May 15, 2023~~ April 15, 2024 and April 15, 2025. **Final Expenditure Reports and invoices are due no later than August 14, 2024 June 14, 2024 and June 14, 2025, and must be marked FINAL INVOICE**
 - For YTVF, NAPE, DCA Funding: Year-end projections are due June 14, 2024 and June 14, 2025. **Final Expenditure Reports and invoices are due no later than August 15, 2024 and August 15, 2025, and must be marked FINAL INVOICE.**

Payment

- 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. DOH shall reimburse the contractor for approved costs outlined in the Implementation Guide and 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~~, April 29, 2023 – April 28, 2024 & ~~SFY24~~ July 1, 2023 – June 30, 2024 *for 23-24 Funding* and *April 29, 2024 – April 28, 2025 & July 1, 2024 – June 30, 2025* Billings for services on a monthly fraction of the budget will not be accepted or approved.
- Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and/or Request for Reimbursement form (A19). If A19's are not submitted within 45 days of the month when expenditures were incurred, DOH may withhold payment, at its discretion.
- Final expenditure projections must be submitted by the 15th of May for state funds and the 15th of March for federal funds to allow DOH to appropriately accrue funds to make final payments.
- **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.**
- 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.

Evaluation of YCCTPP Contractor's Performance

The YCCTPP Contractor performance will be evaluated through submission of project deliverables, annual budget tracking, network partnership and collaboration efforts. More information on evaluation can be found in the Implementation Guide.

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc.)**Federal Funding Restrictions and Limitations:**

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Recipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Recipients may not use funds for tobacco compliance check inspections.
- Recipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

- See [Additional Requirement \(AR\) 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.

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.

In ESSB 5187, Section 222 (67) - \$2,500,000 of the general fund—state appropriation for fiscal year 2024 and \$2,500,000 of the general fund—state appropriation for fiscal year 2025 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.