

# WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No.  
202501019 – 15

Originating Department:	85 - Health
Division:	8510 - Health-Administration
Program:	851000 - Health-Administration
Contract or Grant Administrator:	Champ Thomaskutty
Contractor's / Agency Name:	Washington State Department of Health

<b>Type of contract:</b>	Grant (Whatcom County is Grantee) (Federal/State/Local Funds)	
Is this a <b>new contract</b> ? No	If not, <b>is this an amendment</b> or renewal to an existing contract? Yes	If amendment or renewal (per W.C.C. 3.08.11(a)), <b>original contract #</b> : 202501019
Is this a <b>grant</b> agreement? Yes	If yes, grantor agency contract numbers: CLH32073	ALN: (this amendment) 93.994 <i>Complete ALN field if contract involves direct federal grants/cooperative agreements or pass-through federal funds</i>
Is this contract <b>grant-funded</b> ? No	If yes, Whatcom County grant contract number(s):	
Is this contract the result of an <b>RFP or Bid</b> Process? No	If yes, RFP and Bid number(s):	Federal reimbursement? No
<b>Procurement Method:</b>	N/A - Interlocal/Grant - For interlocal agreements between governments or grant-funded contra	
<b>Council review requirements &amp; exemptions:</b>	Required - Grant exceeds \$40,000	

Fund:	various	<b>Original Contract Amount (if amendment):</b>	11,286,805
Cost Center:	various	<b>This Amendment Amount (if applicable):</b>	47,392
Object Account:	various	<b>Total Contract Amount:</b>	11,334,197

**Contract term ends:** 12/31/2027

**Contract routing (please initial & date):**

Prepared by:	CRG 05/18/2026	Contractor signed:	
Contractor review:	n/a	Executive review:	
Attorney signoff:	JCW 05/18/2026	Council approval, if necessary:	AB#: AB2026-435
AS Finance review:	J. Thomson 05/28/2026		
IT review (if related):	n/a	Executive signed	



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

**CONTRACT NUMBER: CLH32073**

**AMENDMENT NUMBER: 15**

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:  
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
  - Adds Statements of Work for the following programs:
  - Amends Statements of Work for the following programs:  
 Maternal & Child Health Block Grant – Effective January 1, 2025
  - Deletes Statements of Work for the following programs:
  
2. Exhibit B-15 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-14 Allocations as follows:
  - Increase of **\$47,392** for a revised maximum consideration of **\$11,334,197**.
  - Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - No change in the maximum consideration of \_\_\_\_\_.  
 Exhibit B Allocations are attached only for informational purposes.
  
3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

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

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

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

WHATCOM COUNTY HEALTH & COMMUNITY SERVICES	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:  Champ Thomaskutty	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY  
Assistant Attorney General

**EXHIBIT B-15  
ALLOCATIONS  
Contract Term: 2025-2027**

Indirect Rate January 1, 2025 thru December 31, 2025: 26.2% CD & Epi; 31.3% CH & Hlth Svcs; 32.8% Enviro Hlth; 27.2% Resp Div

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	Funding Period End Date			
FFY26 Swimming Beach Act IAR (ECY)	03J18701	Amd 13	66.472	333.66.47	03/01/26	10/31/26	07/01/25	11/30/26	\$8,000	\$8,000	\$17,000
FFY25 Swimming Beach Act IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/25	10/31/25	01/01/25	11/30/25	\$9,000	\$9,000	
FFY25 PHEP BP2-CDC-LHJ Partners	NU90TU000055	Amd 11	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$67,820	\$156,138	\$277,323
FFY25 PHEP BP2-CDC-LHJ Partners	NU90TU000055	Amd 9	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$88,318		
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 3	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$58,730	\$121,185	
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$62,455		
FFY25 TB Elimination CDC	NU52PS910277	Amd 11	93.116	333.93.11	01/01/25	12/31/25	01/01/25	12/31/25	\$3,778	\$13,261	\$13,261
FFY25 TB Elimination CDC	NU52PS910277	Amd 2	93.116	333.93.11	01/01/25	12/31/25	01/01/25	12/31/25	\$9,483		
FFY24 CDC PCH OD2A Prevention	NU17CE010218	Amd 6	93.136	333.93.13	01/01/25	08/31/25	09/01/24	08/31/25	\$16,848	\$91,081	\$91,081
FFY24 CDC PCH OD2A Prevention	NU17CE010218	Amd 2	93.136	333.93.13	01/01/25	08/31/25	09/01/24	08/31/25	\$34,920		
FFY24 CDC PCH OD2A Prevention	NU17CE010218	Amd 1	93.136	333.93.13	01/01/25	08/31/25	09/01/24	08/31/25	\$39,313		
FFY25 OD2A Prevention CDC YR3	NU17CE010218	Amd 12	93.136	333.93.13	09/01/25	08/31/26	09/01/25	08/31/26	\$67,628	\$123,789	\$123,789
FFY25 OD2A Prevention CDC YR3	NU17CE010218	Amd 9	93.136	333.93.13	09/01/25	08/31/26	09/01/25	08/31/26	\$56,161		
COVID 19 Vaccines R4	NH23IP922619	Amd 4, 5	93.268	333.93.26	01/01/25	06/30/25	01/01/25	06/30/25	\$341,215	\$341,215	\$341,215
FFY26 Immunizations Discre CDC YR1	NH23IP922680	Amd 11	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$1,125	\$1,500	\$1,500
FFY26 Immunizations Discre CDC YR1	NH23IP922680	Amd 9	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$375		
FFY25 CDC PPHF Ops	NH23IP922619	Amd 6	93.268	333.93.26	01/01/25	06/30/25	07/01/24	06/30/25	\$418	\$418	\$63,888
FFY24 CDC PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$50,000	\$50,000	
FFY24 CDC PPHF Ops	NH23IP922619	Amd 1	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$13,470	\$13,470	
FFY25 CDC VFC Ops	NH23IP922619	Amd 6	93.268	333.93.26	01/01/25	06/30/25	07/01/24	06/30/25	\$276	\$276	\$276
FFY19 ELC ED CAWPC & G2L CDC	NU50CK000515	Amd 14	93.323	333.93.32	01/01/26	06/30/26	08/01/23	07/31/26	\$60,000	\$60,000	\$60,000
FFY19 ELC ED Immunizations CDC	NU50CK000515	Amd 11	93.323	333.93.32	07/01/25	06/30/26	07/01/25	07/30/26	\$13,470	\$13,470	\$13,470
FFY20 ELC EDE LHJs CDC	NU50CK000515	Amd 1, 9	93.323	333.93.32	01/01/25	12/31/25	01/15/21	07/31/26	\$386,500	\$386,500	\$386,500
FFY23 Refugee Health Promo DSHS IAR	2501WARSSS	Amd 6	93.566	333.93.56	01/01/25	09/30/26	10/01/23	09/30/26	\$130,113	\$267,613	\$267,613
FFY23 Refugee Health Promo DSHS IAR	2501WARSSS	Amd 1	93.566	333.93.56	01/01/25	09/30/26	10/01/23	09/30/26	\$137,500		
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 3	93.354	333.93.35	01/01/25	06/30/25	07/01/23	06/30/25	\$12,741	\$12,741	\$12,741
FFY24 Tobacco-Vape Prev CDC Comp 1	NU58DP006808	Amd 13	93.387	333.93.38	10/01/25	04/28/26	04/29/24	04/28/26	\$53,390	\$53,390	\$72,276
FFY24 Tobacco-Vape Prev CDC Comp 1	NU58DP006808	Amd 1	93.387	333.93.38	01/01/25	04/28/25	04/29/24	04/28/25	\$18,886	\$18,886	

Indirect Rate January 1, 2025 thru December 31, 2025: 26.2% CD & Epi; 31.3% CH & Hlth Svcs; 32.8% Enviro Hlth; 27.2% Resp Div

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	End Date			
PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 11	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$200,000	\$288,732	\$288,732
PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 3	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$88,732		
FFY25 HRSA MCHBG LHJ Contracts	B04MC54583	Amd 1	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$106,632	\$106,632	\$106,632
FFY25 MCHBG Special Pr HRSA 2	B04MC54583	Amd 11	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$12,669	\$12,669	\$12,669
<b>FFY26 MCHBG LHJ Contracts HRSA YR1</b>	<b>B04MC55473</b>	<b>Amd 15</b>	<b>93.994</b>	<b>333.93.99</b>	<b>10/01/25</b>	<b>09/30/26</b>	<b>10/01/25</b>	<b>09/30/26</b>	<b>\$47,392</b>	<b>\$111,735</b>	<b>\$111,735</b>
FFY26 MCHBG LHJ Contracts HRSA YR1	B04MC55473	Amd 14	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$29,620		
FFY26 MCHBG LHJ Contracts HRSA YR1	B04MC55473	Amd 13	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$9,385		
FFY26 MCHBG LHJ Contracts HRSA YR1	B04MC55473	Amd 12	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$25,338		
FFY26 MCHBG LHJ Contracts HRSA YR1	B04MC55473	Amd 11	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	(\$142,176)	\$0	
FFY26 MCHBG LHJ Contracts HRSA YR1	B04MC55473	Amd 9	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$142,176		
SFY1 GFS - Group B Proviso		Amd 8	N/A	334.04.90	07/01/25	06/30/26	07/01/25	06/30/26	\$10,129	\$10,129	\$10,129
SFY2 GFS - Group B		Amd 1	N/A	334.04.90	01/01/25	06/30/25	07/01/23	06/30/25	\$12,939	\$12,939	\$12,939
Managed Care Org		Amd 13	N/A	334.04.90	11/01/25	12/31/26	07/01/25	06/30/27	\$16,000	\$25,100	\$25,100
Managed Care Org		Amd 11, 13	N/A	334.04.90	11/01/25	12/31/26	07/01/25	06/30/27	\$9,100		
SFY25 DUH Naloxone DDO HCA IAR		Amd 6	N/A	334.04.91	03/01/25	06/30/25	12/10/24	06/30/25	\$15,000	\$15,000	\$15,000
SFY25 SSPS Opioid Harm Red Proviso		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$34,500	\$34,500	\$34,500
SFY26 Dedicated Cannabis Account		Amd 8	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$409,588	\$409,588	\$663,709
SFY25 Dedicated Cannabis Account		Amd 6	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$49,327	\$254,121	
SFY25 Dedicated Cannabis Account		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$204,794		
SFY25 LHJ Opioid Campaign Proviso		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$65,625	\$150,000	\$150,000
SFY25 LHJ Opioid Campaign Proviso		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$84,375		
SFY25 Local Opi Prev & Supp Proviso		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$16,042	\$16,042	\$16,042
Rec Shellfish/Biotoxin		Amd 8	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$13,500	\$13,500	\$21,000
Rec Shellfish/Biotoxin		Amd 7	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$2,000	\$7,500	
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$5,500		
Small Onsite Management (ALEA)		Amd 10	N/A	334.04.93	07/01/26	06/30/27	07/01/25	06/30/27	\$6,571	\$6,571	\$10,571
Small Onsite Management (ALEA)		Amd 14	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/27	(\$32,612)	\$4,000	
Small Onsite Management (ALEA)		Amd 10	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/27	\$36,612		

Indirect Rate January 1, 2025 thru December 31, 2025: 26.2% CD & Epi; 31.3% CH & Hlth Svcs; 32.8% Enviro Hlth; 27.2% Resp Div

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
SFY27 Wastewater Management-GFS		Amd 10	N/A	334.04.93	07/01/26	06/30/27	07/01/26	06/30/27	\$31,821	\$31,821	\$44,585
SFY25 Wastewater Management-GFS		Amd 7	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	(\$10,000)	\$12,764	
SFY25 Wastewater Management-GFS		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$22,764		
SFY26 Nicotine Addict Prev & Ed Prov		Amd 8	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$121,694	\$121,694	\$223,713
SFY25 Nicotine Addict Prev & Ed Pro		Amd 6	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$41,172	\$102,019	
SFY25 Nicotine Addict Prev & Ed Pro		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$60,847		
Youth Tobacco Vapor Products		Amd 8	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/27	\$56,259	\$56,259	\$84,508
SFY25 Youth Tobacco Vapor Products		Amd 6	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$119	\$28,249	
SFY25 Youth Tobacco Vapor Products		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$28,130		
FY26 Harm Reduction HCA IAR		Amd 12	N/A	334.04.96	07/01/25	06/30/26	07/01/25	06/30/26	\$69,000	\$69,000	\$69,000
SFY26 FPHS-LHJ Funds-GFS		Amd 9	N/A	336.04.25	07/01/25	06/30/26	07/01/25	06/30/26	\$3,618,000	\$3,618,000	\$7,461,000
SFY25 FPHS-LHJ Funds-GFS		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$3,843,000	\$3,843,000	
SFY25 FPHS-LHJ-Redirect Funds		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$200,000	\$200,000	\$200,000
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 13	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$5,350	\$11,350	\$11,350
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 12	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$2,400		
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 8	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$3,600		
YR 28 SRF - Local Asst (15%) SS		Amd 8	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	(\$3,200)	\$0	\$0
YR 28 SRF - Local Asst (15%) SS		Amd 6	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	\$3,200		
YR 27 SRF - Local Asst (15%) SS		Amd 6	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	(\$3,200)	\$0	
YR 27 SRF - Local Asst (15%) SS		Amd 1	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$3,200		
Sanitary Survey Fees SS-State		Amd 13	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$5,350	\$11,350	\$11,350
Sanitary Survey Fees SS-State		Amd 12	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$2,400		
Sanitary Survey Fees SS-State		Amd 8	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$400		
Sanitary Survey Fees SS-State		Amd 1, 8	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$3,200		
YR1 Stimulus - Local Asst (10% of 15%) TA		Amd 13	N/A	346.26.66	01/01/25	12/31/27	07/01/23	06/30/28	\$4,000	\$8,000	\$8,000
YR1 Stimulus - Local Asst (10% of 15%) TA		Amd 8	N/A	346.26.66	01/01/25	12/31/27	07/01/23	06/30/28	\$4,000		
YR 28 SRF - Local Asst (15%) TA		Amd 8	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	(\$4,000)	\$0	\$0
YR 28 SRF - Local Asst (15%) TA		Amd 6	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	\$4,000		
YR 27 SRF - Local Asst (15%) TA		Amd 6	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	(\$4,000)	\$0	
YR 27 SRF - Local Asst (15%) TA		Amd 1	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$4,000		

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	Funding Period End Date			
<b>TOTAL</b>									\$11,334,197	\$11,334,197	
<b>Total consideration:</b>	\$11,286,805									<b>GRAND TOTAL</b>	\$11,334,197
	\$47,392										
<b>GRAND TOTAL</b>	\$11,334,197									<b>Total Fed</b>	\$2,261,701
										<b>Total State</b>	\$9,072,496

\*Assistance Listing Number fka Catalog of Federal Domestic Assistance  
\*\*Federal revenue codes begin with "333". State revenue codes begin with "334".

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

**DOH Program Name or Title:** Maternal & Child Health Block Grant – Effective January 1, 2025

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

**Contract Number:** CLH32073

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

**Period of Performance:** January 1, 2025 through September 30, 2026

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

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

**Revision Purpose:** The purpose of this revision is to add additional FFY26 MCHBG LHJ CONTRACTS HRSA YR1 funding.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY25 HRSA MCHBG LHJ CONTRACTS	78101251	93.994	333.93.99	01/01/25	09/30/25	106,632	0	106,632
FFY26 MCHBG LHJ CONTRACTS HRSA YR1	78101261	93.994	333.93.99	10/01/25	09/30/26	64,343	47,392	111,735
FFY25 MCHBG SPECIAL PR HRSA 2	7810125A	93.994	333.93.99	10/01/25	09/30/26	12,669	0	12,669
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>183,644</b>	<b>47,392</b>	<b>231,036</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Maternal and Child Health Block Grant (MCHBG) Administration</b>				
1a	Report actual expenditures for the six-month period from October 1, 2024 through March 31, 2025.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	May 16, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1b	Develop 2025-2026 MCHBG Budget Workbook for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG Budget Workbook to DOH Community Consultant.	September 5, 2025	
1c	Participate in DOH-sponsored annual MCHBG meeting.	LHJ Contract Lead or designee will attend meeting.	September 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1d	Report actual expenditures for October 1, 2024 through September 30, 2025.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	December 5, 2025	See Program Specific Requirements and Special Billing Requirements.
1e	Report actual expenditures for the six-month period from October 1, 2025 through March 31, 2026.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	May 15, 2026	
1f	Report annual FTE billed to MCHBG.	Submit FTE information on DOH-provided template.	July 1, 2026	
1g	Develop 2026-2027 MCHBG Budget Workbook for October 1, 2026 through September 30, 2027 using DOH-provided template.	Submit MCHBG Budget Workbook to DOH Community Consultant.	September 4, 2026	
1h	Participate in DOH-sponsored MCHBG fall regional meeting.	LHJ Contract Lead or designee will attend regional meeting.	September 30, 2026	
<b>Implementation</b>				
2a	Report 2024-25 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes.	Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
2b	Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG reporting document to DOH Community Consultant.	Draft – August 15, 2025 Final – September 12, 2025	See Program Specific Requirements and Special Billing Requirements.
2c	Report 2025-26 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes.	Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes.	September report due October 15, 2025 November 15, 2025 December 15, 2025 January 15, 2026 February 15, 2026 March 15, 2026 April 15, 2026 May 15, 2026 June 15, 2026 July 15, 2026 August 15, 2026 September 15, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2d	Develop 2026-27 MCHBG Monthly Reporting Template for October 1, 2026 through September 30, 2027 using DOH-provided template.	Submit MCHBG reporting document to DOH Community Consultant.	Draft – August 14, 2026 Final – September 11, 2026	
<b>Children and Youth with Special Health Care Needs (CYSHCN)</b>				
3a	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at <a href="mailto:DOH-CHIF@doh.wa.gov">DOH-CHIF@doh.wa.gov</a> and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.	Submit data to DOH per CYSHCN Program guidance.	January 15, 2025 April 15, 2025 July 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed. Through September 30, 2025	See Program Specific Requirements and Special Billing Requirements.
3c	Review your program's entry on <a href="http://ParentHelp123.org">ParentHelp123.org</a> annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.	September 30, 2025	
3d	Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	Submit updates as part of monthly reporting document.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	
3e	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at <a href="mailto:DOH-CHIF@doh.wa.gov">DOH-CHIF@doh.wa.gov</a> and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2025 January 15, 2026 April 15, 2026 July 15, 2026	
3f	Review your program's entry on Help Me Grow's <a href="#">ParentHelp123 Resource Finder</a> annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated	September 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		information on your local CYSHCN program with WithinReach/Help Me Grow.		
3g	Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	Submit updates as part of monthly reporting document.	September report due October 15, 2025  November 15, 2025 December 15, 2025 January 15, 2026 February 15, 2026 March 15, 2026 April 15, 2026 May 15, 2026 June 15, 2026 July 15, 2026 August 15, 2026 September 15, 2026	
<b>MCHBG Assessment and Evaluation</b>				
4a	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.  See Program Specific Requirements and Special Billing Requirements.
4b	Provide summary of outcomes of MCHBG-funded work completed from October 1, 2024 through September 30, 2025 using DOH-provided reporting template.	Submit documentation as requested by DOH.	November 21, 2025	
4c	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2026	

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

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

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

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

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

## **Program Specific Requirements**

### **Special Requirements:**

All training costs and all travel expenses for such training (for example: per diem, hotel, registration fees) must be pre-approved, unless identified in pre-approved Budget Workbook. Submit a paragraph to your Community Consultant explaining why the training is **necessary** to implement a strategy in the approved work plan. Details should also include total cost of the training and a link to or brochure of the training. Retain a copy of the Community Consultant's approval in your records.

### **Program Manual, Handbook, Policy References:**

CYSHCN Information and Resources:

[Children and Youth with Special Health Care Needs Website\(wa.gov\)](http://www.wa.gov)

### **Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):**

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used for services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].
2. Funds may not be used for:
  - a. Inpatient services, other than inpatient services for children with special health care needs or high-risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
  - b. Cash payments to intended recipients of health services.
  - c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
  - d. Meeting other federal matching funds requirements.
  - e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
  - f. Payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].
3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low-income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1) (D)].

### **Monitoring Visits (i.e., frequency, type, etc.):**

Check-ins with DOH Community Consultant as needed.

### **Billing Requirements:**

Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted monthly by the 30th of each month following the month in which the expenditures were incurred and must be based on actual allowable program costs. Billing for services on a monthly fraction of the "Total Consideration" will not be accepted or approved.

### **Special Instructions:**

Contact DOH Community Consultant for approval of expenses not reflected in pre-approved Budget Workbook.