

## WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No.

202201016 – 10

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 #:	202201016	
Does contract require Council Approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If No, include WCC:	
(see Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)			

Is this a grant agreement?	If yes, grantor agency contract number(s):	CLH31033	CFDA#:	Various
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):			
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):		Contract Cost Center:	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Various	
Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If no, include Attachment D Contractor Declaration form.		

If YES, indicate exclusion(s) below:

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

Contract Amount:(sum of original contract amount and any prior amendments):	<p>Council approval required for; all property leases, contracts or bid awards <b>exceeding \$40,000</b>, and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when:</b></p> <ol style="list-style-type: none"> <li>1. Exercising an option contained in a contract previously approved by the council.</li> <li>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.</li> <li>3. Bid or award is for supplies or equipment included approved in the budget.</li> <li>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.</li> </ol>
\$ 8,487,174	
This Amendment Amount:	
\$ 80,716	
Total Amended Amount:	
\$ 8,567,890	

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

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

Contract Routing:	1. Prepared by:	JT	Date:	12/28/2022
	2. Attorney signoff:	RB	Date:	12/29/2022
	3. AS Finance reviewed:	bbennett	Date:	01/09/2023
	4. IT reviewed (if IT related):		Date:	
	5. Contractor signed:		Date:	
	6. Submitted to Exec.:		Date:	
	7. Council approved (if necessary):	AB2023-059	Date:	
	8. Executive signed:		Date:	
	9. Original to Council:		Date:	

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

**CONTRACT NUMBER: CLH31033**

**AMENDMENT NUMBER: 10**

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:  
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
  - Adds Statements of Work for the following programs:  
 Child Well-care Visit Value Video Project - Effective January 1, 2023
  - Amends Statements of Work for the following programs:  
 Office of Drinking Water Group B Programs - Effective January 1, 2022  
 Office of Immunization COVID-19 Vaccine - Effective January 1, 2022  
 TB Program - Effective January 1, 2022
  - Deletes Statements of Work for the following programs:
  
2. Exhibit B-10 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-9 Allocations as follows:
  - Increase of **\$80,716** for a revised maximum consideration of **\$8,567,890**.
  - Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - No change in the maximum consideration of \_\_\_\_\_.  
 Exhibit B Allocations are attached only for informational purposes.

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

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

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

WHATCOM COUNTY HEALTH DEPARTMENT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY  
Assistant Attorney General

WHATCOM COUNTY

\_\_\_\_\_  
Satpal Singh Sidhu, County Executive

STATE OF WASHINGTON     )  
  )  
COUNTY OF WHATCOM    )

On this \_\_\_\_\_ day of \_\_\_\_\_, 2023, before me personally appeared Satpal Sidhu, to me known to be the Executive of Whatcom County and who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

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

My Commission expires:\_\_\_\_\_

APPROVED AS TO FORM

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

01/10/2023  
Date

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

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			
FFY22 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$15,000	\$15,000	\$15,000
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$156,138	\$156,138	\$218,593
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$62,455	\$62,455	
<b>FFY23 TB Elimination-FPH</b>	<b>NGA Not Received</b>	<b>Amd 10</b>	<b>93.116</b>	<b>333.93.11</b>	<b>01/01/23</b>	<b>12/31/23</b>	<b>01/01/23</b>	<b>12/31/23</b>	<b>\$15,778</b>	<b>\$15,778</b>	<b>\$36,605</b>
FFY22 TB Elimination-FPH	NU52PS910221	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	\$20,827	\$20,827	
FFY22 TB Uniting for Ukraine Supp	NGA Not Received	Amd 9	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	\$30,000	\$30,000	\$30,000
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$301,034	\$301,034	\$301,034
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$853,429	\$853,429	\$853,429
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$1,000	\$1,000	\$2,000
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,000	\$1,000	
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$13,470	\$13,470	\$26,873
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$13,403	\$13,403	
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$45,830	\$45,830	\$45,830
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 4	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$147,919)	\$1	\$1
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$147,920		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 4, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	(\$410,548)	\$1,448,582	\$1,448,582
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	\$1,859,130		
FFY21 NH & LTC Strike Teams HAI ELC	NGA Not Received	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$14,750	\$14,750	\$14,750
FFY21 SHARP HAI ELC	NGA Not Received	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$12,500	\$12,500	\$12,500
FFY21 SNF Strike Teams HAI ELC	NGA Not Received	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$50,500	\$50,500	\$50,500
FFY22 Vector-borne T2&3 Epi ELC FPH	NGA Not Received	Amd 9	93.323	333.93.32	08/01/22	09/30/22	08/01/22	07/31/23	\$1,456	\$2,856	\$4,256
FFY22 Vector-borne T2&3 Epi ELC FPH	NGA Not Received	Amd 5	93.323	333.93.32	08/01/22	09/30/22	08/01/22	07/31/23	\$1,400		
FFY21 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5	93.323	333.93.32	06/01/22	07/31/22	08/01/21	07/31/22	\$1,400	\$1,400	
FFY22 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 5, 9	93.387	333.93.38	04/29/22	04/28/23	04/29/22	04/28/23	\$37,772	\$37,772	\$37,772
FFY23 MCHBG LHJ Contracts	NGA Not Received	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$142,176	\$142,176	\$142,176
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	(\$106,632)	\$0	
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$106,632		

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

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			
FFY21 MCHBG Special Project	B04MC40169	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$106,632	\$106,632	\$106,632
<b>GFS-Group B (FO-NW)</b>		<b>Amd 10</b>	<b>N/A</b>	<b>334.04.90</b>	<b>01/01/23</b>	<b>06/30/23</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>\$12,938</b>	<b>\$12,938</b>	<b>\$25,877</b>
GFS-Group B (FO-NW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$12,939	\$12,939	
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$69,070	\$69,070	\$103,605
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$34,535	\$34,535	
SFY23 Dedicated Cannabis Account		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$409,588	\$409,588	\$409,588
SFY22 Marijuana Education		Amd 4	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/22	\$294,228	\$294,228	\$294,228
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$18,000	\$18,000	\$18,000
SFY23 Tobacco Prevention Proviso		Amd 7, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$10,000	\$240,000	\$240,000
SFY23 Tobacco Prevention Proviso		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$230,000		
SFY23 Youth Tobacco Vapor Products		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$56,259	\$56,259	\$56,259
<b>Managed Care Org</b>		<b>Amd 10</b>	<b>N/A</b>	<b>334.04.98</b>	<b>01/01/23</b>	<b>06/30/23</b>	<b>07/01/21</b>	<b>06/30/23</b>	<b>\$52,000</b>	<b>\$52,000</b>	<b>\$52,000</b>
SFY23 FPHS-LHJ-GFS		Amd 6, 9	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,651,000	\$2,651,000	\$2,651,000
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$1,362,000)	\$0	\$1,362,000
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,362,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,362,000	\$1,362,000	
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 5	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$400	\$3,400	\$3,400
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$3,000		
Sanitary Survey Fees (FO-NW) SS-State		Amd 5	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$400	\$400	\$3,400
Sanitary Survey Fees (FO-NW) SS-State		Amd 1	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$3,000	\$3,000	
YR24 SRF - Local Asst (15%) (FO-NW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$2,000	\$2,000	\$2,000
<b>TOTAL</b>									<b>\$8,567,890</b>	<b>\$8,567,890</b>	
<b>Total consideration:</b>				<b>\$8,487,174</b>						<b>GRAND TOTAL</b>	<b>\$8,567,890</b>
				<b>\$80,716</b>							
<b>GRAND TOTAL</b>				<b>\$8,567,890</b>						<b>Total Fed</b>	<b>\$3,239,901</b>
										<b>Total State</b>	<b>\$5,327,989</b>

\*Catalog of Federal Domestic Assistance

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

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

**DOH Program Name or Title:** Child Well-care Visit Value Video Project - Effective January 1, 2023

**Local Health Jurisdiction Name:** Whatcom County Health Department

**Contract Number:** CLH31033

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

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

**Period of Performance:** January 1, 2023 through December 31, 2024

**Statement of Work Purpose:** The purpose of this statement of work is to promote well-care visits for children ages 0-21. Parents report not understanding the value of child well-care visits. Whatcom County Health Department (WCHD) has created videos with people from their community that share personal stories about the value of a child well-care visit. Our goal is to provide an opportunity for parents to easily learn more about the value of child well-care visits. WCHD has materials that can be modified for this purpose. This will require editing materials, re-recording limited content, and adding content, including how to access insurance and clinics statewide.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
MANAGED CARE ORG	78110620	NA	334.04.98	01/01/23	06/30/23	0	52,000	52,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>52,000</b>	<b>52,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Lease four (4) videos to host on the chosen DOH website: <ul style="list-style-type: none"> <li>1A- Provide four (4) videos containing the content of Babies and Kids Can't Wait- Long Version and Early Intervention short <a href="https://babiesandkidscantwait.org/#videos">https://babiesandkidscantwait.org/#videos</a> with subtitles and audio in Spanish and English</li> <li>1B- Edit promotion of WCHD-specific services to replace with statewide narration and replace</li> </ul>	<ul style="list-style-type: none"> <li>Four (4)-Video Files; two (2) Spanish language with Spanish language captions and two (2) English language with English language captions posted for public access</li> <li>Access to videos for a period of from delivery through the end of the 2023 calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Available and ready for posting to the chosen DOH website by June 1, 2023 (or preferably by March 15, 2023)</li> <li>Upon DOH receipt of completed videos through December 31, 2023</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$10,000</li> <li>Up to \$21,000 (\$1,750/month)</li> </ul>

<b>Task #</b>	<b>Activity</b>	<b>Deliverables/Outcomes</b>	<b>Due Date/Time Frame</b>	<b>Payment Information and/or Amount</b>
	final reference to local clinic with WA HealthPlan Finder, include DOH logo			
2	Lease statewide version of the videos to DOH for use up to one (1) additional year	<ul style="list-style-type: none"> <li>Provide DOH usage of four (4) WCHD developed videos as noted in Task 1 above</li> </ul>	<ul style="list-style-type: none"> <li>January 1, 2024 – December 31, 2024</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$21,000 (\$1,750/month)</li> </ul>

**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).

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

**DOH Program Name or Title:** Office of Drinking Water Group B Programs - Effective January 1, 2022

**Local Health Jurisdiction Name:** Whatcom County Health Department

**Contract Number:** CLH31033

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

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

**Period of Performance:** January 1, 2022 through June 30, 2023

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide financial support to LHJs implementing local Group B water systems programs.

**Revision Purpose:** The purpose of this revision is to provide additional financial support from 01/01/23 through 06/30/23 to LHJs implementing local Group B water systems programs.

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			
GFS Group B (FO-NW)	24220103	N/A	334.04.90	01/01/22	06/30/22	12,939	0	12,939
GFS Group B (FO-NW)	24220104	N/A	334.04.90	01/01/23	06/30/23	0	12,938	12,938
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>12,939</b>	<b>12,938</b>	<b>25,877</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Implement a FULL Group B water system program [Reference DOH JPR #N20503-1]	An executed joint plan of responsibility (JPR) identifying responsibilities of a FULL Group B program.	January 1, 202 <del>2</del> <sup>3</sup> thru June 30, 202 <del>2</del> <sup>3</sup>	Lump sum payment (See Special Billing Requirements)

**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).

**\*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 Billing Requirements:** For January 1, 202~~2~~3 thru June 30, 202~~2~~3, LHJ shall submit one invoice no later than June 30, 202~~2~~3 and payment cannot exceed a maximum cumulative fee of \$12,93~~9~~8.

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

**DOH Program Name or Title:** Office of Immunization COVID-19 Vaccine - Effective January 1, 2022

**Local Health Jurisdiction Name:** Whatcom County Health Department

**Contract Number:** CLH31033

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

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

**Period of Performance:** January 1, 2022 through June 30, 2024

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide funding to conduct COVID-19 vaccine activities.

**Revision Purpose:** The purpose of this revision is to modify activities, deliverables, and deliverable due dates.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	853,429	0	853,429
COVID 19 Vaccines	74310229	93.268	333.93.26	01/01/22	06/30/24	301,034	0	301,034
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>1,154,463</b>	<b>0</b>	<b>1,154,463</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
The purpose of this statement of work is to identify activities and provide funding to support COVID vaccine response outreach, education, and operations. The activities may include other vaccines recommended for the audience population, as long as COVID vaccine is the primary focus and references to other vaccines are secondary.				
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline.  <b>Example 1:</b> 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.	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, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<b>Example 2:</b> 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			
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.	<del>Mid-term</del> written report describing activity/activities and progress made to-date and strategies used (template to be provided)	June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	Catalog activities and conduct an evaluation of the strategies used	<del>Final</del> written report, showing the strategies used and the final progress of the reach (template to be provided)	<del>December 31</del> June 30, annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends). Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below)	<del>Quarterly</del> reports summarizing quantity, type, and frequency of activities	<del>March</del> <del>December 31,</del> <del>annually</del> June 30, <del>annually</del>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.E	At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to <i>LHJ Guidance for COVID Initiatives Application</i> requirements and allowable/unallowable use of federal funds.	a. LHJ Incentive Plan Proposal b. <del>Quarterly</del> report that summarizes quantity of incentives purchased and distributed	a. Prior to implementing b. <del>March 31, Annually</del> June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.F	<i>As needed to meet community needs, perform as a vaccine depot to provide COVID vaccine. Duties include ordering and redistributing of COVID-19 vaccine, assure storage space for minimum order sizes, initiating transfer in the Immunization Information System (IIS), coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.</i>  <i>Immunization COVID-19 funding is specifically required to address COVID-19 vaccination activities. However, the funding can be leveraged to also address and incorporate other non-COVID vaccination activities concurrent to COVID-19</i>	a. <i>Complete a redistribution agreement.</i> b. <i>Report inventory reconciliation page.</i> c. <i>Report lost (expired, spoiled, wasted) vaccine to the IIS.</i> d. <i>Report transfer doses in the IIS and VaccineFinder.</i> e. <i>Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.</i>	a. <i>Submit upon completion</i> b. <i>Reconcile and submit inventory once monthly in the IIS.</i> c. <i>Report lost vaccine within 72 hours in the IIS.</i> d. <i>Update within 24 hours from when transfers occur.</i>	<i>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</i>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<i>vaccination activities. For example, COVID vaccine storage and distribution may also support monkeypox vaccine storage and distribution, concurrently</i>		<i>e. Download as needed (retain temperature data on site for 3 years)</i>	

**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)**

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**

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

Coverage of co-administration costs for other vaccines administered at vaccination events does NOT apply to the FEMA Mass Vaccination funding. Coverage of co-administration costs only applies to the vaccine funding (COVID19 Vaccine R4, MI 74310230) allocated for Task 3 of the consolidated contract. FEMA Mass Vaccination funding is only available to cover the costs for COVID vaccine administration and cannot be used for co-administration costs of other vaccines.

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

**DOH Program Name or Title:** TB Program - Effective January 1, 2022

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

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

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

**Period of Performance:** January 1, 2023 through December 31, 2023

**Statement of Work Purpose:** This statement of work is providing funding for 2023 from the State TB Program for tuberculosis (TB) prevention and control activities

**Revision Purpose:** The purpose of this revision is to extend the period of performance from December 31, 2022 to December 31, 2023, increase funding allocation, and revise task activities, due dates, payment information, and program specific requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 TB ELIMINATION-FPH	18402203	93.116	333.93.11	01/01/22	12/31/22	20,827	0	20,827
FFY22 TB UNITING FOR UKRAINE SUPP	18402204	93.116	333.93.11	05/21/22	12/31/22	30,000	0	30,000
FFY23 TB ELIMINATION-FPH	18402233	93.116	333.93.11	01/01/23	12/31/23	0	15,778	15,778
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>50,827</b>	<b>15,778</b>	<b>66,605</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p><b>Case Management and Treatment:</b></p> <p>(1) Increase percentage of TB cases meeting the National TB Indicators Project (NTIP) targets for objectives on case management and treatment.</p> <p>a. Performance-based focus area improve Completion of Therapy (COT)</p> <p><i>i. Improve Completion of Therapy (COT)</i></p> <p>(2) Comply with American Thoracic Society, Centers for Disease Control and Prevention (CDC) and the Infectious Diseases Society of America Clinical Practice Guidelines.</p>	Summary of task outcome including any implemented strategies to improve in COT and related results/findings in the Consolidated Contract "TB Deliverables Report" for <i>January 1, 2023 – December 31, 2023</i> <del>2022</del> .	January 31, 202 <del>3</del> <sup>4</sup> .	Payment for tasks will be reimbursed for actual expenses up to the maximum available within the FFY <del>22</del> <sup>23</sup> TB ELIMINATION-FPH funding period described in the Funding Table above.
2	<p>Provide DOH with complete TB case, contact and infection data.</p> <ul style="list-style-type: none"> <li>After initial notifiable conditions TB case report (within 3 business days) through the Washington Disease Reporting System (WDRS), more detailed data for confirmed or</li> </ul>	Summary of task outcome on the Consolidated Contract "Deliverables Report" for <i>January 1, 2023 – December 31, 2023</i> <del>2022</del> .	January 31, 202 <del>3</del> <sup>4</sup> .	See below <b>Restrictions on Funds.</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>suspected cases are to be entered into WDRS within 2 weeks of receipt by the LHJ.</p> <ul style="list-style-type: none"> <li>Contact (Active Disease and Targeted Testing) and subsequent infection data (if applicable) to be provided electronically (e.g., WDRS or .xls or .csv) to DOH by the first week of February for the two previous calendar years.</li> </ul>			
3	<p><b>Contact Investigations:</b></p> <ul style="list-style-type: none"> <li>Increase percentage of TB cases and contacts meeting NTIP targets for objectives on contact investigations.</li> <li>Comply with National TB Controllers Association and CDC guidelines</li> </ul>	Summary of task outcome on the Consolidated Contract “Deliverables Report” for <i>January 1, 2023 – December 31, 2023</i> <del>2022</del> .	January 31, 202 <del>3</del> <sup>4</sup> .	
4	<p><b>Directly Observed Therapy (DOT):</b> Provide DOT for all cases of infectious TB disease, this includes VDOT for qualifying patients.</p>	Summary of task outcome on the Consolidated Contract “Deliverables Report” for <i>January 1, 2023 – December 31, 2023</i> <del>2022</del> .	January 31, 202 <del>3</del> <sup>4</sup> .	
5	<p><b>Examination and Appropriate Treatment of Immigrants and Refugees:</b></p> <ul style="list-style-type: none"> <li>Increase percentage of immigrants and refugees meeting NTIP targets.</li> <li>Completed TB Follow-up worksheets are sent to DOH via secure tool which protects patient information.</li> </ul>	Summary of task outcome on the Consolidated Contract “Deliverables Report” for <i>January 1, 2023 – December 31, 2023</i> <del>2022</del> .	January 31, 202 <del>3</del> <sup>4</sup> .	
6	<p><b>Cohort Review</b> At least one (1) appropriate staff member will participate in cohort reviews in 202<del>2</del><sup>3</sup>.</p> <p><b>TB Case Consultation:</b> Appropriate LHJ TB staff attend as requested.</p>	Summary of task outcome on the Consolidated Contract “Deliverables Report” for <i>January 1, 2023 – December 31, 2023</i> <del>2022</del> .	January 31, 202 <del>3</del> <sup>4</sup> .	
7	<p>For any 340B medication received the LHJ agrees to:</p> <ul style="list-style-type: none"> <li>Maintain auditable records for a minimum of 3 years including a separate medication inventory tracking system with records tied to patients receiving the medication.</li> <li>Store 340B separately from non-340B medications.</li> <li>Conduct regular annual internal audits of inventory and patient records to maintain HRSA standards and compliance regarding diversion and patient eligibility.</li> <li>Participate in audits by DOH or HRSA of TB-related 340B practices and provide access to records demonstrating compliance with HRSA 340B regulations.</li> <li>Will not bill Medicaid for any 340B TB medications provided by DOH TB Program.</li> </ul>	Summary of <del>task outcome</del> <i>expired medications</i> on the Consolidated Contract “Deliverables Report” for <i>January 1, 2023 – December 31, 2023</i> <del>2022</del> .	January 31, 202 <del>3</del> <sup>4</sup> .	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>Notify DOH TB Program of any medication loss or expiration of medications including any breach of 340B regulations.</li> <li>Notify DOH TB Program of changes regarding the prescribing provider within 10 days. And the prescribing provider must be either employed by or under contract with the LHJ.</li> </ul>			
8	<p><i>An LHJ using the VDOT tool, that DOH provides without cost, agrees to establish, and follow a VDOT policy for their staff and patients based on VDOT best practice. This policy is developed and/or approved by the LHJ's Health Officer and/or TB Program Manager.</i></p> <p><i>Guidance and direction for this policy is posted on the TB Program's VDOT SharePoint page (<a href="#">Video Directly Observed Therapy for Local Health Jurisdictions Using SureAdhere (sharepoint.com)</a>).</i></p>	<p><i>Summary of VDOT treatment completion, with goal that your LHJ's completion rate is at least on par with in-person DOT, if not better for January 1, 2023 – December 31, 2023.</i></p>	<p><i>January 31, 2024.</i></p>	
8	<p><i>Provide TB screening, evaluation, Interferon-Gamma Release Assay (IGRA), chest x rays, and other clinical services as indicated, including treatment* for latent or active TB disease for newcomers from Ukraine. (*These federal dollars can be used to provide TB medications to TB patients)</i></p>	<p><i>Consolidated Contract "TB Deliverables Report" include aggregate information for all Ukrainians directly clinically served with these funds for 2022. This includes the number: evaluated, diagnosed with TB infection, started treatment, and completed treatment.</i></p>	<p><i>January 31, 2023</i></p>	<p><i>Payment for task 8 will be reimbursement for actual expenses up to the maximum available within the FFY22 TB UNITING FOR UKRAINE SUPP funding period described in the Funding Table above.</i></p>

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

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

~~TB Manual: Link to be provided on DOH Website ([www.doh.wa.gov/tb](http://www.doh.wa.gov/tb)) when revision is completed.~~

*WA State TB Services and Standards Manual: [Washington State TB Services & Standards Manual \(sharepoint.com\)](#)*

LHJ TB SharePoint pages: [TB LHJ Home \(sharepoint.com\)](#)

Health Officer Handbook: [Washington State Tuberculosis Law Manual for Health Officers](#)

**Restrictions on Funds:**

1. Emphasis must be given to directing the majority of funds to core TB control activities.
2. Federal Funds may not be used **except where noted:**
  - To supplant State or LHJ funds;
  - For inpatient care or construction or renovation of facilities;
  - To purchase treatment medications.

**Special References:**

TB Laws and Regulations: (<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis/LawsGuidelines.aspx>)

Health Officer Handbook: [Washington State Tuberculosis Law Manual for Health Officers](#)

**Monitoring Visits:**

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

**Billing Requirements:**

LHJ may bill monthly. Invoices must be received no more than 60 days after billing period. *All invoices for the year 2023 must be received by DOH no later than January 16, 2024.*