

WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No.

201801023 – 20

Originating Department:	85 Health
Division/Program: <i>(i.e. Dept. Division and Program)</i>	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 #:	201801023	
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):	CLH18267	CFDA#: Various
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):		
Is this contract grant funded?	If yes, RFP and Bid number(s):		
Yes <input type="checkbox"/> No <input type="checkbox"/>	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):	<p>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:</p> <ol style="list-style-type: none"> 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, professional services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies or equipment included approved in the budget. 4. 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.
\$ 12,217,258	
This Amendment Amount:	
\$ 2,928,061	
Total Amended Amount:	
\$ 15,145,319	

Summary of Scope: This revenue contract from the Washington State Department of Health is used to fund the delivery of various public health services in Whatcom County.

Term of Contract:	4 years	Expiration Date:	12/31/2021
Contract Routing:	1. Prepared by: JT	Date:	04/01/2021
	2. Attorney signoff: RB	Date:	04/01/2021
	3. AS Finance reviewed: M Caldwell	Date:	4/1/21
	4. IT reviewed (if IT related):	Date:	
	5. Contractor signed:	Date:	
	6. Submitted to Exec.:	Date:	
	7. Council approved (if necessary): AB2021-223	Date:	
	8. Executive signed:	Date:	
	9. Original to Council:	Date:	

**WHATCOM COUNTY HEALTH DEPARTMENT
2018 – 2021 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH18267

AMENDMENT NUMBER: 20

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, attached and incorporated by this reference, are amended as follows:

- Adds Statements of Work for the following programs:

- Amends Statements of Work for the following programs:
 - COVID-19 Coordinated Response - Effective July 1, 2020
 - Division of Emergency Preparedness & Response COVID-19 - Effective January 20, 2020
 - Marijuana Prevention & Education Program - Effective July 1, 2019
 - Office of Drinking Water Group A Program - Effective January 1, 2018

- Deletes Statements of Work for the following programs:

2. Exhibit B-20 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-19 Allocations as follows:

- Increase of **\$2,928,061** for a revised maximum consideration of **\$15,145,319**.

- Decrease of _____ for a revised maximum consideration of _____.

- No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C-18 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-17.

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



04/01/2021

Date

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

**2018-2021 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
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**Exhibit A
Statement of Work
Contract Term: 2018-2021**

DOH Program Name or Title: COVID-19 Coordinated Response - Effective July 1, 2020

Local Health Jurisdiction Name: Whatcom County Health Department
Contract Number: CLH18267

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other <input checked="" type="checkbox"/> Federal *Contractor	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: July 1, 2020 through December 31, 2021

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

NOTE: Pending execution of a new consolidated contract term or an extension to the 2018-2021 consolidated contracts which currently end December 31, 2021, DOH plans to continue the task activities and funding as noted in the task(s) below in a new or revised statement of work effective January 1, 2022.

Revision Purpose: The purpose of this revision is to extend the period of performance from June 30, 2021 to December 31, 2021; add funding and extend end date for Task 3 FFY21 COVID19 VACCINE SERVICES-CARES through December 31, 2021; remove FFY21 COVID GFS LHJ REGIONAL funding; add FFY20 ELC EDE LHJ ALLOCATION and FFY19 ELC COVID ED LHJ ALLOCATION funding and revise language for Tasks 1 and 2; add Task 4 and funding information for MASS VACCINATION FEMA 100% and add Program Specific Requirements and DOH program and fiscal contact information.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
BITV-COVID ED LHJ ALLOCATION-CARES	21.019	333.21.01	1897129V	07/01/20	12/30/21	1,219,324	0	1,219,324
FEMA-75 COVID LHJ ALLOCATION	97.036	333.97.03	1897129W	07/01/20	12/30/20	0	0	0
FFY21 COVID19 VACCINE SERVICES-CARES	93.268	333.96.26	74310209	07/01/20	12/31/21	35,076	853,429	888,505
FFY21 COVID GFS LHJ REGIONAL	N/A	334.04.92	1897211G	12/31/20	06/30/21	1,000,000	-1,000,000	0
FFY20 ELC EDE LHJ ALLOCATION	93.323	333.93.32	1897120D	01/15/21	12/31/21	0	2,120,148	2,120,148
FFY19 ELC COVID ED LHJ ALLOCATION	93.323	333.93.32	1897129G	01/01/21	12/31/21	0	948,084	948,084
*MASS VACCINATION FEMA 100%	97.036	333.97.03	934V0200	01/21/21	04/20/21	0	0	0
TOTALS						2,254,400	2,921,661	5,176,061

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19.				
	Examples of key activities include: <ul style="list-style-type: none"> • Incident management for the response • Testing 				

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Case Investigation/Contact Tracing Sustainable isolation and quarantine Care coordination Surge management Data reporting <p>Previous funding provided by DOH for COVID response (federal Crisis Cooperative Agreement funding, state Disaster Recovery Account funding) must be fully utilized before these funds can be accessed. The total state funding consideration is for the period of December 31, 2020 through June 30, 2021.</p> <p>NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations & contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</p>				
DCHS COVID-19 Response - Tasks 1 and 2					
1	<p>Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the "Budget narrative Template", "Budget Guidance" and any other applicable documents that may be identified.</p> <p>DOH does recognize the public health response goes beyond December 2020 2021 and authorizes local health jurisdictions the ability to maximize funding streams available to them by using short term funding first to have longer term funding available to continue to support the local health jurisdiction response activities beyond December 2020 2021 as applicable.</p>		Submit the budget plan and narrative using the template provided.	Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.	Reimbursement of actual costs incurred, not to exceed \$4,287,556 total. \$1,219,324 BITV-COVID ED LHJ ALLOCATION-CARES Funding (MI 1897129V) \$1,000,000 FFY21 COVID-GFS-LHJ REGIONAL (MI-1897211G) \$2,120,148 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120D) \$948,084 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G)
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH <i>and neighboring Tribes</i>, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: <i>Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</i></p> <ol style="list-style-type: none"> Contact tracing <ol style="list-style-type: none"> Strive to maintain the capacity to surge a minimum of five (5) contact tracers for every 100,000 people in the jurisdiction, as 		Data collected and reported into DOH systems daily. Enter all contact tracing data in CREST following guidance from-DOH.	Enter performance metrics daily into DOH identified systems Quarterly performance reporting updates	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>needed, based on disease rates. DOH centralized investigations will count towards this minimum.</p> <ol style="list-style-type: none"> 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with <i>Tribal</i>, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. <i>Coordinate with Tribal partners in conducting contact tracing for Tribal members.</i> 5. <i>Follow up with 90% of contacts within two (2) days of positive lab reporting. This can be modified and adapted based on case loads and current case investigation and contact tracing prioritization recommendations.</i> 6. <i>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. Strive to achieve DOH Case and Contact Tracing Metrics: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/COVID19_CaseInvestigationContractTracingReport.pdf</i> 7. Perform daily monitoring for symptoms during quarantine period of contacts 				

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>ii. Case investigation</p> <ol style="list-style-type: none"> 1. Strive to maintain the capacity to surge a minimum of five (5) case investigators and contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigation will count toward this minimum. 2. Enter all case investigation and outbreak data in WDRS following DOH guidance. <ol style="list-style-type: none"> a) Strive to enter all case investigation and outbreak data into <i>CREST</i> 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 case investigation and monitor outbreaks. e) <i>Coordinate with Tribal partners in conducting case investigations for tribal members.</i> <i>Strive to achieve DOH Case and Contact Tracing Metrics.</i> <i>(https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/COVID19-CaseInvestigationContractTracingReport.pdf)</i> 3. <i>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.</i> 		<p>Enter all case investigation data in WDRS following guidance from-DOH.</p> <p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing</p>		

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	<p>b. Testing</p> <ul style="list-style-type: none"> i. Work with partners <i>and Tribes</i> 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 <i>and Tribes</i> to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy. 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 <i>FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.</i></p> <ul style="list-style-type: none"> i. Ensure all COVID positive lab test results <i>from LHJ</i> 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 <i>from the LHJ</i> and enter into WDRS when resources permit or send test results to DOH. iii. <i>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.</i> <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-<i>if patient-providers-permission-to-notify-tribes.</i></p>		<p>locations and volume as requested.</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</p>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<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. 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>status of all projects listed.</p>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>f. <i>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.</i></p> <p>g. Community education. Work with <i>Tribes and</i> partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine measures.</p> <p>i. Have at least one (1) location identified and confirmed through contract/formal agreement that can support isolation and quarantine adequate to the population for your jurisdiction with the ability to expand; alternatively, 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. Conduct at least one (1) exercise per year with the identified isolation and quarantine site to include a minimum of: confirmation of wrap around services (food service/delivery, laundry service, water/septic, garbage, ambulance service, cleaning/sanitation), facility intake and discharge procedures, transport procedures, and staffing.</p> <p>iii. Planning must incorporate transfer or receipt of isolation and quarantine patients to from adjacent jurisdictions or state facilities in the event of localized increased need.</p> <p>iv. Planning must incorporate triggers and coordination to request state isolation and quarantine support either through mobile teams or the state facility to include site identification and access</p>		<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, date of exercise to be conducted and confirmation of appropriate planning and coordination as required.</p>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
COVID-19 Vaccine Services - Task 3 – will be extended through June 30, 2022 in new contract term effective January 1, 2022. Any unspent funds may be carried forward.					
3.A	<p>Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline.</p> <p>Example 1: Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.</p> <p>Example 2: Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services</p>		Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.	January 31, 2021 <i>Annually</i>	Reimbursement of actual costs incurred, not to exceed: \$35,076 \$888,505 FFY21 COVID19 VACCINE SERVICES-CARES (MI 74310209)
3.B	Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.		Mid-term written report describing activity/activities and progress made to-date and strategies used (template to be provided)	March 31, 2021 <i>Annually</i>	
3.C	Catalog activities and conduct an evaluation of the strategies used		Final written report, showing the strategies used and the final progress of the reach (template to be provided)	June 30, 2021 <i>Annually</i>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Regional Incident Management Team (IMT) Mass Vaccination Clinics – Task 4					
	<p>*NOTE: Task 4 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 IMT to administer the vaccine as efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented.</p> <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, arenas, etc.).</p> <p>Leaders Intent about this work from DOH is included as an attachment.</p> <p>Guidance on vaccination protocols must be followed as provided by DOH and CDC.</p>				<p>*Reimbursement of eligible costs.</p> <p>MASS VACCINATION FEMA 100% Funding (MI 934V0200)</p> <p>(See Program Specific Requirements for Mass Vaccination Task 4 below)</p>
4.A	<p>Local health jurisdiction (LHJ) will coordinate 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>Local health jurisdiction is the coordinating agency for the 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</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 Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4.B	<p><i>maintain all decisional authority around vaccination planning and execution within their jurisdiction/district.</i></p> <p><i>Provide any information as requested by the regional IMT.</i></p> <p><i>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.</i></p> <p><i>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.</i></p>		<p><i>Submit estimated budget for the mass vaccination plan.</i></p> <p><i>Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.</i></p>	<p><i>Within 30 days of contract amendment execution.</i></p> <p><i>Monthly</i></p>	
4.C	<p><i>Vaccination data – will be maintained according to current state and federal requirements.</i></p> <p><i>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.</i></p>		<p><i>Submission of vaccine use into WA IIS database within 24hrs of use.</i></p> <p><i>Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.</i></p>	<p><i>Daily</i></p>	
4.D	<p><i>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).</i></p>		<p><i>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</i></p>	<p><i>Monthly</i></p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			<i>costs for the time period, any challenges/successes of note, including assistance requested.</i>		

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Special Requirements

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 Data Universal Numbering System (DUNS®) number.

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/Narrative

DCHS COVID-19 Response - Tasks 1 and 2

Restrictions on Funds: Indirects are NOT allowable for CARES funding from September 2, 2020 forward – LHJ can charge administrative activities as direct costs but not incur indirects from September 2, 2020 through December 30, 2020 for activities funded with CARES funds (COVID LOCAL CARES - COVID LHJ OFM ALLOCATION-CARES, BITV-COVID ED LHJ ALLOCATION-CARES, FEMA-75 COVID LHJ ALLOCATION)

- o Since the federal guidance was not updated until September 2, 2020, DOH understands that indirects could be charged from March–August 2020.

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

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

- Mass Vaccination – Task 4**
- Program Manual, Handbook, Policy References**
- Emergency Response Plan (or equivalent)**
- Medical Countermeasure/Mass Vaccination Plan**

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc.):
Non-mass vaccination efforts are not allowable through this funding stream.
Duplication of billing (sending request for reimbursement) to entities outside of this agreement is prohibited.
Indirect rates are not applicable to these funds.

Special References (RCWs, WACs, etc.)
County Health Emergency Documentation if applicable

Monitoring Visits (frequency, type):
Occasional visits from DOH or IMT/IMO personnel for the purpose of monitoring and surveillance of mass vaccination activities may be expected.

Definitions
Mass vaccination clinic are those outside of the usual healthcare delivery methods such as pop-up clinics, mobile clinics, non-clinical facility clinics (i.e., fairgrounds, arenas, etc.).

Special Billing Requirements:
Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.
Contract (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 21, 2021 through April 20, 2021 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.

DOH Program Contact
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DOH BITV-COVID ED LHJ Allocation-CARES Fiscal Contact (Tasks 1 and 2)

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DOH COVID19 Vaccine Services Program Contacts (Task 3)

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DOH General Mass Vaccination Program and Fiscal Contact (Task 4)

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**Exhibit A
Statement of Work
Contract Term: 2018-2021**

DOH Program Name or Title: Division of Emergency Preparedness & Response- COVID-19 - Effective January 20, 2020 **Local Health Jurisdiction Name:** Whatcom County Health Department

Contract Number: CLH18267

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

Period of Performance: January 20, 2020 through December 31, 2021

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 checked="" type="checkbox"/> One-Time Distribution
<input type="checkbox"/> Other		

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks for LHJs to prevent, prepare for, and respond to the COVID-19 disease outbreak.

Revision Purpose: The purpose of this revision is to extend the period of performance from June 30, 2021 to December 31, 2021, extend the funding period for federal COVID-19 funds, and add report deliverables and due dates. The funding period end date for the state Disaster Response funds remains June 30, 2021.

NOTE: Pending execution of a new contract or an extension to the 2018-2021 consolidated contracts which currently end December 31, 2021, program plans to extend the period of performance and funding in this statement of work through March 15, 2022. Deliverable due dates after December 31, 2021 are referenced for informational purposes only and will be updated in a new or revised statement of work effective January 1, 2022.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change	Total Consideration
FFY20 CDC COVID-19 Crisis Resp LHJ-Tribe	93.354	333.93.35	31104102	01/20/20 12/31/21	287,918	0	287,918
FY20/21 COVID-19 Disaster Response	N/A	334.04.92	934A0101	01/20/20 06/30/21	262,082	0	262,082
TOTALS					550,000	0	550,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Federal Funds 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>Activities must address one or more of the following six domains:</p>		Activity report(s) on template to be provided DOH.	June 30, 2020 December 31, 2020 March 15, 2021 June 30, 2021 December 31, 2021 March 15, 2022 Frequency and due dates of reports may change based on federal requirements.	Reimbursement for actual costs not to exceed total funding consideration amount Note: Per Federal funding requirements, prior approval from DOH is required for reimbursement of or expenses incurred on or

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>State Funds</p> <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>Activities must address one or more of the following six domains:</p> <ul style="list-style-type: none"> • Incident management for early crisis response • Jurisdictional recovery • Information management • Countermeasures and mitigation • Surge management • Biosurveillance <p>DOH will provide additional guidance and technical assistance.</p> <p>Note: The total federal funding consideration is for the period of January 20, 2020 through March 15, 2021 2022. <i>Any unspent funds, tasks and deliverables with due dates after December 31, 2021 will be included in a new statement of work under the new consolidated contract term beginning January 1, 2022.</i></p>		Activity report(s) on template to be provided DOH.	<p>July 15, 2020 October 15, 2020 January 15, 2021 April 15, 2021 June 30, 2021</p>	<p>LHJ has already received these funds as a one-time distribution.</p>

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Any subcontract/s must be approved by DOH prior to executing the contract/s.

Deliverables are to be submitted to the ConCon deliverables mailbox at concondeliverables@doh.wa.gov

Special Requirements**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 Data Universal Numbering System (DUNS®) number.

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.

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

Please reference the Code of Federal Regulations:

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12eccc462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

Allowable Activities - See list of allowable activities below, Appendix 2 from COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding, Interim Guidance, March 15, 2020.

Costs that are NOT allowable

- Facility purchases – May be if prior approval received from the feds and state. Send those requests to Amy.Ferris@doh.wa.gov
- Research
- Clinical care except as provided for individuals while under state or federal quarantine and isolation orders that are not eligible for payment by another source.
- Publicity and propaganda (lobbying):
 - 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: https://www.cdc.gov/grants/documents/Ani-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf
- Funds cannot be used to supplant existing federal funds awarded by other federal sources
- Funds cannot be used to match funding on other federal awards.

DOH Program Contact

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Appendix 2. Allowable Activities

Domain	Activity Category	Allowable Activities
<p>Incident Management for Early Crisis Response</p>	<p>Emergency Operations and Coordination</p>	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> o Conduct jurisdictional COVID-19 risk assessment. <ul style="list-style-type: none"> • Identify and prioritize risk-reduction strategies and risk-mitigation efforts in coordination with community partners and stakeholders. • Implement public health actions designed to mitigate risks in accordance with CDC guidance. o Implement public health response plans based on CDC COVID-19 Preparedness and Response Planning Guidance for State, Local, Territorial, and Tribal Public Health Agencies. o Provide technical assistance to local and tribal health departments on development of COVID-19 response plans and respond to requests for public health assistance. o Activate the jurisdiction’s emergency operations center (EOC) at a level appropriate to meet the needs of the response. <ul style="list-style-type: none"> • Staff the EOC with the numbers and skills necessary to support the response, assure worker safety, and continually monitor absenteeism. • Use established systems to ensure continuity of operations (COOP) and implement COOP plans as needed. o Establish call centers or other communication capacity for information sharing, public information, and directing residents to available resources. o Activate emergency hiring authorities and expedited contracting processes. o Assess the jurisdiction’s public health and healthcare system training needs. <ul style="list-style-type: none"> • Provide materials and facilitate training designed to improve the jurisdiction’s public health and healthcare system response. Focus on infection prevention and control strategies and implementation/triggers for crisis/contingency standards of care. • Implement procedures to notify relevant personnel and participate in CDC national calls and Clinician Outreach and Communication Activity (COCA) calls. o Ensure plans and jurisdictional response actions incorporate the latest CDC guidance and direction.

Domain	Activity Category	Allowable Activities
	<p>Responder Safety and Health</p>	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> o Assure the health and safety of the jurisdiction’s workforce, including but not limited to implementation of staff resiliency programs, occupational health/safety programs, and responder mental health support. Determine gaps and implement corrective actions. o Implement personal protective equipment (PPE)- sparing strategies for public health/healthcare system workforce in accordance with federal guidelines. o Develop an occupational safety and health strike team to ensure workers are protected, implement corrective actions, and gather lessons learned. o Establish a team of communicators who can interpret CDC guidance and assist with implementation of worker safety and health strategies. o Create tools to assist and anticipate supply chain shortages, track PPE inventory. o Develop PPE strategies consistent with CDC guidance for hospitals, outpatient clinics, long-term care facilities, and other health facilities; work with suppliers and coalitions to develop statewide plans for caching or redistributing/sharing. This strategy should be integrated with health care coalitions’ system plans for purchasing, caching, and distributing PPE and accessing the Strategic National Stockpile. o Purchase required PPE (if available).

Domain	Activity Category	Allowable Activities
	Identification of vulnerable populations	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes. ○ Update response and recovery plans to include populations at risk. ○ Enlist other governmental and nongovernmental programs that can be leveraged to provide social services and ensure that patients with COVID-19 virus (or at risk of exposure) receive proper information to connect them with available social services. ○ Leverage social services and behavioral health within the community, including the Administration for Children and Families (ACF) and Health Resources and Services Administration (HRSA). ○ Conduct rapid assessment (e.g., focus groups) of concerns and needs of the community related to COVID-19 prevention. ○ Identify gaps and implement strategies that encourage risk-reduction behaviors.
Jurisdictional Recovery	Jurisdictional Recovery	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Recovery efforts to restore to pre-event functioning. ○ Conduct a hot wash/after-action review and develop an improvement plan.

Domain	Activity Category	Allowable Activities
<p>Information Management</p>	<p>Information Sharing</p>	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> o Ensure information sharing among public health staff, healthcare personnel, airport entry screening personnel, emergency medical services (EMS) providers, and the public. o Develop, coordinate, and disseminate information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and incident management responders. o Develop new systems or utilize existing systems to rapidly report public health data. o Develop community messages that are accurate, timely, and reach at-risk populations
	<p>Emergency Public Information and Warning and Risk Communication</p>	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> o Ensure redundant platforms are in place for pushing out messages to the public and the healthcare sector regarding risks to the public, risk of transmission, and protective measures. <ul style="list-style-type: none"> • Work with health communicators and educators on risk communications efforts designed to prevent the spread of COVID-19 virus. o Update scripts for jurisdictional call centers with specific COVID-19 messaging (alerts, warnings, and notifications). o Evaluate COVID-19 messaging and other communication materials and, based on feedback from target audiences, revise messages and materials as needed. <ul style="list-style-type: none"> • Conduct rapid assessment (e.g., focus groups) of existing messaging and communications activities (e.g., web-based, social media) related to COVID-19 prevention. • Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and adjust communications as needed. o Contract with local vendors for translation (as necessary), printing, signage, and audiovisual/public service announcement development and dissemination. o Identify gaps and develop culturally appropriate risk messages for at-risk populations including messages that focus on risk-reduction behaviors. o Develop a COVID-19-specific media relations strategy, including identification of key spokespeople and an approach for regular media outreach.

Domain	Activity Category	Allowable Activities
Countermeasures and Mitigation	Nonpharmaceutical Interventions	<ul style="list-style-type: none"> o Coordinate communication messages, products, and programs with key partners and stakeholders to harmonize response messaging. o Clearly communicate steps that health care providers should take if they suspect a patient has COVID-19 virus infection (e.g., diagnostic testing, clinical guidance). <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> o Develop plans and triggers for the implementation of community interventions, including: <ul style="list-style-type: none"> • Activating emergency operations plans for schools, higher education, and mass gatherings; • Ensuring that community, faith-based, and business organizations are prepared to support interventions to prevent spread; and • Integrating interventions related to social services providers, criminal justice systems, homeless persons, and other vulnerable populations and at-risk populations. o Anticipate disruption caused by community spread and interventions to prevent further spread. <ul style="list-style-type: none"> • Planning for school dismissal including continuity of education and other school-based services (e.g., meals); • Ensuring systems are active to provide guidance on closure of businesses, government offices, and social services agencies; • Ensuring systems are in place to monitor social disruption (e.g., school closures); and • Ensuring that services (e.g., housing, transportation, food) are in place for community members impacted by social distancing interventions.
	Quarantine and Isolation Support	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> o Provide lodging and wrap-around services, including food and beverage, cleaning, waste management, maintenance, repairs at quarantine/isolation sites, and clinical care costs for individuals while under state or federal quarantine and isolation orders that are not eligible for payment by another source. o Review and update state quarantine and isolation laws, regulations, and procedures. Funds may also be used to develop training and educational materials for local health departments and judicial officials.

Domain	Activity Category	Allowable Activities
		<ul style="list-style-type: none"> o Identify and secure safe housing for persons subject to restricted movement and other public health orders. o Develop and implement behavioral health strategies to support affected populations.
	Distribution and Use of Medical Material	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> o Ensure jurisdictional capacity for a mass vaccination campaign once vaccine becomes available, including: <ul style="list-style-type: none"> • Enhancement of immunization information systems • Maintaining ability for vaccine-specific cold chain management • Coordinating mass vaccination clinics for emergency response • Assessing and tracking vaccination coverage • Rapidly identifying high-risk persons requiring vaccine • Planning to prioritize limited medical countermeasures (MCM) based on guidance from CDC and the Department of Health and Human Services (HHS) o Ensure jurisdictional capacity for distribution of MCM and supplies.
Surge Management	Surge Staffing	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> o Activate mechanisms for surging public health responder staff. o Activate volunteer organizations including but not limited to Medical Reserve Corps.
	Public Health Coordination with Healthcare Systems	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> o In partnership with health care coalitions, develop triggers for enacting crisis/contingency standards of care. o Coordinate with Hospital Preparedness Program (HPP) entities, healthcare coalitions, health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community. o Prepare for increased demands for services, expansions of public health functions, increases in administrative management requirements, and other emergency response surge needs. o Train hospitals, long-term care facilities and other high-risk facilities on infection prevention and control. o Actively monitor healthcare system capacity and develop mitigation strategies to preserve healthcare system resources.

Domain	Activity Category	Allowable Activities
	Infection Control	<ul style="list-style-type: none"> o Execute authorities for responding to healthcare system surge and implement activities to mitigate demands on the healthcare system. Plan to activate crisis/contingency standards of care. <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> o Follow updated CDC guidance on infection control and prevention and PPE. o Engage with healthcare providers and healthcare coalitions to address issues related to infection prevention measures, such as: <ul style="list-style-type: none"> • Changes in hospital/healthcare facility visitation policies, • Social distancing, and • Infection control practices in hospitals and long-term care facilities, such as: <ul style="list-style-type: none"> ▪ PPE use, ▪ Hand hygiene, ▪ Source control, and ▪ Isolation of patients.
Biosurveillance	Public Health Surveillance and Real-time Reporting	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> o Conduct surveillance and case identification (including, but not limited to, public health epidemiological investigation activities such as contact follow-up). o Assess risk of travelers and other persons with potential COVID-19 exposures. o Enhance surveillance systems to provide case-based and aggregate epidemiological data. o Enhance existing syndromic surveillance for respiratory illness such as influenza-like illness (ILI) or acute respiratory illness (ARI) by expanding data, inputs, and sites. o Enhance systems to identify and monitor the outcomes of severe disease outcomes, including among vulnerable populations. o Enhance systems to track outcomes of pregnancies affected by COVID-19. o Develop models for anticipating disease progression within the community. <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> o Assess commercial and public health capacity for lab testing. o Develop a list of available testing sites and criteria for testing and disseminate to clinicians and the public.
	Public Health Laboratory Testing, Equipment, Supplies, and Shipping	

Domain	Activity Category	Allowable Activities
		<ul style="list-style-type: none"> o Appropriately collect and handle hospital and other clinical laboratory specimens that require testing and shipping to Laboratory Response Network (LRN) or CDC laboratories designated for testing. o Rapidly report test results between the laboratory, the public health department, healthcare facilities, and CDC to support public health investigations. o Test a sample of outpatients with ILI or ARI for COVID-19 and other respiratory viruses and complete the following: <ul style="list-style-type: none"> • Report weekly percent positive COVID-19 outpatient visits by age group. • Determine the rate of ILI/ARI outpatient visits and the rate of COVID-10-confirmed ILI patients. <ul style="list-style-type: none"> ▪ This allowable activity is similar to “Sentinel COVID-19 Surveillance, March 2020, and ILINet Enhancements in 2019.” It may include, but is not limited to the following: <ul style="list-style-type: none"> – Conduct testing at public health laboratories – Describe modification of protocols and validation of specimen type other than NP/OP swabs, including validation of different swab types and self-swabbing for COVID-19 o Collaborate with Emerging Infection Program and Influenza Hospitalization Surveillance Network to modify existing FluSurv-NET program for COVID-19. o Enhance laboratory surge capacity plans. o Determine maximum lab testing capacity and establish prioritization criteria and contingency plans for testing if maximum capacity is reached. o Work with laboratory partners to ensure labs receive updated guidance on appropriate testing algorithms and sample types as additional information is acquired. o Ensure clear guidance is communicated to clinical labs and physicians on how to obtain appropriate lab testing. o Provide testing for impacted individuals. <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> o Ensure data management systems are in place and meet the needs of the jurisdiction. o Implement analysis, visualization, and reporting for surveillance and other available data to support understanding of the outbreak, transmission, and impact of interventions. o Ensure efficient and timely data collection.
		<p>Allowable Activities</p> <ul style="list-style-type: none"> o Ensure ability to rapidly exchange data with public health partners (including CDC) and other relevant partners. o Coordinate data systems for epidemiological and laboratory surveillance.

Exhibit A
Statement of Work
Contract Term: 2018-2021

DOH Program Name or Title: Marijuana Prevention & Education Program - Effective July 1, 2019

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH18267

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

Period of Performance: July 1, 2019 through June 30, 2021

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
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Statement of Work Purpose: The purpose of this statement of work is to fund the activities of a regional Youth Marijuana Prevention and Education Programs (YMPEP).

Revision Purpose: The purpose of this revision is extend the period of performance and SFY21 funding end date from 12/31/20 to 06/30/21 and to change the name and contact information for the DOH contract manager.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change None	Total Consideration
SFY20 MARIJUANA EDUCATION	N/A	334.04.93	77420820	07/01/19 06/30/20	409,588	0	409,588
SFY21 MARIJUANA EDUCATION	N/A	334.04.93	77420821	07/01/20 06/30/21	409,588	0	409,588
TOTALS					819,176	0	819,176

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
LHJ is required to complete the following tasks and deliverables and adhere to all requirements contained in the attached Youth Marijuana Prevention and Education Guide.  YMPEPRegGuide.pdf					
Due dates and allocations are for purposes of reflecting the total annual allocation and reporting for SFY20 and SFY21. SFY21 will be split between the current 2018-2020 Consolidated Contract (ConCon) and the new ConCon term beginning January 1, 2021. Any unused portion of SFY21 will be carried forward into the new contract term.					
1. Groundwork – Build program and regional capacity to plan, coordinate, implement and evaluate regional Youth Marijuana Prevention and Education Program (YMPEP) activities based on the regionally developed strategic plan:					
A.	Hire YMPEP Regional Coordinator.		Report progress and submit invoices monthly	06/30/20 06/30/21	Reimbursement for actual expenditures, not to exceed total funding consideration.
B.	Create and maintain Regional Network and partnerships with people throughout the region.		Report progress and submit invoices monthly	06/30/20 06/30/21	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
C.	Provide needed education and skill enhancement opportunities for Regional Network.		Report progress and submit invoices monthly	06/30/20 06/30/21	A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract.
D.	Identify organizational structure of the Regional Network		Report progress and submit invoices monthly	06/30/20 06/30/21	The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred.
E.	Form a subcommittee of the Regional Network; refer to them as the Planning Team		Report progress and submit invoices monthly	06/30/20 06/30/21	
2. Assessment – Conduct ongoing needs assessment data within the region to support planning activities					
A.	Form or identify an Epidemiological Workgroup		Report progress and submit invoices monthly	06/30/20 06/30/21	Reimbursement for actual expenditures, not to exceed total funding consideration.
B.	Conduct/update a needs assessment to assess regional needs, assets, gaps, and readiness.		Report progress and submit invoices monthly	06/30/20 06/30/21	A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract.
C.	Determine which of the most pressing needs prevention efforts can influence.		Report progress and submit invoices monthly	06/30/20 06/30/21	The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred.
3. Capacity – Recruit and convene a regional network and raise awareness of its mission and purpose					
A.	Host regular meetings with Regional Network. (Planning team meets monthly during Strategic Planning Process; Full network meets quarterly at a minimum.)		Report progress and submit invoices monthly	06/30/20 06/30/21	Reimbursement for actual expenditures, not to exceed total funding consideration.
B.	Use knowledge about the community's level of readiness to publicize the issue and encourage participation on Regional Network		Report progress and submit invoices monthly	06/30/20 06/30/21	A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract.
C.	Expand the Regional Network to include sectors within the region and other members interested in preventing substance use disorder.		Report progress and submit invoices monthly	06/30/20 06/30/21	The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
D.	Develop a plan for attending health equity trainings, recruiting and developing partnerships with a diverse representation of the community, etc.		Report progress and submit invoices monthly	06/30/20 06/30/21	following the month in which costs were incurred.
4. Planning – Coordinate development of a mission, logic model and strategic and sustainability plans for the region.					
A.	Convene the planning team.		Report progress and submit invoices monthly.	06/30/20 06/30/21	Reimbursement for actual expenditures, not to exceed total funding consideration.
B.	Train the planning team.		Report progress an submit invoices monthly	06/30/20 06/30/21	A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract.
C.	Analyze risk and protective factors and local conditions		Report progress and submit invoices monthly	06/30/20 06/30/21	The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred.
D.	Choose the factors on which the region will concentrate		Choose the factors on which the region will concentrate	06/30/20 06/30/21	
E.	Establish Mission of YMPEP region		Report progress an submit invoices monthly	06/30/20 06/30/21	
F.	Develop logic model to guide effort		Report progress an submit invoices monthly	06/30/20 06/30/21	
G.	Create regional strategic plan to include policies, programs and practices. Include a minimum of 70 percent of time to Primary activities and up to 30 percent of time to implement approved Innovative activities		Report progress and submit invoices monthly	06/30/20 06/30/21	
H.	Choose policy, systems, and environmental (PSE) activities to address the risk and protective factors the Regional Network prioritized.		Report progress and submit invoices monthly.	06/30/20 06/30/21	
I.	Present the plan to the communities it will serve throughout the region and gather support		Report progress and submit invoices monthly	06/30/20 06/30/21	
J.	Create Sustainability Plan		Report progress and submit invoices monthly	06/30/20 06/30/21	
5. Implementation – Coordinate implementation of the strategic plan					
A.	Hire staff, subcontract and/or recruit volunteers to implement Regional Strategic Plan.		Report progress and submit invoices monthly.	06/30/20 06/30/21	Reimbursement for actual expenditures, not to exceed total funding consideration.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
B.	Follow the Regional Strategic Plan throughout the implementation process		Report progress and submit invoices monthly	06/30/20 06/30/21	A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract.
C.	Continue to track and monitor resources annually. Update and revise resource assessment as needed.		Report progress and submit invoices monthly	06/30/20 06/30/21	The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred.
D.	Meet regularly with Regional Network.		Report progress and submit invoices monthly	06/30/20 06/30/21	
E.	Keep regional partners informed using a newsletter; listserv, monthly meetings		Report progress and submit invoices monthly	06/30/20 06/30/21	
F.	Write grant applications (as appropriate) to increase funding opportunities and ensure sustainability of YMPEP region		Report progress and submit invoices monthly	06/30/20 06/30/21	
6. Evaluation – Plan and participate in state and regional evaluation efforts					
A.	Create Regional Evaluation Plan		Report progress and submit invoices monthly	06/30/20 06/30/21	Reimbursement for actual expenditures, not to exceed total funding consideration. A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract. The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred.
7. Work Plan – LHJ must prepare and submit a work plan and budget for the remainder of the biennium					
A.	Prepare and submit Annual Work Plans and budgets for SFY 20 and SFY 21.		Completed work plan and budget	06/30/20 06/30/21	Reimbursement for actual expenditures, not to exceed total funding consideration. A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred.

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

A. Local Health Jurisdiction (LHJ) will:

1. Fulfill program administration roles and responsibilities:

- a) Meet requirements outlined in the YMPEP Regional Implementation Guide provided by DOH, which includes (but is not limited to) conducting a regional assessment of needs, coordinating and maintaining a regional network, preparing, annually updating and managing the implementation of the region's strategic plan.
- b) Ensure program staffing is at least 1.0 FTE (divided among no more than three (3) people). These staff are required to attend either the Substance Abuse Prevention Skills Training (SAPST) or DOH SAPST within nine (9) months of being hired.
- c) Participate in required conference calls, trainings, and webinars and virtual or in-person meetings for YMPEP contractors hosted by DOH.
- d) Submit an Annual Plan and Budget according to the deadlines in Section E below.
- e) Submit accurate and complete progress and expenditure reports, using the required guidance, reporting tool or system, and deadlines provided by DOH (See Section E below).
- f) Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YMPEP Regional Contractor/LHJ.
- g) Participate in the DOH-funded Marijuana Prevention Practice Collaborative by following the guidelines and expectations developed by the collaborative membership.
- h) Have completed background checks completed and on file for any staff or volunteer (funded and/or representing an YMPEP 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 statement of work. This requirement is consistent with existing statute RCW 9.96A.020

2. Meet evaluation requirements:

- a) Submit at least one (1) Success Story using guidance and tools provided by DOH.
- b) Perform annual close out procedures as directed by DOH.
- c) Participate in performance measure data collection activities in collaboration with DOH.
- d) Participate in project evaluation activities developed and coordinated by DOH.
- e) Consult with and submit an Exception Request to the Washington State Institutional Review Board (wsirb@dshs.wa.gov) when intending to conduct focus groups, key-informant interviews, surveys, or any other method used to gather data systematically. Provide a copy of the WSIRB Exception Request and approval to the DOH Contract Manager.

3. Written Policies and Procedures/Documents

- a) Written policies and procedures, consistent with federal and state regulations, as applicable, shall be kept on file in the office of the LHJ and be available for review at the request of DOH staff. Such policies and procedures shall include, but not be limited to, as appropriate:
 - i. Position Descriptions
 - ii. Confidentiality Policy
 - iii. Regional Needs Assessment
 - iv. 5-Year Regional Strategic Plan (includes annual work plan)
 - v. Completed background checks for those staff, subcontractors or volunteers working directly with youth (ages 0-17).
 - vi. Latest Agency Audit
 - vii. Subcontractor Agreements

B. DOH will support LHJ by providing:

- 1. Timely communications regarding funding amounts and/or funding reductions.
- 2. An annual calendar of key events, 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. Technical assistance on meeting project goals, objectives, and activities related to:
 - a) Updating regional needs assessment.
 - b) Adapting required and innovative activities to ensure they are culturally and linguistically appropriate evidence-based or evidence-informed, or promising programs.
 - c) 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>.
 - d) Providing relevant resources and training.
 - e) Meeting performance measure, evaluation, and data collection requirements.
 - f) Developing 5-year regional strategic plans, annual work plans, budgets and logic models.
 - g) Interpreting DOH guidelines, requirements, and expectations. This includes making determinations of whether YMPEP funds may be used for activities and projects proposed by the LHJ.

C. Program Administration

- 1. The LHJ shall perform the requirements and activities defined in this agreement and the YMPEP Regional Implementation Guide. At a minimum, program and fiscal performance will be monitored and evaluated monthly by the assigned DOH staff based on each Monthly Report, and Monthly Expenditure Report and Request for Reimbursement Form (A19).
- 2. The YMPEP Regional Contractor/LHJ 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 YMPEP funds.
- 3. Failure of the YMPEP Regional Contractor/LHJ 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.
- 4. DOH reserves the right to determine the amount of any reduction, based on YMPEP Regional Contractor's/LHJ's performance, and to amend the contract to effect any reduction. Any reduction shall be based on a review of the YMPEP Regional Contractor's/LHJ's expenditure patterns and actual performance.
- 5. The LHJ will make a reasonable and ongoing effort, throughout the period of performance, to secure and/or leverage resources from private and public entities to supplement the administrative, operational, and implementation costs under this program. Documentation of any collaborative efforts and securing of resources that benefit this project shall be kept current and on file in the office of the YMPEP Regional Contractor/LHJ and shall be available for review upon request by DOH staff.
- 6. The LHJ's annual work plan and budget must be approved by the DOH MPEP contract manager prior to implementation. This includes execution of subcontracts within the region. Any changes to either the work plan or budget, including personnel changes, must also be approved by the DOH contract manager prior to implementation.

D. Subcontractor Performance Expectations

1. When subcontracting with an organization that is leading regional efforts in one or more counties, the Regional Contractor/LHJ is required to include language in these contracts that reflects the following:
 - a) Submit monthly progress reports and invoices that reflect work performed and funding spent using tools provided by the DOH or the Regional Contractor/LHJ. Due dates may be set by the LHJ to ensure they can meet the deadlines in Section E below.
 2. When subcontracting with an organization to work directly with youth (ages 0-17), the Regional Contractor/LHJ is required to include language in these contracts that reflects the following:
 - a) 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 LHJ 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:

Report	Date Due
1. Submit an Annual Plan and Budget	Annually no later than April 30. DOH approval will occur no later than June 15.
2. Expenditure Report and Request for Reimbursement	A19 and updated budget workbook due the 30 th of the month following the month in which costs are incurred.
3. Final Expenditure Report and Request for Reimbursement (FY Closeout)	Year-end projections are due as follows: FY20: July 10, 2020 FY21: July 10, 2021
4. Contractor Monthly Report	Final Expenditure Reports are due within 45 days of the end of the contract year. The 15 th of the month following the month in which activities were performed.
5. Success Story	Annually, No later than June 30, 2019

The LHJ 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. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.
2. Billings for services on a monthly fraction of the budget will not be accepted or approved.
3. DOH shall pay the LHJ 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. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: SFY 20 (July 1, 2019 to June 30, 2020) and SFY 21 (July 1, 2020- June 30, 2021).
5. Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Activity Report, Monthly Expenditure Report and Request for Reimbursement form (A19) according to Section E of this contract. If the Monthly Activity Report, Expenditure Report and/or Request for Reimbursement form 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 annually by the 10th of July 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 YMPEP Regional Contractor's/LHJ's Performance

1. LHJ's performance will be evaluated on the following:
 - a) Biennial submittal and DOH approval of an updated Regional Needs Assessment in accordance with DOH guidance and requirements.
 - b) Biennial submittal and DOH approval of an updated 5-year Regional Strategic Plan in accordance with DOH guidance and requirements.
 - c) Timely completion, submission of proposed Annual Budget (Budget Line Items, Summary Budget Projections, Budget Narrative) and work plan in accordance with DOH guidance and requirements.
 - d) Submission of Electronic A19 Invoice and Financial Back-up Document to DOH Grants Management via ConCon and the YMPEP Budget Workbook by the due dates listed in Section E.
 - e) Submission of 24 monthly Activity Reports by the due dates listed in Section E.
 - f) One on-site visit per biennium per requirements and protocols provided by DOH MPEP.

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

1. Recipients may not use funds for research.
2. Recipients may not use funds for clinical care.
3. 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 marijuana products or paraphernalia used in the consumption and/or use of marijuana products.
4. 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.
5. Recipients may not use funding for construction or other capital expenditures.
6. The contractor/LHJ must comply with DOH MPEP guidance on food, incentives and use of DOH logo outlined in the YMPEP Regional Implementation Guide, and should not exceed federal per diem rates.
7. Reimbursement of pre-award costs is not allowed.

I. Special References

As a provision of Dedicated Marijuana 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.

DOH - Primary Point of Contact:

~~David Harrelson~~ ~~Angela Boyer~~, YMPEP Contracts Consultant Manager
 Office Phone: ~~360-972-0199~~ (360) 688-6140
 Email Address: ~~david.harrelson@doh.wa.gov~~ ~~angela.boyer@doh.wa.gov~~
 Mailing Address: PO Box 47855, Olympia, WA 98504-7855

**Exhibit A
Statement of Work
Contract Term: 2018-2021**

DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1, 2018

Local Health Jurisdiction Name: Whatcom County Health Department
Contract Number: CLH18267

SOW Type: Revision **Revision # (for this SOW)** 8

Funding Source <input checked="" type="checkbox"/> Federal Contractor <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 type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2018 through December 31, 2021

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 extend the Period of Performance thru December 31, 2021, provide Sanitary Survey and Technical Assistance funding in Year 23, revise Special Billing Requirements and Special Instructions, and change DOH Fiscal Contact.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
Yr 20 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139220	01/01/18 12/31/18	0	0	0
Sanitary Survey Fees (FO-NW) SS-State	N/A	346.26.65	24222522	01/01/18 12/31/20	6,800	0	6,800
Yr 20 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139220	01/01/18 12/31/18	0	0	0
Yr 21 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139221	01/01/18 06/30/19	2,800	0	2,800
Yr 21 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139221	01/01/18 06/30/19	2,000	0	2,000
Yr 22 SRF - Local Asst (15%) (FO-NW) SS	N/A	346.26.64	24229222	01/01/19 12/31/20	4,000	0	4,000
Yr 22 SRF - Local Asst (15%) (FO-NW) TA	N/A	346.26.66	24229222	01/01/19 12/31/20	4,000	0	4,000
Yr 23 SRF - Local Asst (15%) (FO-NW) SS	N/A	346.26.64	24229223	01/01/21 12/31/21	0	2,400	2,400
Yr 23 SRF - Local Asst (15%) (FO-NW) TA	N/A	346.26.66	24229223	01/01/21 12/31/21	0	4,000	4,000
TOTALS					19,600	6,400	26,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	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.		Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include:	Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar	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.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	See Special Instructions for task activity.		<ol style="list-style-type: none"> 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). 4. Photos of water system with text identifying features 5. Any other supporting documents. <p>*Final Reports reviewed and accepted by the ODW Regional Office.</p>	<p>days of conducting the sanitary survey.</p>	<p>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.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
2	<p>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.</p> <p>See Special Instructions for task activity.</p>		<p>Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.</p>	<p>Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.</p>	<p>Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed SPI Report within the 2 working day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
3	<p>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.</p> <p>See Special Instructions for task activity.</p>		<p>Provide completed TA Report and any supporting documents and photos to ODW Regional Office.</p>	<p>Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.</p>	<p>Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows:</p> <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

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	LHJ staff performing the activities under tasks 1, 2 and 3 must have completed the mandatory Sanitary Survey Training. See Special Instructions for task activity.		Prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact below for approval (to ensure that enough funds are available).	Annually	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. 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

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Special References (RCWs, WACs, etc)

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 ~~\$13,600~~ **\$16,000** 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 that 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 the 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 **0** surveys of non-community systems with three or fewer connections to be completed between January 1, 2018 and December 31, 2018.
- No more than **7** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2018 and December 31, 2018.
- No more than **3** surveys of non-community systems with three or fewer connections to be completed between January 1, 2019 and December 31, 2019.
- No more than **3** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2019 and December 31, 2019.
- No more than **3** surveys of non-community systems with three or fewer connections to be completed between January 1, 2020 and December 31, 2020.
- No more than **4** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2020 and December 31, 2020.
- *No more than 4 surveys of non-community systems with three or fewer connections to be completed between January 1, 2021 and December 31, 2021.*
- *No more than 1 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2021 and December 31, 2021.*

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. LHJ staff performing the activities under tasks 1, 2 and 3 must have completed, with a passing score, the ODW Online Sanitary Survey Training and the ODW Sanitary Survey Field Training. LHJ staff performing activities under tasks 1, 2, and 3 must attend the Annual ODW Sanitary Survey Workshop, and are expected to attend the Regional ODW LHJ Drinking Water Meetings.

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.

Program Manual, Handbook, Policy References
<http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-486.pdf>

DOH Program Contact

Brian Boye
DOH Office of Drinking Water
20425 – 72nd Ave S, Suite 310
Kent, WA 98032
Brian.Boye@doh.wa.gov
(253) 395-6778

DOH Fiscal Contact

~~Karenna McGovern~~ *Marcea Kato*
DOH Office of Drinking Water
243 Israel Rd SE
Tumwater, WA 98501
Marcea.Kato@doh.wa.gov
(360) 236-3094

**EXHIBIT B-20
ALLOCATIONS
Contract Term: 2018-2021**

**Whatcom County Health Department
Indirect Rate as of January 2018: 20.49% Human Services; 20.03% All Other Programs**

**Contract Number: CLH18267
Date: January 15, 2021**

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA *	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date		
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	N/A	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	\$69,165	\$906,180
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	N/A	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$276,660	\$276,660
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	N/A	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19	\$276,660	\$276,660
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 2	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$1,400	\$283,695
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 1	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$74,800	\$74,800
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	N/A	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$207,495	\$207,495
FFY18 CSS USDA BF Peer Counseling	187WAWA1W5003	N/A	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$19,139	\$19,139
FFY18 CSS USDA FMNP Prog Mgmt	187WAWA7Y8604	Amd 2	10.572	333.10.57	01/01/18	09/30/18	10/01/17	09/30/18	\$350	\$350
BITY-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 19	21.019	333.21.01	07/01/20	12/30/21	07/01/20	12/30/21	\$914,493	\$1,219,324
BITY-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 17, 19	21.019	333.21.01	07/01/20	12/30/21	07/01/20	12/30/21	\$304,831	\$1,219,324
COVID LHJ OFM Allocation-CARES	NGA Not Received	Amd 17, 19	21.019	333.21.01	03/12/20	06/30/21	03/01/20	06/30/21	\$4,506,000	\$4,506,000
SS Community Outreach PN	NGA Not Received	Amd 18	21.019	333.21.01	07/01/20	12/30/20	07/01/20	12/30/20	\$30,000	\$30,000
PS SSI 1-5 BEACH Task 4	01J18001	Amd 18	66.123	333.66.12	01/01/20	12/31/20	07/01/17	06/30/23	\$1,250	\$15,600
PS SSI 1-5 BEACH Task 4	01J18001	Amd 13, 18	66.123	333.66.12	01/01/20	12/31/20	07/01/17	06/30/23	\$5,350	\$15,600
PS SSI 1-5 BEACH Task 4	01J18001	Amd 7	66.123	333.66.12	03/01/19	10/31/19	07/01/17	06/30/23	\$4,500	\$4,500
PS SSI 1-5 BEACH Task 4	01J18001	Amd 1	66.123	333.66.12	03/01/18	10/31/18	07/01/17	06/30/23	\$4,500	\$4,500
FFY19 Swimming Beach Act Grant IAR (ECY)	01J49701	Amd 7	66.472	333.66.47	03/01/19	10/31/19	12/15/18	10/31/19	\$8,500	\$17,000
FFY18 Swimming Beach Act Grant IAR (ECY)	00J75501	Amd 1	66.472	333.66.47	03/01/18	10/31/18	12/15/17	12/14/18	\$8,500	\$17,000
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 5	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$2,811	\$156,137
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 4	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$153,326	\$156,137
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$32,332	\$95,357
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$63,025	\$95,357
FFY20 PHEP BP2 LHJ Funding	NU90TP922043	Amd 18	93.069	333.93.06	07/01/20	06/30/21	07/01/20	06/30/21	\$62,455	\$312,276
FFY20 PHEP BP2 LHJ Funding	NU90TP922043	Amd 17, 18	93.069	333.93.06	07/01/20	06/30/21	07/01/20	06/30/21	\$93,683	\$312,276
FFY19 PHEP BP1 LHJ Funding	NU90TP922043	Amd 10	93.069	333.93.06	07/01/19	06/30/20	07/01/19	06/30/20	\$156,138	\$156,138
FFY17 317 Ops	5NH231P000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$3,121	\$3,121

Whatcom County Health Department

EXHIBIT B-20
ALLOCATIONS
Contract Term: 2018-2021

Contract Number: CLH18267
Date: January 15, 2021

Indirect Rate as of January 2018: 20.49% Human Services; 20.03% All Other Programs

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA *	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date		
FFY17 AFIX	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$11,279	\$11,279
FFY21 COVID19 Vaccine Services-CARES	NH23IP922619	Amd 20	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	\$853,429	\$888,505
FFY21 COVID19 Vaccine Services-CARES	NH23IP922619	Amd 19, 20	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	\$35,076	
FFY21 Enhanced Influenza Coverage CARES	NH23IP922619	Amd 18	93.268	333.93.26	07/01/20	06/30/21	06/05/20	06/30/21	\$6,735	\$13,470
FFY21 Enhanced Influenza Coverage CARES	NH23IP922619	Amd 17, 18	93.268	333.93.26	07/01/20	06/30/21	06/05/20	06/30/21	\$6,735	
FFY17 Increasing Immunization Rates	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$13,470	\$13,470
FFY21 PPHF Ops	NH23IP922619	Amd 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$500	\$3,000
FFY21 PPHF Ops	NH23IP922619	Amd 16, 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$500	
FFY20 PPHF Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$1,000	\$1,000
FFY17 PPHF Ops	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$1,000	\$1,000
FFY21 VFC Ops	NH23IP922619	Amd 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$6,735	\$32,509
FFY21 VFC Ops	NH23IP922619	Amd 16, 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$6,735	
FFY20 VFC Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$13,470	\$13,470
FFY17 VFC Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$5,569	\$5,569
FFY19 COVID CARES	NU50CK000515	Amd 16, 19	93.323	333.93.32	06/01/20	12/31/21	06/01/20	12/31/21	\$354,072	\$354,072
FFY19 ELC COVID Ed LHJ Allocation	NGA Not Received	Amd 20	93.323	333.93.32	01/01/21	12/31/21	01/01/21	12/31/21	\$948,084	\$948,084
FFY20 ELC EDE LHJ Allocation	NGA Not Received	Amd 20	93.323	333.93.32	01/15/21	12/31/21	01/15/21	12/31/21	\$2,120,148	\$2,120,148
FFY20 CDC COVID-19 Crisis Resp LHJ-Tribe	NU90TP922069	Amd 14, 19, 20	93.354	333.93.35	01/20/20	12/31/21	01/01/20	12/31/21	\$287,918	\$287,918
FFY16 PPHF Adolescent AFIX	INH23IP922562-01-00	Amd 2	93.733	333.93.73	01/01/18	08/31/18	09/30/16	09/29/18	\$1,000	\$2,600
FFY16 PPHF Adolescent AFIX	INH23IP922562-01-00	N/A	93.733	333.93.73	01/01/18	08/31/18	09/30/16	09/29/18	\$1,600	
FFY21 MCHBG LHJ Contracts	BO440169	Amd 18	93.994	333.93.99	10/01/20	09/30/21	10/01/20	09/30/21	\$142,176	\$533,160
FFY20 MCHBG LHJ Contracts	B04MC32578	Amd 10	93.994	333.93.99	10/01/19	09/30/20	10/01/19	09/30/20	\$142,176	\$142,176
FFY19 MCHBG LHJ Contracts	B04MC32578	Amd 4	93.994	333.93.99	10/01/18	09/30/19	10/01/18	09/30/19	\$142,176	\$142,176
FFY18 MCHBG LHJ Contracts	B04MC31524	N/A	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$106,632	\$106,632
FEMA-75 COVID LHJ Allocation	NGA Not Received	Amd 19	97.036	333.97.03	07/01/20	12/30/20	07/01/20	12/30/20	(\$914,493)	\$0
FEMA-75 COVID LHJ Allocation	NGA Not Received	Amd 17	97.036	333.97.03	07/01/20	12/30/20	07/01/20	12/30/20	\$914,493	

Whatcom County Health Department

EXHIBIT B-20
ALLOCATIONS
Contract Term: 2018-2021

Contract Number: CLH18267
Date: January 15, 2021

Indirect Rate as of January 2018: 20.49% Human Services; 20.03% All Other Programs

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA * Code**	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date		
GFS-Group B (FO-NW)		Amd 10	N/A	334.04.90	07/01/20	12/31/20	07/01/19	06/30/21	\$5,000	\$10,000
GFS-Group B (FO-NW)		Amd 10	N/A	334.04.90	07/01/19	06/30/20	07/01/19	06/30/21	\$5,000	\$0
GFS-Group B (FO-NW)		Amd 3	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	(\$5,000)	\$0
GFS - Group B (FO-NW)		N/A	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	\$5,000	\$0
FY2 Group B Programs for DW (FO-NW)		Amd 3	N/A	334.04.90	07/01/18	06/30/19	07/01/17	06/30/19	\$10,000	\$15,000
FY1 Group B Programs for DW (FO-NW)		Amd 3	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	\$5,000	\$0
State Drug User Health Program		Amd 18	N/A	334.04.91	07/01/20	06/30/21	07/01/19	06/30/21	\$34,535	\$187,275
State Drug User Health Program		Amd 16, 18	N/A	334.04.91	07/01/20	06/30/21	07/01/19	06/30/21	\$34,535	\$0
State Drug User Health Program		Amd 9	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$69,070	\$69,070
State Drug User Health Program		Amd 7	N/A	334.04.91	01/01/19	06/30/19	07/01/18	06/30/19	\$4,866	\$49,135
State Drug User Health Program		Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/18	06/30/19	\$44,269	\$0
State HIV CS/End AIDS W A		Amd 7	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$3,750	\$18,750
State HIV CS/End AIDS W A		Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$7,500	\$0
State HIV CS/End AIDS W A		Amd 6	N/A	334.04.91	10/01/18	12/31/18	07/01/17	06/30/19	\$7,500	\$0
State HIV Prevention		Amd 6	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$4,866	\$73,936
State HIV Prevention		Amd 5	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$41,570	\$0
State HIV Prevention		N/A	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$13,750	\$0
State HIV Prevention		N/A	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$13,750	\$13,750
FY20/21 COVID-19 Disaster Response Acct		Amd 14, 19	N/A	334.04.92	01/20/20	06/30/21	01/01/20	06/30/21	\$262,082	\$262,082
FFY21 COVID GFS LHJ Regional		Amd 20	N/A	334.04.92	12/31/20	06/30/21	12/31/20	06/30/21	(\$1,000,000)	\$0
FFY21 COVID GFS LHJ Regional		Amd 19	N/A	334.04.92	12/31/20	06/30/21	12/31/20	06/30/21	\$1,000,000	\$0
SFY2 Lead Environments of Children		Amd 8	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	(\$3,000)	\$3,000
SFY2 Lead Environments of Children		Amd 4	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$3,000	\$0
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$3,000	\$3,000
SFY21 Marijuana Education		Amd 9, 20	N/A	334.04.93	07/01/20	06/30/21	07/01/20	06/30/21	\$409,588	\$819,176
SFY20 Marijuana Education		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$409,588	\$0
SFY19 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$409,588	\$670,910
SFY18 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$81,528	\$261,322
SFY18 Marijuana Tobacco Edu		N/A	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$179,794	\$0

Indirect Rate as of January 2018: 20.49% Human Services; 20.03% All Other Programs

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA * Code**	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date		
Rec Shellfish/Biototoxin		Amd 19	N/A	334.04.93	07/01/19	06/30/21	07/01/19	06/30/21	\$7,000	\$64,500
Rec Shellfish/Biototoxin		Amd 16, 19	N/A	334.04.93	07/01/19	06/30/21	07/01/19	06/30/21	\$13,000	
Rec Shellfish/Biototoxin		Amd 12, 16, 19	N/A	334.04.93	07/01/19	06/30/21	07/01/19	06/30/21	\$5,000	
Rec Shellfish/Biototoxin		Amd 9, 16, 19	N/A	334.04.93	07/01/19	06/30/21	07/01/19	06/30/21	\$11,000	
Rec Shellfish/Biototoxin		Amd 8	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$8,000	\$28,500
Rec Shellfish/Biototoxin		Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$3,000	
Rec Shellfish/Biototoxin		Amd 3	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$500	
Rec Shellfish/Biototoxin		N/A	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$17,000	
FFY20 Swim Beach Act Grant IAR (ECY-ALEA)		Amd 15	N/A	334.04.96	03/01/20	10/31/20	12/15/19	12/14/20	\$6,840	\$6,840
FPHS Funding for LHJs		Amd 17, 19	N/A	336.04.25	07/01/20	06/30/21	07/01/19	06/30/21	\$68,527	\$499,151
FPHS Funding for LHJs		Amd 10, 19	N/A	336.04.25	07/01/20	06/30/21	07/01/19	06/30/21	\$120,699	
FPHS Funding for LHJs		Amd 17	N/A	336.04.25	07/01/19	06/30/20	07/01/19	06/30/21	\$68,527	\$189,226
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/19	06/30/20	07/01/19	06/30/21	\$120,699	
FPHS Funding for LHJs Dir		Amd 3	N/A	336.04.25	07/01/18	06/30/19	07/01/17	06/30/19	\$120,699	\$120,699
YR 20 SRF - Local Asst (15%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	(\$10,200)	\$0
YR 20 SRF - Local Asst (15%) (FS) SS		N/A, Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	\$10,200	
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	(\$2,000)	\$2,800
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 6, 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	\$1,600	
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3, 6, 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	\$3,200	\$2,800
YR 22 SRF - Local Asst (15%) (FO-NW) SS		Amd 15	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	(\$4,600)	\$4,000
YR 22 SRF - Local Asst (15%) (FO-NW) SS		Amd 12	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	\$6,600	
YR 22 SRF - Local Asst (15%) (FO-NW) SS		Amd 11, 12	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	\$400	
YR 22 SRF - Local Asst (15%) (FO-NW) SS		Amd 10, 12	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	\$1,600	\$4,000
YR 23 SRF - Local Asst (15%) (FO-NW) SS		Amd 20	N/A	346.26.64	01/01/21	12/31/21	09/01/20	12/31/21	\$2,400	\$2,400
Sanitary Survey Fees (FO-NW) SS State		Amd 15	N/A	346.26.65	01/01/18	12/31/20	07/01/17	06/30/21	(\$4,600)	\$6,800
Sanitary Survey Fees (FO-NW) SS-State		Amd 12	N/A	346.26.65	01/01/18	12/31/20	07/01/17	06/30/21	\$6,600	
Sanitary Survey Fees (FO-NW) SS-State		Amd 11, 12	N/A	346.26.65	01/01/18	12/31/20	07/01/17	06/30/21	\$400	
Sanitary Survey Fees (FO-NW) SS-State		Amd 10, 12	N/A	346.26.65	01/01/18	12/31/20	07/01/17	06/30/21	(\$400)	
Sanitary Survey Fees (FO-NW) SS-State		Amd 6, 12	N/A	346.26.65	01/01/18	12/31/20	07/01/17	06/30/21	\$1,600	\$1,600
Sanitary Survey Fees (FO-NW) SS-State		Amd 3, 6, 12	N/A	346.26.65	01/01/18	12/31/20	07/01/17	06/30/21	(\$7,000)	
Sanitary Survey Fees (FO-NW) SS-State		N/A, Amd 3, 6, 1	N/A	346.26.65	01/01/18	12/31/20	07/01/17	06/30/21	\$10,200	

Whatcom County Health Department

EXHIBIT B-20
ALLOCATIONS
Contract Term: 2018-2021

Contract Number: CLH18267
Date: January 15, 2021

Indirect Rate as of January 2018: 20.49% Human Services; 20.03% All Other Programs

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA *	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date		
YR 20 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) TA		N/A, Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$4,000	\$4,000
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$2,000	\$2,000
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$2,000	\$2,000
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3, 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$4,000	\$4,000
YR 22 SRF - Local Asst (15%) (FO-NW) TA		Amd 15	N/A	346.26.66	01/01/19	12/31/20	01/01/19	06/30/21	\$4,000	\$4,000
YR 22 SRF - Local Asst (15%) (FO-NW) TA		Amd 12	N/A	346.26.66	01/01/19	12/31/20	01/01/19	06/30/21	\$4,000	\$4,000
YR 22 SRF - Local Asst (15%) (FO-NW) TA		Amd 10, 12	N/A	346.26.66	01/01/19	12/31/20	01/01/19	06/30/21	\$2,000	\$2,000
YR 22 SRF - Local Asst (15%) (FO-NW) TA		Amd 20	N/A	346.26.66	01/01/21	12/31/21	09/01/20	12/31/21	\$4,000	\$4,000
TOTAL									\$15,145,319	\$15,145,319
Total consideration:										\$12,217,258
										\$2,928,061
GRAND TOTAL									GRAND TOTAL	\$15,145,319
									Total Fed	\$12,488,699
									Total State	\$2,656,620

*Catalog of Federal Domestic Assistance

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

Exhibit C-18 Schedule of Federal Awards

AMENDMENT #20

Date: January 15, 2021

WHATCOM COUNTY HEALTH DEPT-SWV0002425-01
 CONTRACT CLH18267 - Whatcom County Health Department
 CONTRACT PERIOD: 01/01/2018-12/31/2021

Chart of Accounts Program Title	BARS	DOH		Total Amt		Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
		Federal Award Date	Federal Award	Start Date	End Date	Start Date	End Date						
FFY21 USDA WIC PROGRAM MGMT CSS	333.10.55	10/01/20	\$11,664,919	10/01/20	12/31/20	\$69,165	10.557	\$69,165	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	217WAWA7W1003	WOMEN, INFANTS AND CHILDREN (2 YR)
FFY20 USDA WIC PROGRAM MGMT CSS	333.10.55	10/01/19	\$6,161,312	10/01/19	09/30/20	\$276,660	10.557	\$276,660	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	207WAWA7W1003	WOMEN, INFANTS AND CHILDREN
FFY19 CSS USDA WIC PROGRAM MGMT	333.10.55	10/01/17	\$40,101,357	10/01/18	09/30/19	\$276,660	10.557	\$276,660	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	187WAWA7W1003	WOMEN, INFANTS AND CHILDREN
FFY18 CSS USDA WIC PROGRAM MGMT	333.10.55	10/02/17	\$27,576,710	01/01/18	09/30/18	\$283,695	10.557	\$283,695	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	187WAWA7W1003	USDA-WIC ADMIN
FFY18 CSS USDA BF PEER COUNSELING	333.10.55	10/01/17	\$1,318,273	01/01/18	09/30/18	\$19,139	10.557	\$19,139	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	187WAWA1W5003	WOMEN, INFANTS AND CHILDREN
FFY18 CSS USDA FMNP PROG MGMT	333.10.57	10/01/17	\$86,117	01/01/18	09/30/18	\$350	10.572	\$350	10.572	WIC Farmers' Market Nutrition Program (FMNP)	Department of Agriculture Food and Nutrition Service	187WAWA7Y8604	COMMODITY ASSISTANCE PROGRAM
SS COMMUNITY OUTREACH PN	333.21.01	NGA Not Received	NGA Not Received	07/01/20	12/30/20	\$30,000	21.019	\$30,000	21.019	Coronavirus Relief Fund	Department of the Treasury	NGA Not Received	NGA Not Received
COVID LHJ OFM ALLOCATION-CARES	333.21.01	NGA Not Received	NGA Not Received	03/01/20	06/30/21	\$4,506,000	21.019	\$4,506,000	21.019	Coronavirus Relief Fund	Department of the Treasury	NGA Not Received	NGA Not Received
BITV-COVID ED LHJ ALLOCATION-CARES	333.21.01	NGA Not Received	NGA Not Received	07/01/20	12/30/21	\$1,219,324	21.019	\$1,219,324	21.019	Coronavirus Relief Fund	Department of the Treasury	NGA Not Received	NGA Not Received
PS SSI 1-5 BEACH TASK 4	333.66.12	08/02/16	\$9,200,000	03/01/18	12/31/20	\$15,600	66.123	\$15,600	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
FFY19 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/01/18	\$91,981	03/01/19	10/31/19	\$8,500	66.472	\$8,500	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	01J49701	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY18 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/15/17	\$91,990	03/01/18	10/31/18	\$8,500	66.472	\$8,500	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	00J75501	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY20 PHEP BP2 LHJ FUNDING	333.93.06	06/12/20	\$11,365,797	07/01/20	06/30/21	\$156,138	93.069	\$156,138	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY19 PHEP BP1 LHJ FUNDING	333.93.06	06/29/19	\$11,307,904	07/01/19	06/30/20	\$156,138	93.069	\$156,138	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT

Exhibit C-18 Schedule of Federal Awards

AMENDMENT #20

Date: January 15, 2021

WHATCOM COUNTY HEALTH DEPT-SWV0002425-01
 CONTRACT CLH18267 - Whatcom County Health Department
 CONTRACT PERIOD: 01/01/2018-12/31/2021

Chart of Accounts Program Title	BARS	DOH		Total Amt		Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
		Federal Award Date	Federal Award	Start Date	End Date								
FFY18 EPR PHEP BPI SUPP LHJ FUNDING	333.93.06	08/01/18	\$11,062,782	07/01/18	06/30/19	\$156,137	93.069	\$156,137	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY17 EPR PHEP BPI LHJ FUNDING	333.93.06	07/18/17	\$11,062,782	01/01/18	06/30/18	\$95,357	93.069	\$95,357	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HPP AND PHEP COOPERATIVE AGREEMENT
FFY21 VFC OPS	333.93.26	07/01/20	\$9,082,252	07/01/20	06/30/21	\$13,470	93.268	\$13,470	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY21 PPHF OPS	333.93.26	07/01/20	\$9,082,252	07/01/20	06/30/21	\$1,000	93.268	\$1,000	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY21 ENHANCED INFLUENZA COVERAGE CARES	333.93.26	08/13/20	\$12,548,955	07/01/20	06/30/21	\$13,470	93.268	\$13,470	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY21 COVID19 VACCINE SERVICES-CARES	333.93.26	01/15/21	\$68,807,053	07/01/20	12/31/21	\$888,505	93.268	\$888,505	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 VFC OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$13,470	93.268	\$13,470	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 PPHF OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$1,000	93.268	\$1,000	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY17 VFC OPS	333.93.26	03/03/17	\$1,201,605	01/01/18	06/30/18	\$5,569	93.268	\$5,569	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 PPHF OPS	333.93.26	06/29/18	\$3,634,512	07/01/18	06/30/19	\$1,000	93.268	\$1,000	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 INCREASING IMMUNIZATION RATES	333.93.26	06/29/18	\$1,722,443	07/01/18	06/30/19	\$13,470	93.268	\$13,470	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 ARIX	333.93.26	03/03/17	\$1,672,289	01/01/18	06/30/18	\$11,279	93.268	\$11,279	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 317 OPS	333.93.26	03/03/17	\$575,969	01/01/18	06/30/18	\$3,121	93.268	\$3,121	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY20 ELC EDE LHJ ALLOCATION	333.93.32	NGA Not Received	NGA Not Received	01/15/21	12/31/21	\$2,120,148	93.323	\$2,120,148	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received

Exhibit C-18 Schedule of Federal Awards

AMENDMENT #20

Date: January 15, 2021

WHATCOM COUNTY HEALTH DEPT-SWV0002425-01
 CONTRACT CLH18267 - Whatcom County Health Department
 CONTRACT PERIOD: 01/01/2018-12/31/2021

Chart of Accounts Program Title	BARS	DOH		Total Amt		CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name	
		Federal Award Date	Federal Award	Start Date	End Date						
FFY19 ELC COVID ED LHJ ALLOCATION	333.93.32	NGA Not Received	04/23/20	01/01/21	12/31/21	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received	
FFY19 COVID CARES	333.93.32	333.93.32	04/23/20	06/01/20	12/31/21	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)-Building and Strengthening Epidemiology, Laboratory and	Department of Health and Human Services Centers for Disease Control and Prevention	NU50CK000515	EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)-BUILDING & STRENGTHENING EPIDEMIOLOGY, LABORATORY &	
FFY20 CDC COVID-19 CRISIS RESP LHJ-TRIBE	333.93.35	333.93.35	03/16/20	01/20/20	12/31/21	93.354	Public Health Emergency Response, Cooperative Agreement for Emergency Response: Public Health Crisis	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922069	CDC COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE- PUBLIC HEALTH CRISIS RESPONSE CDC-RFA-TP18-1802	
FFY16 PPHF ADOLESCENT AFIX	333.93.73	333.93.73	08/29/16	01/01/18	08/31/18	93.733	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure & Performance - Financed in part by	Department of Health and Human Services Centers for Disease Control and Prevention	1NH23IP922562-01-00	PPHF 2016: INCREASING HPV VACCINE COVERAGE BY STRENGTHENING ADOLESCENT AFIX ACTIVITIES, FUNDED IN PART BY 2016	
FFY21 MCHBG LHJ CONTRACTS	333.93.99	333.93.99	02/08/21	10/01/20	09/30/21	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B0440169	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT	
FFY20 MCHBG LHJ CONTRACTS	333.93.99	333.93.99	11/14/18	10/01/19	09/30/20	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT	
FFY19 MCHBG LHJ CONTRACTS	333.93.99	333.93.99	11/14/18	10/01/18	09/30/19	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT	
FFY18 MCHBG LHJ CONTRACTS	333.93.99	333.93.99	10/20/17	01/01/18	06/30/18	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC31524	MATERNAL AND CHILD HEALTH SERVICES	
						TOTAL					\$12,488,699