

**WHATCOM COUNTY  
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:  
202501019 - 1

Originating Department:	85 Health and Community Services
Division/Program: (i.e. Dept. Division and Program)	8510 All Divisions
Contract or Grant Administrator:	Erika Lautenbach
Contractor's / Agency Name:	Washington State Department of Health

Is this a New Contract?	If not, is this an Amendment or Renewal to an Existing Contract?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	202501019	
Does contract require Council Approval?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If No, include WCC:	
Already approved? Council Approved Date:	(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)			

Is this a grant agreement?	If yes, grantor agency contract number(s):			CLH32073	CFDA#:	Various
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>					

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

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

Is this agreement excluded from E-Verify?	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
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If YES, indicate exclusion(s) below:

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

Contract Amount:(sum of original contract amount and any prior amendments):	Council approval required for; all property leases, contracts or bid awards <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>
\$ 5,265,283	1. Exercising an option contained in a contract previously approved by the council.
This Amendment Amount:	2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance.
\$	3. Bid or award is for supplies.
Total Amended Amount:	4. Equipment is included in Exhibit "B" of the Budget Ordinance
\$	5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.

Summary of Scope: This amendment incorporates funding and scopes of work for various public health programs.

Term of Contract:	3 Years	Expiration Date:	12/31/2027
Contract Routing:	1. Prepared by:	J. Thomson	Date: 01/17/2025
	2. Attorney signoff:	Christopher Quinn	Date: 01/22/2025
	3. AS Finance reviewed:	Bbennett	Date: 2/12/2025
	4. IT reviewed (if IT related):		Date:
	5. Contractor signed:		Date:
	6. Submitted to Exec.:		Date:
	7. Council approved (if necessary):	AB2025-175	Date:
	8. Executive signed:		Date:
	9. Original to Council:		Date:

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

**CONTRACT NUMBER: CLH32073**

**AMENDMENT NUMBER: 1**

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:

- 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/sitespages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>

- Adds Statements of Work for the following programs:
  - Continuation of Care & Services: CHW Outreach-Refugee Health Promo - Effective January 1, 2025
  - DCHS - ELC COVID-19 Response - Effective January 1, 2025
  - Foundational Public Health Services (FPHS) - Effective January 1, 2025
  - Infectious Disease-Syndemic Prevention Services-SSP - Effective January 1, 2025
  - Injury & Violence Prevention-LHJ Opioid Campaign Proviso – Effective January 1, 2025
  - Injury & Violence Prevention-Overdose Data to Action in States - Effective January 1, 2025
  - Maternal & Child Health Block Grant – Effective January 1, 2025
  - Office of Drinking Water Group A Program - Effective January 1, 2025
  - Office of Drinking Water Group B Program - Effective January 1, 2025
  - Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2025
  - Office of Resiliency & Health Security-PHEP - Effective January 1, 2025
  - Recreational Shellfish Activities - Effective January 1, 2025
  - Youth Cannabis & Commercial Tobacco Prevention Program - Effective January 1, 2025

Amends Statements of Work for the following programs:

Deletes Statements of Work for the following programs:

- Exhibit B-1 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-0 Allocations as follows:

- Increase of **\$5,265,283** for a revised maximum consideration of **\$5,265,283**.
  - Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - No change in the maximum consideration of \_\_\_\_\_.
- Exhibit B Allocations are attached only for informational purposes.

- 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:	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY  
Assistant Attorney General



Indirect Rate as of January 1, 2025: 26.2% CD & Epi; 31.3% Comm. Hlth & 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			
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	\$62,455	\$62,455
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	\$39,313	\$39,313
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	\$13,470
FFY20 ELC EDE LHJs CDC	NU50CK000515	Amd 1	93.323	333.93.32	01/01/25	06/30/25	01/15/21	07/31/25	\$386,500	\$386,500	\$386,500
FFY23 Refugee Health Promo DSHS IAR	NGA Not Received	Amd 1	93.566	333.93.56	01/01/25	09/30/26	10/01/23	09/30/26	\$137,500	\$137,500	\$137,500
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	\$18,886
FFY25 HRSA MCHBG LHJ Contracts	NGA Not Received	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
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
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
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	\$204,794	\$204,794
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	\$84,375	\$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 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$5,500	\$5,500	\$5,500
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	\$60,847	\$60,847
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	\$28,130	\$28,130
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	\$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
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	\$3,200	\$3,200
Sanitary Survey Fees SS-State		Amd 1	N/A	346.26.65	01/01/25	06/30/25	07/01/23	06/30/25	\$3,200	\$3,200	\$3,200
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	\$4,000	\$4,000

Indirect Rate as of January 1, 2025: 26.2% CD & Epi; 31.3% Comm. Hlth & 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			
<b>TOTAL</b>									\$5,265,283	\$5,265,283	
<b>Total consideration:</b>	\$0									<b>GRAND TOTAL</b>	\$5,265,283
<b>GRAND TOTAL</b>	\$5,265,283									<b>Total Fed</b>	\$764,756
										<b>Total State</b>	\$4,500,527

\*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:** Continuation of Care & Services: CHW Outreach-  
Refugee Health Promo - Effective January 1, 2025

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

**Contract Number:** CLH32073

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

<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, 2025 through September 30, 2026

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide funding and an overview of duties for Whatcom County Health Department (WCHD) under the Refugee Community Health Worker Outreach project through Refugee Health Promotion which was awarded to WA DOH by Department of Social and Health Services (DSHS) Office of Refugee and Immigrant Assistance (ORIA). This includes hiring culturally and linguistically appropriate Community Health Workers (CHW) who will serve the refugees and humanitarian immigrants by providing health navigation and health education to Office of Refugee Resettlement (ORR)-eligible populations.

**NOTE: The CHW Project began on September 1, 2024. DOH intends to include unspent funding from 2024 in an amendment during this period of performance. Deliverables with due dates before December 31, 2024, are shown for information purposes only.**

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY23 REFUGEE HEALTH PROMO DSHS IAR	18502931	93.566	333.93.56	01/01/25	09/30/26	0	137,500	137,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>137,500</b>	<b>137,500</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>1</b>	Public Health Nurse will initiate introductory program building and relationship building with clients until a CHW is able to be onboarded.	Hire one (1) CHW to work closely with eligible clients.	Hire CHW by January 1, 2025.	Payment for all tasks will be reimbursement for actual expenses up to the maximum available within the funding periods for each source described in the Funding Table above.
<b>2</b>	CHW will meet with eligible clients to provide one-on-one targeted health education providing tailored health education on topics such as access to health insurance and enrollment, local healthcare providers, potential financial assistance programs, medication education, and other topics as needed. Other services will include connection to local social	Will serve at least one (1) eligible client a month and share resources in appropriate languages.  Client level data will be reported via monthly reporting template.	Monthly report (reference Program Requirements, appendix A for timeline)	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	services, opportunities, available assistance, and other topics as per client needs.			
3	CHW will work one-on-one with eligible clients to provide catered health navigation such as connection to specialty care providers (e.g. medical, dental, behavioral, and other specialty services). Health navigation will also include referrals to other programs and education regarding latent tuberculosis infection (LTBI), vaccines schedules, and other topics as per client needs.	Will serve at least one (1) eligible client a month and share resources in appropriate languages.  Client level data will be reported via monthly reporting template. This will include documentation of completion of service.	Monthly report (reference Program Requirements, appendix A for timeline)	
4	In addition to short term health navigation, CHW will also work on complex medical needs with eligible clients. This will include navigating barriers such as transportation and language access, assistance with navigating referral processes, scheduling specialty care, timelines and follow-up care related to specialty care, and other services as needed.	Will serve at least one (1) eligible client a month and ensure cultural and linguistic appropriate care.  Client level data will be reported via monthly reporting template. This will include documentation of completion of service.	Monthly report (reference Program Requirements, appendix A for timeline)	
5	CHW will coordinate and collaborate with other local health departments and partners to participate at health events to share resources and program information.	Will attend at least one (1) event per quarter.	Quarterly narrative report (reference Program Requirements, appendix A for timeline)	
6	CHW will attend required meetings and support other grant related deliverables.	Attendance of at least 80% of CHW Check-In meetings.  Attendance at other refugee services provider meetings as needed.	Quarterly narrative report (reference Program Requirements, appendix A for timeline)	
7	Develop a flyer with the proposed service details. The service details will include, at minimum, the service available, how to access services, hours of operations and applicants contact information.	A flyer will be shared with community in appropriate language.	Within the first quarter of hiring CHW position.	
8	CHW will complete the DOH CHW Training and other trainings as they relate to grant deliverables and work completed by the CHW.	Completion of the CHW training and summary of other completed deliverables.	Quarterly narrative report (reference Program Requirements, appendix A for timeline)	
9	Develop and translate needed materials to ensure eligible clients have the correct health information to make informed health decisions. This will also include development of grant related data tracking materials.	Development of culturally and linguistically appropriate materials.	Quarterly narrative report (reference Program Requirements, appendix A for timeline)	

**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**

LHJ will reference and abide by all policies outlined in the manual provided by WA DOH upon execution of this agreement, titled '[Connection to Health Care and Services: Community Health Worker Outreach through Refugee Health Promotion – Program Requirements](#)' and '[Community Health Worker Outreach through Refugee Health Promotion – Application for LHJs](#)'. Included within are staffing and administrative requirements, LHJ responsibilities, subcontracting requirements, reporting timeline, and documentation and reporting details.

**Funding Restrictions:** There are specific funding restrictions associated with this funding source. Please reference “Funding and Funding Restriction” section in the '[Community Health Worker Outreach through Refugee Health Promotion – Application for LHJs](#)'.

**Billing Requirements:** LHJ may bill monthly. Invoices must be received no more than 60 days after the billing period.



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

**DOH Program Name or Title:** DCHS - ELC COVID-19 Response - Effective January 1, 2025

**Local Health Jurisdiction Name:** Whatcom County Health & Community Services  
**Contract Number:** CLH32073

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

**Period of Performance:** January 1, 2025 through June 30, 2025

<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 provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY20 ELC EDE LHJS CDC	1897140E	93.323	333.93.32	01/01/25	06/30/25	0	386,500	386,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>386,500</b>	<b>386,500</b>

Task #	Activity	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"> <li>• Incident management for the response</li> <li>• Testing</li> <li>• Case Investigation/Contact Tracing</li> <li>• Sustainable isolation and quarantine</li> <li>• Care coordination</li> <li>• Surge management</li> <li>• Data reporting</li> </ul>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.				
<b>DCHS COVID-19 Response</b>				
1	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.	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:
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, 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 sustain modest local level capacity for prioritized case investigation and contact tracing for COVID-19. This includes efforts to conduct follow-up on outbreak/cluster investigations in prioritized high risk settings.</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> <li>1. Strive to maintain the capacity to conduct targeted investigations as appropriate.</li> <li>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 Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum.</li> <li>3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols.</li> <li>4. Coordinate with Tribal partners in conducting contact tracing for Tribal members.</li> <li>5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined)</li> </ol>	<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	<p>\$386,500 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897140E) Funding end date 6/30/2025</p>



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>reports to DOH on testing locations and volume as requested.</p> <p>c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.</p> <p>i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission.</p> <p>ii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry.</p> <p>d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe.</p> <p>e. Support Infection Prevention and control for high-risk populations</p> <p>i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers.</p> <p>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.</p> <p>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.</p>	<p>Contract manager on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p> <p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>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).</li> <li>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.</li> <li>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.</li>   <li>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</li>   <li>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</li>   <li>h. Establish sustainable isolation and quarantine (I&amp;Q) measures in accordance with <u>WAC 246-100-045</u> (Conditions and principles for isolation or quarantine). <ul style="list-style-type: none"> <li>i. Have at least one (1) location for conducting I&amp;Q operations identified and confirmed. This location should be sufficient for supporting I&amp;Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal agreement; alternatively, the jurisdiction may</li> </ul> </li> </ul>	<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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. ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need. iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility.	Report census numbers to include historic total by month and monthly total for current quarter to date		

**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**

**All work will be performed in accordance with the revised and approved project plans to be submitted to DOH.**

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

CDC Funding Regulations and Policies

<https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>

**Monitoring Visits (frequency, type)**

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 subawardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project

**Special Billing Requirements:**

**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.

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

**DOH Program Name or Title:** Foundational Public Health Services (FPHS) - Effective January 1, 2025

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

**Contract Number:** CLH32073

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

**Period of Performance:** January 1, 2025 through June 30, 2025

<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"/> Periodic Distribution
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**Statement of Work Purpose:** Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system’s capacity and increase the availability of FPHS services statewide. This SOW also includes one-time investments from the vape tax account.

**NOTE: The full State Fiscal Year (SFY) 2025 (07/01/24-06/30/25) disbursement of FPHS funds for this statement of work (01/01/25-06/30/25) was made in July/August 2024 during the 2022-2024 consolidated contract term and is being included in this statement of work for informational purposes only. There will not be a reconciliation of these funds between the 2022-2024 consolidated contract and the new 2025-2027 consolidated contract. There is no requirement to report unused funds from the 07/01/24-12/31/24 period. It is acknowledged that existing obligations for this funding continue forward and remain in effect in the new contract. These obligations include, but are not limited to, completion of the annual report due after 06/30/25 and fulfillment of all contractual terms and conditions as specified in the prior consolidated contract term that ended 12/31/24.**

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SFY25 FPHS-LHJ FUNDS-GFS <b>Note: Total SFY25 Allocation is for 07/01/24-06/30/25</b>	99210850	N/A	336.04.25	01/01/25	06/30/25	0	3,843,000	3,843,000
SFY25 FPHS - LHJ - REDIRECT FUNDS	99210841	N/A	336.04.25	01/01/25	06/30/25	0	200,000	200,000
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>4,043,000</b>	<b>4,043,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>FPHS funds to each LHJ</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$1,141,000
2	<b>Assessment Reinforcing Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$60,000



<b>Task #</b>	<b>Activity</b>	<b>Deliverables/Outcomes</b>	<b>Due Date/Time Frame</b>	<b>Payment Information and/or Amount</b>
3	<b>Assessment – CHA/CHIP</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$30,000
4	<b>Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$687,000
5	<b>CD - NEW SFY 24 Immunization Outreach, Education &amp; Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$225,000
6	<b>EPH - NEW SFY 24 Fully fund Environmental Public Health Policy &amp; Leadership Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
7	<b>FC - NEW SFY 24 Strengthening Local Finance Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$62,000
8	<b>FC - NEW SFY 24 Public Health Communications</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$200,000
9	<b>Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
10	<b>EPR - NEW SFY 24 Emergency Preparedness &amp; Response – Capacity and Capability</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$205,000
11	<b>CD – Hepatitis C</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$41,000
12	<b>CD – Case Investigation Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in 9 Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$296,000
13	<b>CD – Tuberculosis Program</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$19,000
14	<b>Assessment – Localized Epidemiology Capacity – General (Assessment/Surveillance, CHA/CHIP)</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
15	<b>EPH – Toxicology and Environmental Epidemiology</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000
16	<b>EPH Core Team – Safe and Healthy Communities</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$47,000
17	<b>EPH Core Team – Climate Change Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$80,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
18	<b>EPH Core Team – Water System Capacity</b> – See below in <a href="#">Program Specific Requirements – Activity Special Instructions</a>	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000
19	<b>EPH Core Team – Homelessness Response</b> – See below in <a href="#">Program Specific Requirements – Activity Special Instructions</a>	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
20	<b>Updating Whatcom EH's Enterprise Permitting &amp; Licensing Software</b>	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$200,000

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FPHS staff from DOH and the Washington State Association of Local Public Health Officials (WSALPHO) will coordinate and communicate together to build and assure common systemwide approaches per FPFS Steering Committee direction and the FPFS framework intent.

- For LHJ questions about the use of funds:
  - Chris Goodwin, FPFS Policy Advisor, WSALPHO – [cgoodwin@wsac.org](mailto:cgoodwin@wsac.org), 564-200-3166
  - Brianna Steere, FPFS Policy Advisor, WSALPHO – [bsteere@wsac.org](mailto:bsteere@wsac.org), 564-200-3171

The intent of FPFS funding is outlined in [RCW 43.70.512](#).

Foundational Public Health Services Definitions and related information can be found here: [www.doh.wa.gov/fphs](http://www.doh.wa.gov/fphs).

**Stable funding and an iterative decision-making process** – The FPFS Steering Committee’s roles and responsibilities are outlined in the [FPFS Committee & Workgroup Charter](#). The Steering Committee is the decision making body for FPFS and operates under a consensus-based decision making model, outlined [here](#). The Steering Committee use an iterative approach to decision making meaning additional tasks and/or funds may be added to a local health jurisdiction’s (LHJ) FPFS Statement of Work (SOW) as funding decisions are made.

**Spending of FPFS funds** – FPFS funds do not require pre-approval or pre-authorization to spend. FPFS funds are to assure FPFS services are available in each jurisdiction based on the FPFS Definitions (link) and as reflected in the SOW. Assurance includes providing FPFS as part of your jurisdiction's program operations, contracting with another governmental public health system partner to provide the service, or receiving the service through a new service delivery model such as cross-jurisdictional sharing or regional staff. **FPFS funds are eligible starting at the beginning of each state fiscal year (July 1) regardless of when funds are received by the LHJ, even if the expenditure occurred before the LHJ's contract was signed.**

These funds are not intended for fee-based services such as select environmental public health services. As state funding for FPFS increases, other funds sources (local revenue, grants, federal block grants) should be directed to the implementation of additional important services and local/state priorities as determined by each agency/jurisdiction.

**Annual Allocations** – The legislature appropriates FPFS funding on an annual basis and the FPFS Steering Committee allocates funds annually through the FPFS Concurrence Process for the State Fiscal Year (SFY): July - June.

The Legislature appropriates FPFS funding amounts for each fiscal year of the biennium. This means that funds must be spent within that fiscal year and cannot be carried forward. Any funds not spent by June 30<sup>th</sup> each year must be returned to the State Treasury. Funding allocations reset and begin again at the start of the next fiscal year (July 1).

This Statement of Work is for the period of July 1, 2024-December 31, 2024 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

**Disbursement of FPHS funds to LHJs** – Unlike other ConCon grants, FPHS bill-back to DOH is NOT required. Half of the annual FPHS funds allocated by the Steering Committee to each LHJ are disbursed each July and January. The July payments to LHJs and access to FPHS allocation for all other parts of the governmental public health system occur upon completion of the FPHS Annual Assessment.

**Deliverables** – FPHS funds are to be used to assure FPHS services statewide. The FPHS accountability process measures how funds are spent, along with changes in system capacity through the FPHS Annual Assessment, system performance indicators, and other data. DOH, SBOH and local health jurisdictions have agreed to complete:

1. Reporting of spending and spending projections. Process timelines and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff.
2. FPHS Annual Assessment is due each July to report on the previous state fiscal year. Process and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff. System results are published in the annual FPHS Investment Report available at [www.doh.wa.gov/fphs](http://www.doh.wa.gov/fphs).

**BARS Revenue Code:** 336.04.25

**BARS Expenditure Coding** – provided for your reference

562.xx	BARS Expenditure Codes for FPHS activities: see below
10	FPHS Epidemiology & Surveillance
11	FPHS Community Health Assessment
12	FPHS Emergency Preparedness & Response
13	FPHS Communication
14	FPHS Policy Development
15	FPHS Community Partnership Development
16	FPHS Business Competencies
17	FPHS Technology
20	FPHS CD Data & Planning
21	FPHS Promote Immunizations
23	FPHS Disease Investigation – Tuberculosis (TB)
24	FPHS Disease Investigation – Hepatitis C
25	FPHS Disease Investigation – Syphilis, Gonorrhea & HIV
26	FPHS Disease Investigation – STD (other)
27	FPHS Disease Investigation – VPD
28	FPHS Disease Investigation – Enteric
29	FPHS Disease Investigation – General CD
40	FPHS EPH Data & Planning
41	FPHS Food
42	FPHS Recreational Water
43	FPHS Drinking Water Quality
44	FPHS On-site Wastewater
45	FPHS Solid & Hazardous Waste
46	FPHS Schools
47	FPHS Temporary Worker Housing

48	FPHS Transient Accommodations
49	FPHS Smoking in Public Places
50	FPHS Other EPH Outbreak Investigations
51	FPHS Zoonotics (includes vectors)
52	FPHS Radiation
53	FPHS Land Use Planning
60	FPHS MCH Data & Planning
70	FPHS Chronic Disease, Injury & Violence Prevention Data & Planning
80	FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning
90	FPHS Vital Records
91	FPHS Laboratory – Centralized (PHSKC Only)
92	FPHS Laboratory

**Special References (i.e., RCWs, WACs, etc.):**

[FPHS Intent - RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)

[FPHS Committee & Workgroup Charter](#)

[FPHS Steering Committee Consensus Decision Making Model](#)

**Activity Special Instructions:**

**Investments to Each LHJ:**

**1. FPHS Funds to Each LHJ**

These funds are allocated to be used to provide any programs and services within all of the FPHS Definitions. Each LHJ is empowered to prioritize where and how to use these funds to maximize equitable, effective and efficient delivery of FPHS to every community in Washington.

Use BARS expenditure codes from the list above that most closely align with expenditure made.

**Targeted Investments to Each LHJ:**

**2. Assessment Reinforcing Capacity (FPHS definition G.2)**

Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

**3. Assessment – CHA/CHIP (FPHS definitions G.3)**

Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11

**4. Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity (FPHS definitions D, E, F)**

Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60, 562.70, and/or 562.80

**5. CD - NEW SFY 24 Immunization Outreach, Education & Response (FPHS definition C.3)**

Promote immunization education and use of the statewide immunization registry through evidence-based strategies. Funding can also be used to support vaccine-preventable disease response. BARS expenditure codes: 562.21 and/or 562.27

6. **EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity (FPHS definitions B.2, A.C, J.1-3, K.1-2, L.1)**  
These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53
7. **FC - NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)**  
Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: 562.16
8. **FC - NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)**  
Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: 562.13
9. **Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response (FPHS definitions D.1-2, D.4, F.1-3, G.1-3, I.1-2, J.1-J.3, K.1-2)**  
Capacity and infrastructure related to addressing overdose crisis. This includes but is not limited to: Overdose response trainings, convening stakeholders or coordination groups, data analysis, and community education. Use BARS expenditure codes: 562.13, 562.14, 562.15, 562.60, 562.70, 562.80
10. **EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)**  
Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12

**Targeted Investments to Select LHJs – Assuring FPHS Available in Own Jurisdiction:**

11. **CD – Hepatitis C (FPHS definitions C.4.o-p)**  
Address Hepatitis C cases per guidance developed by the FPHS CD SME Workgroup and [DOH’s Hepatitis C Prioritization document](#) with particular emphasis on lab surveillance and investigation of acute cases. Use BARS expenditure codes: 562.24.
12. **CD – Case Investigation Capacity (FPHS definitions C.2, C. 4)**  
Support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities. Use BARS expenditure codes: 562.23-29.
13. **CD – Tuberculosis Program (FPHS definition C.4.q-v)**  
Expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community providers, and coordinate case management for patients with LTBI. Funding allocated to LHJs with high Tuberculosis (TB) burden. Use BARS expenditure codes: 562.23.
14. **Assessment – Localized Epidemiology Capacity – General (Assessment/Surveillance, CHA/CHIP) (FPHS definitions G.1, 2)**  
Provide general assessment epidemiology focused on local public health assessment needs. Use BARS expenditure codes: 562.10 or 11
15. **EPH – Toxicology and Environmental Epidemiology (FPHS definitions B.1, B.2, B.6, B.7)**  
Conduct investigations, research, communications, and data analysis related to toxic exposures. LHJs will work with DOH and tribes to identify environmental epidemiology, toxicology and community engagement needs, and conduct needs assessments on needs for a model program to place capacity closer to the communities potentially affected. Anticipated spending includes, but is not limited to, staffing and travel-related expenses. Use BARS expenditure code: 562.50.

**EPH -- Core Teams (Applies to all EPH Core Team FPHS Investments) (FPHS definition B.1-7)**

Each EPH Core Team investment is for LHJ staff to participate in a cross-jurisdictional topic-specific Core Team. The Core Teams are each tasked with developing one or more model program(s), intended to offer guidance for scalable environmental public health responses relating to their specific sub-topic area(s). Where it makes sense to do so, the Core Teams may also work on implementation of these model programs. The content and output of these model programs will vary depending on the needs and approaches specific to each sub-topic area.

Recipients of these Core Team FPHS funds are required to participate in the associated Core Team for each investment. Recipients may spend these funds towards staffing time necessary to participate and on FPHS-qualifying activities for the specific sub-topic area(s) attached to its associated investment. Each Core Team FPHS investment is distinctive from all other Core Team FPHS investments.

Core Teams exist outside the FPHS structure, in partnership between LHJs and WA DOH, with one co-lead from each. Model programs developed through Core Team work will be made available to all Washington public health agencies.

There are currently six EPH Core Teams. They are listed below, with their sub-topic area(s), as applicable.

- System-Wide Data Management Improvement
- Climate-Change Response
- Lead Exposure
- Water System Capacity
- Homelessness Response
- Safe & Healthy Communities

**Whatcom is receiving funds to participate in these EPH Core Teams:****16. EPH Core Team – Safe & Healthy Communities**

This Core Team develops system capacity to advance EPH perspectives into planning processes such as State Environmental Policy Act (SEPA) work, Health Impact Assessments, Comprehensive Plans, and related environmental review opportunities. The Core Team will develop one or more model program(s) to provide scalable approaches to healthy community planning, which may include wastewater planning and treatment, seawater intrusion in drinking water, ventilation in public buildings, PFAS contamination, climate change challenges, and other emerging topics identified by the Core Team.

- Use BARS expenditure code: 562.40

**17. EPH Core Team – Climate-Change Response**

This Core Team will address environmental health concerns related to climate and the effects of climate change.

- Model program development will start with Wildfire Smoke and Harmful Algal Blooms, and may include other priorities and topics.

**18. EPH Core Team – Water System Capacity**

The goal of this Core Team is to increase LHJ capacity for water resource management and planning.

- Use BARS expenditure code: 562.43 or 53.

**19. EPH Core Team – Homelessness Response**

This Core Team will develop one or more model program(s) for a scalable response to homelessness-related public health concerns.

- Use BARS expenditure code: 562.40

20. One-time funds to update Environmental Health's enterprise permitting and licensing software.

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

**DOH Program Name or Title:** Infectious Disease-Syndemic Prevention Services-  
SSP - Effective January 1, 2024

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

**Contract Number:** CLH32073

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

<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 checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2025 through June 30, 2025

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide Syndemic Prevention Services for infectious diseases (HIV, STI, and Adult Viral Hepatitis), supporting the Office of Infectious Disease (OID) within Department of Health (DOH).

**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
SFY25 SSPS OPIOD HARM RED PROVISO	12405851	N/A	334.04.91	01/01/25	06/30/25	0	34,500	34,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>34,500</b>	<b>34,500</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Syringe Services Programs (SSP): Support for Operations</p> <p>Provide comprehensive SSP to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSPs will operate during scheduled hours to provide all required harm reduction supplies, naloxone, and syringes to prevent transmission of disease and overdose. SSPs will offer referrals to address social determinants of health.</p> <p>Priority populations for Syringe Services Programs include people who use drugs, with a focus on:</p>	<p>SSP operations outcomes include delivering services and tracking:</p> <ul style="list-style-type: none"> <li>number of sterile syringes distributed</li> <li>number of naloxone kits distributed</li> <li>number of participant encounters</li> <li>number of referrals to health and social services</li> </ul> <p>Submit Performance Objectives &amp; Work Plan within the first six months of contract period that will include:</p> <ul style="list-style-type: none"> <li>Outcomes aligned with program strategies and activities.</li> </ul>	<p>Enter deliverable data into the DOH/OID issued database for tracking SSP activities by the 15th of each month following service.</p> <p>Submit Performance Objectives &amp; Work Plan by June 30, 2025.</p>	<p><b>Reimbursement of actual costs incurred, not to exceed \$34,500</b></p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>• People systemically marginalized and underserved due to racism – Black/African American, Latino/Latina/Latine/Latinx, American Indian/Alaska Native people and other communities for whom there are documented health disparities in your region.</li> <li>• People who are unhoused or unstably housed.</li> <li>• People engaged in sex work.</li> <li>• People involved in the criminal legal system.</li> <li>• Gender expansive/transgender individuals.</li> <li>• Gay, bi, and other men who have sex with men.</li> </ul> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 4 Syringe Services Programs: Support for Operations Program Requirements for additional task information.</b></p>	<ul style="list-style-type: none"> <li>• SMART objectives aligned with performance targets</li> <li>• Activities aligned with program outcomes</li> <li>• Timeline for implementation (including staffing of the proposed program, training, etc.)</li> <li>• Anticipated capacity building or technical assistance needs.</li> </ul> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 5 Performance Objectives &amp; Workplans for additional deliverable information.</b></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).

### Program Specific Requirements

#### Special Requirements, Terms and Conditions

##### 1. Definitions

- a. ANONYMOUS SERVICES- HIV Prevention services including condom distribution, outreach and light touch.
- b. CAPACITY BUILDING- The process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently.
- c. CONTRACTOR – For the purposes of this Statement of Work Only, the entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work will be referred to as contractor.
- d. HARM REDUCTION - Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- e. INTEGRATED TESTING- For the purpose of this Statement of Work, Integrated Testing includes Human Immunodeficiency Virus (HIV), Gonorrhea (GC), Chlamydia (CT), Syphilis, Hepatitis C (HCV) and Hepatitis B (HBV).
- f. SOCIAL DETERMINANTS OF HEALTH - Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- g. YOUTH- For purposes of this agreement, the term “youth” applies to persons under the age of 18.

##### 2. Submission of Invoice Vouchers

- a. On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this statement of work and the corresponding OID Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month. Prior approval is required for a different frequency of billing.



- i. The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or as identified by DOH program staff to determine allowability of billed expenses. Risk assessments are completed at the beginning of a new contract for all sub-recipient contracts. Contact your contract manager if you are unaware of your assigned risk level.
  - ii. DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
- b. The CONTRACTOR shall submit all final claims for payment for costs due and payable under this statement of work by July 31, 2025. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

### 3. Program Organization – CONTRACTOR must

- a. The CONTRACTOR must provide a full updated organizational chart, including Board of Directors with contact information if applicable, and staffing plan referencing positions described in the budget narrative.
- b. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart. Any new positions funded through the original contract funds, must have prior DOH approval.
- c. The CONTRACTOR must notify their DOH contract manager within 30 days of any staff vacancies related to contracted positions and provide an updated budget. Any new fiscal staff responsible for invoicing on this contract will need to meet with the assigned OID Contract Manager within 60 days for DOH invoice overview and training.

### 4. Syringe Services Program: Support for Operations Program Requirements

- a. Operate for a minimum of 8 hours per week and 2 days per week.
- b. Provide mobile and/or street outreach (note: programs must have a vehicle for mobile outreach.)
- c. Offer safer injection supplies (see list of required safer injection supplies below).
- d. Submit monthly SSP data in accordance with DOH standards.
- e. Attend required capacity building/training opportunities provided by DOH.
- f. Participate in annual site visits with DOH staff.
- g. Demonstrate structure for receiving and incorporating participant feedback about services.
- h. Partner with relevant local agencies to ensure effective outreach and service provision. (See Scope of Work narrative below for details on MOUs required.)
- i. Develop and maintain a Universal Precautions and Sharps Handling policy and procedure, including clear, written policies on handling biohazardous waste, avoiding unnecessary handling of sharps, and potential needle stick injuries to staff, volunteers, and participants. Programs should follow the universal precaution guidelines established by the CDC and OSHA. SSPs may need to adapt those precautions to accommodate the circumstances of their work (e.g., mobile and outreach settings). Programs should also anticipate the potential of needlestick injury and have a “post-exposure-prophylaxis” protocol included in this document.
- j. All staff and volunteers working directly with participants/clients must complete CPR certification within the first 3 months after contract start date (if not already complete).

**NOTE: Funds from this contract may not be used to purchase basic safer injection supplies (listed below) – Instead, DOH will provide Contractors with supplies.**

**Below is the list of required supplies for SSP to be provided to Contractors by DOH:**

- 1) Syringes (1 cc 27 gauge 1/2", 28 gauge 1/2", and 29 gauge 1/2"; 1 cc 30 gauge 5/16"; 3 cc 25G 1" and 1.5")
- 2) Alcohol pads
- 3) Non-latex tourniquets
- 4) Sterile water
- 5) Sterile saline
- 6) Cookers
- 7) Cottons and/or cellulose filters
- 8) Bandages/gauze
- 9) Sharps containers (1 quart and 2 gallon for distribution, 8 gallon for program use)
- 10) Naloxone
- 11) Amber bags

The exceptions to these supplies are vendor or manufacturer supply shortages. If a program expects to run out of one of these items, please contact DOH immediately.

**5. Performance Objectives & Work Plan:**

- a. Funded Syndemic Prevention Services agencies are required to submit Performance Objectives and Work Plan that provides both a high-level overview of the period of performance and a detailed description of the second year of the contract period. The work plan should incorporate related program strategies and activities. Contractors should propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each activity aligned with performance outcomes. The work plan should include training, capacity building, and TA needs to support the implementation of the funded services. Proposed work plan activities may be adjusted in collaboration with OID staff to better address the overarching goals of the funded services. OID will provide a template that must be used in developing the work plan. Note: Syndemic Contract Year 2 is anticipated to be established for July 1, 2025 to June 30, 2026 dependent on funding allocation.
- b. The contractor should address the following outline in their work plan:
  - i. Contract Year 2 Detailed Work Plan (For each funded service category)
  - ii. Program strategies and activities
  - iii. Outcomes aligned with program strategies and activities
  - iv. SMART objectives aligned with performance targets
  - v. Activities aligned with program outcomes
  - vi. Timeline for implementation (including staffing of the proposed program, training, etc.)
  - vii. Anticipated capacity building or technical assistance needs.
- c. Performance Objectives & Work Plans should be submitted by June 30, 2025.
- d. OID staff are available to support in developing Performance Objectives & Work Plans in collaboration with funded agencies.
- e. Performance Objectives & Work Plans will be reviewed between OID staff and funded agencies at least quarterly. Performance Objectives & Work Plans can be adjusted throughout the period of performance.

**6. Participation in program evaluation activities** – The Contractor is expected to participate in program evaluation activities, including evaluation planning, and collecting and reporting qualitative and quantitative program data, as deemed necessary by OID staff.

**7. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of Syndemic Services**

- a. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
- b. Contractors will be expected to meet with WA DOH OID staff on an annual basis to discuss training and will work with DOH to track shared completion of Capacity Building Needs
- c. All contracted staff will be required to complete training in respect to their role. DOH staff and contracted staff will work together to track completion of required trainings.

**8. CLAS Standards** – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](https://www.allianceforclas.org/)

**9. Participation in Program Monitoring Activities** –

- a. DOH will conduct semi-annual or annual performance site visits in the following areas:
  - i. Integrated testing
  - ii. Syndemic service navigation
  - iii. PrEP Housing

- iv. Syringe Service Programs
  - v. Mail-order naloxone distribution programs
  - vi. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit
- b. **Corrective Action Plans** – DOH may exercise the following options if the CONTRACTOR does not come into compliance or resolution with programmatic and/or fiscal monitoring corrective action plan by the due date(s) identified in the CAP. i. § 200.339 Remedies for noncompliance.

If a non-Federal entity fails to comply with the U.S. Constitution, Federal statutes, regulations or the terms and conditions of a Federal award, the Federal awarding agency or pass-through entity may impose additional conditions, as described in § 200.208. If the Federal awarding agency or pass-through entity determines that noncompliance cannot be remedied by imposing additional conditions, the Federal awarding agency or pass-through entity may take one or more of the following actions, as appropriate in the circumstances:

- (a) Temporarily withhold cash payments pending correction of the deficiency by the non-Federal entity or more severe enforcement action by the Federal awarding agency or pass-through entity.
- (b) Disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance.
- (c) Wholly or partly suspend or terminate the Federal award.
- (d) Initiate suspension or debarment proceedings as authorized under 2 CFR part 180 and Federal awarding agency regulations (or in the case of a pass-through entity, recommend such a proceeding be initiated by a Federal awarding agency).
- (e) Withhold further Federal awards for the project or program.
- (f) Take other remedies that may be legally available

## 10. Contract Management –

### a. Fiscal Guidance

- i. **Indirect** – If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or 10% De Minimus certification of file with DOH. DOH is not able reimburse indirect costs without an approved indirect cost rate or 10% De Minimus certification on file.
- ii. **Advance Payments Prohibited** – DOH funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided. This includes payments of “one-twelfth” of the current fiscal year’s funding.
- iii. **Duplication of Early Intervention Program (EIP) Services** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP.
- iv. **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer gift cards voucher programs to assure that recipients cannot readily convert vouchers into cash.
  - 1) Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services are allowable as incentives for eligible program participants.
  - 2) General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.
  - 3) The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.
- v. **Funds for Needle Exchange Programs Not Allowed with Federal Funding** – CONTRACTOR shall not expend contract federal funds to support needle exchange programs using funds from HIV Community Services Tasks.
- vi. **Travel** – Out of staff travel requires prior approval from DOH and must follow [GSA](#) guidelines and reimbursement rates.

- vii. Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e., case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum the provision of at least two of the three functions detailed here: administrative, educational or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

- viii. Small and Attractive items** – Each Contractor shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. The Contractor shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the Office of the Chief Information Officer (OCIO) IT Security Standard 141 Section 5.8 Mobile Computing and Section 8.3 Media Handling and Disposal at <https://ocio.wa.gov/policies>.

The Contractor shall implement specific measures to control small and attractive assets in order to minimize identified risks. Periodically, the Contractor should perform a follow up risk assessment to determine if the additional controls implemented are effective in managing the identified risks.

Contractor must include, at a minimum, the following assets with unit costs of \$300 or more:

- 1) Laptops and Notebook Computers
- 2) Tablets and Smart Phones

Agencies must also include the following assets with unit costs of \$1,000 or more:

- 1) Optical Devices, Binoculars, Telescopes, Infrared Viewers, and Rangefinders
- 2) Cameras and Photographic Projection Equipment
- 3) Desktop Computers (PCs)
- 4) Television Sets, DVD Players, Blu-ray Players, and Video Cameras (home type)

- ix. Food and Refreshments** – Food and refreshments are not allowable direct costs, unless provided in conjunction with allowable meetings, whose primary purpose is the dissemination of technical information. **Pre-approval** is required when food and refreshments are purchased for these meetings. A sign in sheet with the clients’ ID number from the DOH approved data system as well as an agenda is required to receive reimbursement for these charges.

- 1) The CONTRACTOR shall follow [Healthy Nutrition Guidelines for Meetings and Events | Washington State Department of Health](#) when purchasing food and refreshments for approved meetings.
- 2) Food for staff meetings/training is unallowable.

**PLEASE NOTE:** If meals/refreshments are purchased for allowable meetings, food can only be purchased for clients at the per diem rate. Any expenses over per diem will be denied. [U.S. General Services Administration Per Diem Look Up](#)

- x. **Reimbursement of disallowed costs** – The CONTRACTOR agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.
- b. **Contract Modifications**
  - i. **Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
  - ii. **Contract Amendments – Effective Date** – The CONTRACTOR shall not begin providing services authorized by a contract amendment until the CONTRACTOR has received a signed and fully executed copy of the contract amendment from DOH.
    - 1) Local Health Jurisdiction (LHJ) Contractors – Request for contract amendments must be received no less than 60 days prior to the Draft Due Date identified by the CON CON SOW Schedule on the CON CON Dashboard.
    - 2) Non- LHJ Contractors – Request for contract amendments must be received no later than 60 days prior to the end of the Federal Fiscal Year (FFY) and 90 days prior to end of the State Fiscal Year (SFY). Amendments must be signed prior to the end of the FFY or SFY end date.  
EX. FFY end date is 12/31, contract amendment request due to contract manager by 11/1

#### 11. Content Review and Website Disclaimer Notice

In accordance with all federal guidance, contractors receiving funds through DOH will submit all proposed written materials requiring review for HIV-related scientific or medical accuracy including written materials, audio visual materials, and pictorials, including social marketing and advertising materials, educational materials, social media communications (e.g., Facebook, twitter) and other electronic communications, such as internet/webpages to the OID Content Review Committee. CONTRACTOR shall submit all materials to be reviewed for scientific or medical accuracy to:

Michael Barnes, Washington State Department of Health  
 PO Box 47841  
 Olympia, WA 98504-7841  
 Phone: 360-810-1880  
 Email: Michael.Barnes@doh.wa.gov

For social marketing campaigns and media strategies, please adhere to the program guidance on the review of HIV-related educational and informational materials for CDC assistance programs <https://www.cdc.gov/hiv/pdf/funding/announcements/ps12-1201/cdc-hiv-ps12-1201-content-review-guidance.pdf>

#### 12. Youth and Peer Outreach Workers

All programs, including CONTRACTORS, using youth (either paid or volunteer) in program activities will use caution and judgment in the venues / situations where youth workers are placed. Agencies will give careful consideration to the age appropriateness of the activity or venue. Agencies will also ensure that organizational staff and youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments. Agencies will also maintain and implement appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities.

#### 13. Whistleblower

- a. Whistleblower statute, 41 U.S.C. & 4712, applies to all employees working for CONTRACTOR, subcontractors, and subgrantees on federal grants and contracts. The statute (41 U.S.C. & 4712) states that an “employee of a CONTRACTOR, subcontractor, grantee, or subgrantee, may not be discharged, demoted, or otherwise

discriminated against as a reprisal for “whistleblowing.” In addition, whistleblower protections cannot be waived by an agreement, policy, form, or condition of employment.

- b. The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled “Pilot Program for Enhancement of Contractor Employee Whistleblower Protections.” This program requires all grantees, their subgrantees, and subcontractors to:
  - i. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program
  - ii. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,
  - iii. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

#### 14. Allowable Costs

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.

For information in determining allowable costs, please reference OMB Circulars:

2 CFR200 (State, Local and Indian Tribal governments) at: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

\*\*Disclosure of information is governed by the Washington Administrative Code (WAC) 246-101-120, 520 and 635, and the Revised Code of Washington (RCW) 70.24.080, 70.24.084, and 70.24.105 regarding the exchange of medical information among health care providers related to HIV/AIDS or STI diagnosis and treatment. Please note that CONTRACTORS fit under the definition of “health care providers” and “individuals with knowledge of a person with a reportable disease or condition” in the WAC and RCW.

DOH statutory authority to have access to the confidential information or limited Dataset(s) identified in this agreement to the Information Recipient: RCW 43.70.050  
Information Recipient’s statutory authority to receive the confidential information or li

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

**DOH Program Name or Title:** Injury & Violence Prevention-Overdose Data to Action in States - Effective January 1, 2025

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

**Contract Number:** CLH32073

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

<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, 2025 through August 31, 2025

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to allocate funds to Whatcom County Health & Community Services to implement overdose prevention strategies under the CDC Overdose Data to Action in States (OD2A-S) Cooperative Agreement. Please see the budget tables under the activity table for a breakdown of allocated funds. Please also see the "Program Special Requirements" section at the bottom of the Statement of Work.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 CDC PCH OD2A PREVENTION	77520240	93.136	333.93.13	01/01/25	08/31/25	0	39,313	39,313
SFY25 LOCAL OPI PREV & SUPP POVISO	77550855	N/A	334.04.93	01/01/25	06/30/25	0	16,042	16,042
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>55,355</b>	<b>55,355</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount						
1.	OD2A-S 9.1.1  The LHJ will hire a navigator at the Division Street Behavioral Health Campus Resource Center to provide support and resource navigation to individuals who are at high risk of overdose. This position will work directly with individuals soon after an overdose, at risk of overdose, with a history of overdose, actively using substances, and/or not currently connected to ongoing substance use disorder (SUD)/opioid use disorder (OUD) services.	Progress report update on: <ul style="list-style-type: none"> <li>The hiring process for the navigator</li> <li>The outreach, screening, and linkage work conducted by the navigator</li> <li>The navigator’s efforts to partner with the ED, MOUD providers, and RSD</li> <li>The creation of a leave behind SUD/MOUD guide</li> <li>The establishment of a warm-handoff process</li> </ul>	Progress report updates and performance measure reporting and due to DOH on the following timeline: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Reporting Period</th> <th>Report Due Date</th> </tr> </thead> <tbody> <tr> <td>11/01/24-01/31/25</td> <td>02/01/25</td> </tr> <tr> <td>02/01/25-03/31/25</td> <td>04/01/25</td> </tr> </tbody> </table>	Reporting Period	Report Due Date	11/01/24-01/31/25	02/01/25	02/01/25-03/31/25	04/01/25	Monthly invoices for actual cost reimbursement will be submitted to DOH.  Barring the purchase of naloxone, the LHJ may bill to either of the two MI codes listed in the funding table for time and effort spent on any activity in this statement of work.
Reporting Period	Report Due Date									
11/01/24-01/31/25	02/01/25									
02/01/25-03/31/25	04/01/25									

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame		Payment Information and/or Amount
	<p>The navigator will provide outreach supplies, brief screenings, information and linkages to community-based care, crisis intervention, follow-up response, and transportation. The navigator will partner closely with the emergency department, local medications for opioid use disorder (MOUD) providers, and WCHCS’s Response Systems Division (RSD).</p> <p>The LHJ will create a leave behind SUD/MOUD resource guide.</p> <p>The LHJ will establish a referral and warm-handoff processes from the navigator to WCHCS’s SSP and MOUD providers.</p>	<p>Quarterly performance measure reporting on the data that is relevant to this activity. Please see the deliverables/outcomes tied to the “Evaluation Requirements” activity for a full list of performance measures.</p>	04/01/25-06/30/25	07/01/25	<p>Total of all invoices for FFY24 CDC PCH OD2A PREVENTION will not exceed \$39,313 through August 31, 2025.</p> <p>Total of all invoices for SFY25 LOCAL OPI PREV &amp; SUPP POVISO will not exceed \$16,042 through June 30, 2025.</p>
2.	<p>OD2A-S 9.1.2</p> <p>The navigator will conduct naloxone, harm reduction, and trauma-informed care trainings.</p> <p>The navigator will become oriented to the Response Services Division (RSD) and Syringe Services Program (SSP) case management programs. The LHJ will establish and implement a referral process from the navigator to RSD and SSP case management and outreach participants from the population of focus.</p> <p>The LHJ will obtain participant feedback about support received by the navigator and subsequent case management.</p>	<p>Progress report update on:</p> <ul style="list-style-type: none"> <li>• The topics and locations of trainings conducted by the navigator</li> <li>• The navigator’s process becoming familiar with the case management programs at the RSD and SSP</li> <li>• The establishment of a referral process</li> <li>• Any participant feedback collected</li> </ul> <p>Quarterly performance measure reporting on the data that is relevant to this activity. Please see the deliverables/outcomes tied to the “Evaluation Requirements” activity for a full list of performance measures.</p>	<p>Note: All final A-19 invoices for the SOW period of performance are due to DOH no later than 60 days after the end of the performance period. Because progress reports are considered supporting documentation for A-19 invoice submission, the final progress report of this contract budget period is due on the same date that the final A-19 invoice for this budget period must be submitted.</p>		
3.	<p>OD2A-S 9.1.3</p> <p>The LHJ will conduct outreach to their population of focus and refer appropriate participants to WCHCS’s Street Medicine ARNP within 72 hours of an overdose for Suboxone bridge prescription until ongoing MOUD is available. They will provide warm hand-offs and referrals to ongoing MOUD within 7 days of contact.</p> <p>The LHJ will review linkages to care data and identify any changes in approach, obtain participant feedback about support received by the navigator, and obtain</p>	<p>Progress report update on:</p> <ul style="list-style-type: none"> <li>• Outreach conducted to the population of focus</li> <li>• The process to make referrals to the WCHCS ARNP and ongoing MOUD</li> <li>• Any changes in approach identified as a need by linkage to care data or participant/partner feedback</li> <li>• The process to build partnerships with local SUD outreach providers and provide education</li> </ul>			



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>community partner feedback about the continuum of care.</p> <p>The navigator will build partnerships with local SUD and outreach providers and provide community education about their position and scope of work.</p> <p>The LHJ will establish and implement a referral process from community providers and 911 dispatch/EMS to their navigation services and outreach their population of focus. The LHJ will refer appropriate participants to the RSD Street Medicine ARNP within 72 hours of an overdose for Suboxone bridge prescription until ongoing MOUD available. The LHJ will provide warm hand-offs and referrals to ongoing MOUD within 7 days of contact.</p> <p>The LHJ will review the time it takes to connect with an individual after an overdose as well as linkages to care data to determine any needed process changes. They will also obtain participant feedback about support received by navigator.</p> <p>The LHJ will present data to Community Paramedicine programs and local fire departments to bolster EMS referrals after an overdose.</p>	<ul style="list-style-type: none"> <li>• The implementation of a referral process from community providers and 911 dispatch/EMS to their navigation services</li> <li>• The process to make referrals to the RSD ARNP and ongoing MOUD</li> <li>• Any insights gathered from reviewing connection time data and participant feedback.</li> <li>• The kinds of data presented to community paramedicine programs and whether EMS referrals were bolstered in response</li> </ul> <p>Quarterly performance measure reporting on the data that is relevant to this activity. Please see the deliverables/outcomes tied to the “Evaluation Requirements” activity for a full list of performance measures.</p>		
4.	<p>OD2A-S 9.2.1</p> <p>The navigator will form partnerships with local SUD and outreach providers and the LHJ will explore/establish a designated health provider/group to review DOH Prescription Monitoring Program (PMP) monthly and report to the navigator.</p> <p>The LHJ will explore/establish relationship with ScalaNW to track appointment attendance for referrals made from PeaceHealth St. Joseph Medical Center (PHSJ)’s Emergency Department as appropriate.</p> <p>The LHJ will establish care coordination meetings with linkage to care agencies explore/establish a reporting tool from linkage to care agencies related to</p>	<p>Progress report update on:</p> <ul style="list-style-type: none"> <li>• Process to establish partnerships with local SUD providers</li> <li>• Process of exploring/establishing a designated health provider group</li> <li>• Engagement with ScalaNW</li> <li>• Establishment of care coordination meetings</li> <li>• Process of exploring/establishing a reporting tool as needed</li> <li>• The process of reviewing appointment attendance data and participant feedback to outreach those identified as needing support, including how these individuals were identified</li> </ul>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	appointment attendance as needed. The LHJ will review appointment attendance data and outreach those needing support in reconnecting to services and obtain participant feedback about treatment interruptions.	Quarterly performance measure reporting on the data that is relevant to this activity. Please see the deliverables/outcomes tied to the "Evaluation Requirements" activity for a full list of performance measures.		
5.	<p>Maintain partnerships</p> <p>The LHJ will maintain partnerships with EMS, Fire, 911 dispatch, St. Joseph Medical Center, MOUD treatment providers among others to maintain the communication channel to receive referrals.</p>	Progress report update on the maintenance of partnerships to support referrals and linkage to care.		
6.	<p>Maintain communication with DOH</p> <ul style="list-style-type: none"> <li>• The LHJ will meet virtually with the DOH contract manager on a monthly or quarterly basis.</li> <li>• When requested, the LHJ will join meetings with DOH and CDC OD2A-S project officers to provide updates on the implementation of the statement of work activities.</li> </ul> <p>The LHJ will participate in quarterly calls with DOH and other recipients of this funding to share lessons learned, successes, and challenges.</p>	<ul style="list-style-type: none"> <li>• Monthly or quarterly meetings</li> <li>• Meetings with CDC as requested</li> <li>• Participate in quarterly calls with all grantees</li> </ul>		
7.	<p>Evaluation requirements</p> <p>The LHJ will engage in evaluation activities in the following ways:</p> <ul style="list-style-type: none"> <li>• Collect data on CDC performance measures to support DOH evaluation plan.</li> <li>• Provide answers to contextual performance measures questions.</li> <li>• Collaborate with the DOH evaluator on a Targeted Evaluation Project (TEP) that will provide a greater understanding of navigation activities.</li> </ul> <p>Support other evaluation tasks as requested, to meet overall CDC evaluation requirements.</p>	<p>DOH will provide a template for the collection of the following quantitative data:</p> <ul style="list-style-type: none"> <li>• Total number of harm reduction service encounters (e.g., in-person, mail, telephone, online)</li> <li>• Zip code where harm reduction services were provided (list "unknown" when location is unknown)</li> <li>• Total number of navigators located in a harm reduction setting or other setting</li> <li>• Number of referrals to harm reduction services for each race ethnicity</li> <li>• If possible, total number of hours spent by each navigator on linkage to care or referral efforts</li> <li>• Type of organization where naloxone was distributed (SSP, faith-based organizations, schools, etc.)</li> </ul>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> <li>• Zip code where naloxone was distributed (list “unknown” when unknown)</li> <li>• Number of naloxone doses distributed at each type of organization</li> <li>• Number of service encounters involving drug checking</li> <li>• Zip code for drug checking encounters (list “unknown” when unknown)</li> <li>• Number of referrals to MOUD for each race/ethnicity</li> <li>• Number of referrals to behavioral health treatment only (without MOUD) for each race/ethnicity</li> <li>• Number of other referrals, if not to MOUD and behavioral health, with a description of the type of referral</li> </ul> <p>DOH will provide a template for the collection of the following qualitative data:</p> <ul style="list-style-type: none"> <li>• How has access to care or treatment has been improved, and what new/existing community assets were leveraged?</li> <li>• What are the barriers for people accessing harm reduction services in your jurisdiction?</li> <li>• What are barriers to accessing or receiving naloxone?</li> <li>• Describe what types of navigators are included in the data reported</li> <li>• Describe methods to support navigators</li> </ul>		

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

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

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

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

**Program Specific Requirements**

**Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):** Reimbursement for the purchase of naloxone can only be billed to SFY25 LOCAL OPI PREV & SUPP POVISO. The LHJ must have received prior approval from the DOH contract manager to purchase naloxone.

**Billing Requirements:**

DOH awards funding through reimbursement-based billing. Invoices must be submitted monthly on an A19-1A invoice voucher.

**Budget Table**

For the entire LHJ OD2A-S Year 1 Budget Period (11/1/24-8/31/25)

Salaries	\$41,703
Benefits	\$21,269
<b>Direct Costs Total</b>	\$62,972
<b>Indirect Costs @ 27.2%</b>	\$17,128
<b>TOTAL BUDGET</b>	\$80,100

\*The LHJ must receive written approval from DOH before making any changes to the SOW activities or itemized budget.

\*If the LHJ intends to request reimbursement for indirect costs, the LHJ must have an unexpired cost-rate approval letter on file with DOH. Payment for indirect costs may be withheld until an up-to-date approval letter is received by DOH.

**Breakdown of funds allotted over the entire LHJ OD2A-S Year 1 Budget Period (11/1/24-8/31/25)**

**November 1, 2024-December 31, 2024** ConCon SOW (Last amendment of the 2022-2024 ConCon Term)

Funding Source	MI Title	Allocation	Must be spent by
Federal Funds			
OD2A-S Year 1 Funds	FFY24 CDC OD DATA TO ACTION PREV	\$16,848	12/31/24 (unspent funds roll over)
State Funds			
Time Limited State Enhancement	SFY25 LOCAL OPI PREV & SUPP POVISO	\$9,625	12/31/24 (unspent funds roll over)

Unspent funds from the 9/1/24-12/31/24 ConCon SOW will be allotted to you in a later 2025 ConCon amendment.

**January 1, 2025-August 31, 2025** ConCon SOW (First amendment of the 2025-2027 ConCon Term)

Funding Source	MI Title	Allocation	Must be spent by
Federal Funds			
OD2A-S Year 1 Funds	FFY24 CDC PCH OD2A PREVENTION	\$39,313	8/31/25
OD2A-S OTE Funds*	TBD		8/31/25
State Funds			
Time Limited State Enhancement	SFY25 LOCAL OPI PREV & SUPP POVISO	\$16,042	6/30/25

\*OTE = One-Time Enhancement Funds. LHJs that applied for and were approved to receive One-Time Enhancement funds will receive those funds if DOH’s request for expanded authority is approved by the CDC.

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

**DOH Program Name or Title:** Injury & Violence Prevention-LHJ Opioid Campaign Proviso – Effective January 1, 2025

**Local Health Jurisdiction Name:** Whatcom County Health & Community Services  
**Contract Number:** CLH32073

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

<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 checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2025 through June 30, 2025

**Statement of Work Purpose:** Opioid abatement settlement account—state appropriation is provided solely for the department to administer grants to local health jurisdictions for opioid and fentanyl awareness, prevention, and education campaigns.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SFY25 LHJ OPIOID CAMPAIGN PROVISIO	77550853	N/A	334.04.93	01/01/25	06/30/25	0	84,375	84,375
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>84,375</b>	<b>84,375</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	The LHJ will translate and re-print rack cards and posters into Spanish for distribution within the community regarding Opioid/Fentanyl prevention and overdose.	<ul style="list-style-type: none"> <li>The timeline for translation.</li> <li>Information source for the updates.</li> <li>Timeline on distribution.</li> <li>Ares targeted for new posters and rack cards.</li> </ul>	Monthly progress reports to DOH for updates on the implementation of all tasks.  Due Dates: January due February 1, 2025 February due March 1, 2025 March due April 1, 2025 April due May 1, 2025 May due June 1, 2025 All June due June 30, 2025	Monthly invoices for actual cost reimbursement will be submitted to DOH Total of all invoices will not exceed \$84,375 through June 30, 2025
2	The LHJ will print materials (translated materials and re-printing of existing stock) regarding the current toolkit “Opioid use disorder can happen to anyone. Whatcom has hope.”	<ul style="list-style-type: none"> <li>The progress of the printing and translation of materials.</li> <li>Source of translation and updates printed materials.</li> <li>Targeted areas.</li> </ul>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	The LHJ will expand on their current campaign of “Whatcom has Hope “through use of a subcontractor for more concise messaging.	<ul style="list-style-type: none"> <li>• What kinds of messaging was developed</li> <li>• Target areas to be reached.</li> <li>• Message source.</li> </ul>		
4	The LHJ will purchase three (3) bus ad spaces for displaying the messages.	<ul style="list-style-type: none"> <li>• Development of an ad campaign</li> <li>• The types of messaging being developed and goals of this messaging</li> <li>• How messaging is being tailored for specific groups</li> <li>• What areas are the bus routes in</li> </ul>		
5	The LHJ will develop a new video ad for the movie theatre.	<ul style="list-style-type: none"> <li>• Development of a video ad</li> <li>• The types of messaging being developed and goals of this messaging</li> <li>• How messaging is being tailored for specific groups</li> </ul>		
6	The LHJ will develop 1-2 /30-second audio public service announcements (PSAs)	<ul style="list-style-type: none"> <li>• Development of an audio PSA</li> <li>• The types of messaging being developed and goals of this messaging</li> <li>• How messaging is being tailored for specific groups</li> <li>• Media channel being used to send message</li> </ul>		
7	The LHJ will develop 5-10 new social media ads.	<ul style="list-style-type: none"> <li>• Development of a media campaign</li> <li>• The types of messaging being developed and goals of this messaging</li> <li>• How messaging is being tailored for specific groups</li> <li>• Media sources being used</li> </ul>		
8	The LHJ will develop 1-2 new animated videos.	<ul style="list-style-type: none"> <li>• Development of animated videos</li> <li>• The types of messaging being developed and goals of this messaging</li> <li>• How messaging is being tailored for specific groups</li> <li>• Where they are being displayed</li> </ul>		
9	The LHJ will expand and develop new assets around opioid use disorder and harm reduction messaging. The LHJ is hoping to advertise in movie theaters, on buses,	<ul style="list-style-type: none"> <li>• Development of new assets campaign</li> <li>• The types of messaging being developed and goals of new assets</li> </ul>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	local radio, including Pandora, Spotify, etc. Printed materials available for distribution and translated into specific languages.	<ul style="list-style-type: none"> <li>How messaging is being tailored for specific groups</li> </ul>		
10	The LHJ will partner with the Syringe Services Program to create local videos to show how to use Naloxone and where to obtain it. The area currently has five free 24/7 kiosks around our county, and there is a need to highlight that to the public.	<ul style="list-style-type: none"> <li>Development of video</li> <li>The types of messaging being developed and goals of this messaging</li> <li>How messaging is being tailored for specific groups</li> <li>Who are the targeted audiences</li> </ul>		

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### **Program Specific Requirements**

#### **Billing Requirements:**

DOH awards funding through reimbursement-based billing. Invoices must be submitted monthly on an A19-1A invoice voucher. DOH must receive all complete final invoices within 60 days of the end of the budget period for this statement of work.

#### **Special Instructions:**

This SOW is the Consolidated Contracts period 2025-2027 that ends on June 30, 2025. Activities and due dates in this SOW are for the state fiscal year 25 that ends on 6/30. The budget allocation in this contract reflects a portion of the total budget shown in the below budget table.

### **Budget Table**

Line Item	Allocation	Justification
Goods and Services	\$75,000	
Print materials	\$5,000	Brochures, cards etc.
Translation services	\$2,000	For translation to Spanish
Paid media	\$68,000	TV, Radio, digital
Subcontracts	\$60,000	
Design Company		TBD (likely Shew Design, who did the Whatcom Has Hope campaign) Tentative Scope of Work includes Updating messaging/designs; Developing additional materials; Facilitate media buys; Facilitate printing

		Tentative Contract Timeline: Nov. 2024 - Jan. 2025 - finalize scope of work with contractor; update existing materials; develop new materials. Feb. 2025 - finalize media buys. March 2025 - June 2025: run campaign
Translation Services		TBD (likely Glyph Localization and Translation Services, who WCHCS already has a contract with) Scope of Work includes Translate existing campaign materials as needed; Translate new materials as needed; Voiceovers of videos/audio ads Contract Timeline: Dec. 2024 - Feb. 2025
Campaign adaption		Adapting campaign for tribal communities - TBD (likely Lummi Nation) Scope of Work: Adapting campaign for local tribal communities Timeline: Jan.-March 2025
Administrative costs/indirect	\$15,000	10%
TOTAL	\$150,000	

The LHJ must receive written approval from DOH before making any changes to the SOW activities or itemized budget.



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

<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, 2025 through September 30, 2025

**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:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY25 HRSA MCHBG LHJ CONTRACTS	78101251	93.994	333.93.99	01/01/25	09/30/25	0	106,632	106,632
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>106,632</b>	<b>106,632</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
				See Program Specific Requirements and Special Billing Requirements.
<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.
<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.	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	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			July 15, 2025 August 15, 2025 September 15, 2025	
<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.

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

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

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

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

**Program Specific Requirements**

**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\(wa.gov\)](#)

[Health Services Authorization \(HSA\) Form](#)

**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 approved budget workbook.

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

**DOH Program Name or Title:** Office of Drinking Water Group A Program - Effective January 1, 2025

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

**Contract Number:** CLH32073

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Contractor <input checked="" 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 type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2025 through December 31, 2027

**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:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SANITARY SURVEY FEES	24112522	N/A	346.26.65	01/01/25	06/30/25	0	3,200	3,200
YR 27 SRF - LOCAL ASST (15%) SS	24119227	N/A	346.26.64	01/01/25	06/30/25	0	3,200	3,200
YR 27 SRF - LOCAL ASST (15%)TA	24119227	N/A	346.26.66	01/01/25	06/30/25	0	4,000	4,000
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>10,400</b>	<b>10,400</b>

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

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

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

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

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

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

**Program Specific Requirements**

**Data Sharing**

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

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

**Special References:** Chapter 246-290 WAC is the set of rules that regulate Group A water systems. By this statement of work, ODW contracts with the LHJ to conduct sanitary surveys (and SPIs and provide technical assistance) for small community and non-community water systems with groundwater sources. ODW retains responsibility for conducting sanitary surveys (and SPIs and provide technical assistance) for small community and non-community water systems with surface water sources, large water systems, and systems with complex treatment. LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. See special instructions under Task 4, below.

**Special Billing Requirements**

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of **\$10,400 for Task 1, and \$4,000 for Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

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

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

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

**Special Instructions**

**Task 1**

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

- No more than **3** surveys of non-community systems with three or fewer connections be completed between January 1, 2025 and December 31, 2025.
- No more than **8** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2025 and December 31, 2025.

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

**Task 2**

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

**Task 3**

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

**Task 4**

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



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

**DOH Program Name or Title:** Office of Drinking Water Group B Program – Effective January 1, 2025

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

**Contract Number:** CLH32073

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

<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
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**Period of Performance:** January 1, 2025 through June 30, 2025

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

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SFY2 GFS – GROUP B	24110853	N/A	334.04.90	01/01/25	06/30/25	0	12,939	12,939
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>12,939</b>	<b>12,939</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) with DOH identifying responsibilities of a FULL Group B program.	January 1, 2025 thru June 30, 2025	Lump sum payment (See Special Billing Requirements)

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**Special Billing Requirements:**

For January 1, 2025 thru June 30, 2025, LHJ shall submit one invoice no later than June 30, 2025 and payment cannot exceed a maximum cumulative fee of \$12,939.

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

**DOH Program Name or Title:** Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2025

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

**Contract Number:** CLH32073

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

<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, 2025 through June 30, 2025

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

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 CDC PPHF OPS	74310246	93.268	333.93.26	01/01/25	06/30/25	0	13,470	13,470
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>13,470</b>	<b>13,470</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	January 15, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	Within six (6) months of the start of the contract provide a Budget Forecast.	Submission of Budget Forecast form provided by Department of Health stating spend down of remaining funds.	January 15, 2025	
3	Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates] Examples: <ul style="list-style-type: none"> <li>▪ Increased partner knowledge on immunization guidelines</li> <li>▪ Change in attitudes about childhood vaccines</li> </ul>	Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?].  (Template will be provided)	June 16, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>▪ Increase in school district immunization coverage rates</li> </ul>			

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

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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**

**Unallowable Costs:**

There are limitations from the funding source on allowable costs for this contract. If the contractor is unsure if a cost is allowable, they should contact the contract manager for approval of the cost prior to making the purchase or charge.

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs
- Fundraising Cost
- Goods and services for personal use
- Honoraria
- Independent Research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- Payment of a bad debt, collection of improper payments
- Promotional and/or incentive materials (e.g., plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle Purchase

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

**DOH Program Name or Title:** Office of Resiliency & Health Security-PHEP - Effective January 1, 2025

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

**Contract Number:** CLH32073

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

<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, 2025 through July 30, 2025

**Statement of Work Purpose:** The purpose of this statement of work is to establish funding and tasks for LHJs to strengthen their capacity and capability around the Public Health Response Readiness Framework (CDC) to prepare for, respond to, and recover from public health threats and emergencies through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions as described in the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. Many LHJs support a position responsible for public health emergency preparedness and response. LHJs use different titles for these positions. DOH wants to be respectful of this diversity and refers to the people who fill these important roles as Public Health Emergency Response Coordinators.

This Statement of Work includes 40% of the total allocation of these funds. Once all invoices from the July - December 2024 Statement of Work have been submitted and paid, any funds remaining from the previously awarded 60% will be added in an amendment to this January - June 2025 Statement of Work.

Guidance Documents - LHJs are strongly encouraged to use the Guidance Documents listed in the Program Specific Requirements in the bottom section of this Statement of Work.

**Revision Purpose:** NA

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			
FFY24 PHEP BP1 - CDC - LHJ PARTNERS	31602241	93.069	333.93.06	01/01/25	06/30/25	0	62,455	62,455
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>62,455</b>	<b>62,455</b>

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<b>1</b> <b>Contact Information</b>  Framework 2 – Enhance Partnerships	Submit names, position titles, email addresses, and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.	Submit any changes within 30 days of the change.  End-of-year reports on template provided by DOH. Note any changes or no changes.	Within 30 days of the change.  June 30, 2025	Reimbursement for actual costs not to exceed total funding allocation amount.

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<p><b>2</b> <b>LHJ Performance Measures</b></p> <p>Framework 6 – Modernize data collection and systems</p>	<p>Submit LHJ Performance Measure Data as requested on the form provided by DOH.</p>	<p>LHJ Performance Measure Data on the form provided by DOH.</p>	<p>June 30, 2025</p>	
<p><b>3</b> <b>Additional Information Required by CDC</b></p> <p>Framework 4 – Improve administrative and budget preparedness systems</p>	<p>Submit additional information as requested by DOH to comply with federal grant requirements.</p> <p>Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including the mid-year and end-of-year reports.</p>	<p>Information requested by DOH.</p>	<p>As requested by DOH.</p>	
<p><b>4</b> <b>Risk Assessment</b></p> <p>Framework 1 – Develop threat-specific approach</p> <p>Framework 3 – Expand local support</p> <p>Framework 8 – Incorporate health equity practices</p>	<p>Complete the public health disaster risk assessment developed by the University of Washington (UW) (available early February 2025) reflecting the needs of the whole LHJ.</p> <p>DOH and/or UW will provide the tool and technical assistance.</p>	<p>Public Health Disaster Risk Assessment</p>	<p>June 30, 2025</p>	
<p><b>5</b> <b>Planning</b></p> <p>Framework 4 – Improve administrative and budget preparedness systems</p> <p>Framework 8 – Incorporate health equity practices</p>	<p>Complete multiyear integrated preparedness plan using lessons learned from emergency responses, with critical response and recovery partners.</p> <p>Engage partners to incorporate health equity principles.</p> <p>Including (but not limited to):</p> <ul style="list-style-type: none"> <li>• Administrative preparedness plans.</li> <li>• Recovery operations.</li> <li>• Incident response improvement plan data elements.</li> </ul>	<p>Multiyear integrated preparedness plan.</p>	<p>June 30, 2025</p>	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<p><b>6</b> <b>Planning - IPPW</b></p> <p>Framework 2 – Enhance Partnerships</p> <p>Framework 5 – Build workforce capacity</p> <p>Framework 10 – Prioritize community recovery efforts</p>	<p>Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>Participate in the DOH Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for early 2025.</p>	<p>End-of-year reports on template provided by DOH.</p> <p>Participation in IPPW.</p>	June 30, 2025	
<p><b>7</b> <b>Communication &amp; Planning</b></p> <p>Framework 7 – Strengthen risk communication activities</p>	Develop or update crisis and emergency risk communication and information dissemination plans.	End-of-year reports on template provided by DOH.	June 30, 2025	
<p><b>8</b> <b>Training</b></p> <p>Framework 5 – Build workforce capacity</p>	<p>Complete training to ensure baseline competency and integration with preparedness requirements.</p> <p>Participate in at least one public health emergency preparedness, response, or recovery training.</p> <p>Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement.</p> <p>Work with Public Health Emergency Response Coordinators to review public health preparedness and response plans and identify gaps, priorities, and training needs.</p> <p>Integrate administrative and budget preparedness recommendations into training.</p> <p>Recommended Training:</p>	End-of-year reports on templates provided by DOH, including title, date(s), sponsor of the training or conference, and summary of what you learned.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
	<p>Public health preparedness and recovery staff, including exercise planning staff:</p> <ul style="list-style-type: none"> <li>• Incident Command System (ICS) 100: Introduction to ICS</li> <li>• ICS 700: An Introduction to the National Incident Management System (NIMS)</li> <li>• ICS 800: National Response Framework. An Introduction</li> <li>• IS-120.C: An Introduction to Exercise</li> <li>• IS-2900.A: National Disaster Recovery Framework (NDRE) Overview</li> <li>• Homeland Security Exercise and Evaluation Program</li> <li>• Preparation for Resource Providers</li> </ul> <p>Health Department supervisory positions:</p> <ul style="list-style-type: none"> <li>• ICS 200: Basic ICS for Initial Response</li> <li>• Independent Study (IS)-2200: Basic Emergency Operations Center Functions</li> </ul> <p>Staff with designated response roles:</p> <ul style="list-style-type: none"> <li>• ICS 300: Intermediate ICS for Expanding Incidents</li> <li>• Crisis and Emergency Risk Communication (CERC)</li> </ul> <p>Senior staff who support the management of large/complex responses (incidents across multiple locations or over a large area):</p> <ul style="list-style-type: none"> <li>• ICS 400: Advanced ICS</li> </ul> <p>Notes: Prior approval from DOH is required for any out-of-state travel paid for with PHEP funding.</p> <p>Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above.</p>			
<p><b>9</b> <b>Exercising</b>  Framework 2 –</p>	<p>Participate in at least one exercise by June 30, 2025.</p> <ul style="list-style-type: none"> <li>• Include critical response and recovery partners.</li> <li>• Engage partners to incorporate health equity principles.</li> </ul>	<p>End-of-year reports on template provided by DOH.</p>	<p>June 30, 2025</p>	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<p>Enhance Partnerships</p> <p>Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies</p>	<ul style="list-style-type: none"> <li>Integrate administrative and budget preparedness recommendations.</li> <li>Complete AAR/IP for the exercise by June 30th, 2025.</li> </ul> <p>Note: This may include developing and conducting exercises or participating in exercises developed and conducted by another organization, such as other LHJs.</p>	<p>Improvement Plans available upon request.</p>		
<p><b>10</b></p> <p><b>Communication &amp; Exercising</b></p> <p>Framework 7 – Strengthen risk communication activities</p>	<p>Identify and implement communication monitoring media relations, and digital communication strategies in exercises.</p> <p>Include communications and/or Public Information Officer in exercises or real world event to identify and implement communication monitoring, media relations, and digital communication. This may include one or more exercises by June 30, 2025.</p>	<p>End-of-year reports on template provided by DOH.</p>	<p>June 30, 2025</p>	
<p><b>11</b></p> <p><b>MCM</b></p> <p>Framework 1 – Develop threat-specific approach</p> <p>Framework 10 – Prioritize community recovery efforts</p>	<p>Maintain ability to procure, store, manage, and distribute medical materiel.</p> <p>Maintain ability to dispense and administer medical countermeasures (MCM).</p> <p>Attend an MCM quarterly meeting for the non-CRI LHJs.</p> <p>Continue to show capabilities by submitting updated MCM plans as needed.</p>	<p>End-of-year reports on template provided by DOH.</p>	<p>June 30, 2025</p>	
<p><b>12</b></p> <p><b>DOH Duty Officer</b></p> <p>Framework 7 – Strengthen risk communications activities</p>	<p>Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.</p>	<p>End-of-year reports on template provided by DOH.</p>	<p>June 30, 2025</p>	



Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<b>13 WASECURES</b>  Framework 7 – Strengthen risk communication activities	Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as the primary notification system.  Participate in DOH-led notification drills. Conduct at least one LHJ drill using the LHJ-preferred staff notification system.  Notes: <ul style="list-style-type: none"> <li>• Registered users must log in (or respond to an alert) quarterly at a minimum.</li> <li>• DOH will provide technical assistance to LHJs on using WASECURES.</li> <li>• LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents.</li> </ul>	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>14 Communication &amp; Communities of Focus</b>  Framework 10 – Prioritize community recovery efforts	Identify and implement specific crisis and emergency risk communication activities that meet the diverse needs of local community-based organizations that support people who may be disproportionately impacted by the public health impacts of a disaster.  DOH will work with LHJs to serve the needs of the socially vulnerable community members in their jurisdictions with a focus on public health equity.	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>15 Healthcare Coalition (HCC) Participation</b>  Framework 3 – Expand local support	During each reporting period (Jul – Dec and Jan- Jun), participate in two or more of the following activities with the Northwest Healthcare Response Network (NWHRN) or the Healthcare Alliance (HCA): <ul style="list-style-type: none"> <li>• Meetings</li> <li>• Communication</li> <li>• Planning</li> <li>• Training</li> <li>• Exercises</li> </ul>	End-of-year reports on template provided by DOH.	June 30, 2025	

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

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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](https://USASpending.gov) by DOH as required by P.L. 109-282.

### **Program Specific Requirements**

#### **Special Requirements:**

**Guidance Documents** - LHJs are strongly encouraged to use the following documents to inform their implementation of activities in this statement of work:

*Washington State Doctrine for Enhancing Resiliency, Health Security, Response, and Recovery.*  
DOH will provide a copy.

*Public Health Response Readiness Framework (CDC) -- 2024-2028 PHEP Program Priorities – Defines Excellence in Response Operations*  
[Implementing Public Health Response Readiness Framework | State and Local Readiness | CDC](#)

*Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health*  
[Public Health Emergency Preparedness and Response Capabilities | State and Local Readiness | CDC](#)

*2024 PHEP Cooperative Agreement Guidance/Budget Period 1*  
[2024-2028 PHEP Cooperative Agreement Guidance/Budget Period 1 | State and Local Readiness | CDC](#)

#### **Follow all Federal requirements for use of Federal funds:**

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200

Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards

[CFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

#### **The following expenses are not allowable with these funds:**

- Clothing (except for vests to be worn during exercises or responses).
- Incentives.
- Items to be given to community members (members of the public).
- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

#### **Preapproval from DOH is required to use these funds for:**

- Contracting.
- Purchasing food or beverages (unless employees are in travel status, then reimbursement of food and beverages is allowable).
- Purchasing equipment (see definition of equipment in 2 CFR 200, link above).
- Disposition of equipment with a current value of (see 2 CFR 200, link above).
- Leasing vehicles.
- Out of state travel.

Note: Preapproval is no longer required for paying overtime.

See also DOH *A19 Documentation Matrix* for additional expenses that may require preapproval.

**BILLING:**

**All expenses on invoices must be related to Statement of Work Tasks.**

**Submit invoices monthly** on a signed A19 with backup documentation appropriate for risk level. DOH will provide A19 and risk level.

- If invoices include indirect costs, there must be a DOH approved indirect rate cost agreement.
- If there are no expenses related to this Statement of Work for a month, let the DOH Fiscal Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

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

**DOH Program Name or Title:** Recreational Shellfish Activities - Effective January 1, 2025

**Local Health Jurisdiction Name:** Whatcom County Health & Community Services  
**Contract Number:** CLH32073

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

**Period of Performance:** January 1, 2025 through June 30, 2025

<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 checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide funds for shellfish harvesting safety.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
REC. SHELLFISH/BIOTOXIN	26402600	N/A	334.04.93	01/01/25	06/30/25	0	5,500	5,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>5,500</b>	<b>5,500</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>Biotoxin Monitoring</b> <ul style="list-style-type: none"> <li>Collect monitoring samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected.</li> <li>Conduct emergency biotoxin sampling when needed.</li> <li>Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed.</li> <li>Issue biotoxin news releases during biotoxin closures in Whatcom County.</li> <li>This task may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring.</li> </ul>	Submit annual report on DOH approved format of activities for the year, including the number of sites monitored and samples collected, and number and names of beaches posted with signs.	Email Report to DOH by February 18, 2025  (See Special Instructions below.)	\$5,250

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<b>Outreach</b> <ul style="list-style-type: none"> <li>• Staff educational booths at local events.</li> <li>• Distribute safe shellfish harvesting information.</li> </ul>	Submit annual report including the number of events staffed and amount of educational materials distributed.	Email Report to DOH by February 18, 2025  (See Special Instructions below.)	\$250

**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).

### **Program Specific Requirements**

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

Department of Health's Biotxin Monitoring Plan

#### **Special References (i.e., RCWs, WACs, etc.):**

Chapter 246-280 WAC

<https://doh.wa.gov/community-and-environment/shellfish/recreational-shellfish>

<https://doh.wa.gov/about-us/programs-and-services/environmental-public-health/environmental-health-and-safety/about-shellfish-program/about-biotoxins-and-illness-prevention-program>

#### **Special Instructions:**

Report for work performed in 2024 must be submitted via email to Liz Maier ([liz.maier@doh.wa.gov](mailto:liz.maier@doh.wa.gov)) by February 18, 2025.

The report format will be provided by DOH and may be modified throughout the period of performance via email announcement.

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

**DOH Program Name or Title:** Youth Cannabis & Commercial Tobacco Prevention Program - Effective January 1, 2025

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

**Contract Number:** CLH32073

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

<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 checked="" type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

**Period of Performance:** January 1, 2025 through June 30, 2025

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

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

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 TOBACCO-VAPE PREV CDC COMP 1 (CDC)	77410240	93.387	333.94.38	01/01/25	04/28/25	0	18,886	18,886
SFY25 YOUTH TOBACCO VAPOR PRODUCTS (YTVP)	77410650	N/A	334.04.93	01/01/25	06/30/25	0	28,130	28,130
SFY25 NICOTINE ADDICT PREV & ED PRO (NAPE)	77410850	N/A	334.04.93	01/01/25	06/30/25	0	60,847	60,847
SFY25 DEDICATED CANNABIS ACCOUNT (DCA)	77420650	N/A	334.04.93	01/01/25	06/30/25	0	204,794	204,794
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>312,657</b>	<b>312,657</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	IMPLEMENT ANNUAL WORK PLAN AND REPORT PROGRESS	<p>Based on the specific timeline developed by the YCCTPP contract manager and the contractor, they will report on activities progress and data by the <b>20<sup>th</sup> of each month.</b></p> <p>Contractor will share network progress on a six-month basis through electronic survey that focuses on successes and challenges of their network and the YCCTPP program.</p>	20 <sup>th</sup> of each month.	<p>Funding utilized: CDC1, YTVP, NAPE, DCA</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				per the consolidated contract.
2	ASSESS PROGRAM IMPLEMENTATION	<p>Contractor will create annual report based on monthly and six-month reporting for their regional network due <b>30 days after the period of performance</b>. Report guidelines and expectations will be provided by DOH for more information.</p> <p>Contractor will participate in state evaluation of YCCTPP, their networks, and the Practice Collaborative.</p> <p>Contractor will participate in region or population needs assessment every 2 years to update community/population data and needs.</p> <p>Contractor will participate in creation and updating of the 5-year strategic plan for the YCCTPP Program.</p>	<p>Annual Report- 30 days after the period of performance</p> <p>Needs assessment- every 2 years.</p>	<p>Funding utilized: CDC1, YTVP, NAPE, DCA</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p>
3	<b>Policies, Systems &amp; Environmental Work</b>	<p>Contractor will work to strengthen or defend existing policy, systems, or environmental change (ex: SIPP and VIPP laws).</p> <p>Contractor will educate private and public organizations of current policies in place.</p> <p>Contractor will work to establish new policy, systems or environmental change that is equitable.</p> <p>Contractor will ensure that an existing policy, systems, or environmental change is properly implemented (including funding) and evaluated/monitored.</p>	Length of funding allotted	<p>Funding utilized: CDC1, YTVP, NAPE, DCA</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p>
4	<b>Education &amp; Technical Assistance</b>	Contractor will provide technical assistance regarding commercial tobacco (including e-cigarettes/vapor products) to community partners, and decision makers.	Length of funding allotted	<p>Funding utilized: CDC1, YTVP, NAPE, DCA</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>Contractor will host or speak at trainings or community events to education others regarding prevention and education for commercial tobacco to increase the knowledge skills, and abilities of network members, community partners, and other community stakeholders.</p> <p>Contractor will disseminate resources (ex: TUDT) provided by YCCTPP and/or developed local to CBOs, centers, and networks supporting disparately affected communities that address emerging commercial tobacco/e-cigarettes and are culturally &amp; linguistically appropriate, trauma-informed &amp; equity-based.</p>		A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.
5	<b>Collaboration &amp; Engagement</b>	<p>Contractor will collaborate with YCCTPP program partners and external organizations (CBOs, CPWI, TPWI, ACH, DFC, etc.) to support prevention efforts for the youth and their community.</p> <p>Contractor will educate individuals, public and private organizations on the value of YCCTPP, utilizing material provided by DOH or created by their own organization network or another YCCTPP contractor/network.</p> <p>Contractor will educate adults who influence youth, such as parents, other family members, educators, clergy, coaches, etc.</p> <p>Contractor will build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.</p> <p>Contractor will implement activities designed to prepare young people to make informed decisions, and lead change in their community.</p>	Length of funding allotted	<p>Funding utilized: CDC1, YTVP, NAPE, DCA</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</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](https://USASpending.gov) by DOH as required by P.L. 109-282.

**Program Specific Requirements****For MI Codes 77410850, 77410650, 77420650: To be in compliance with grant requirements, contractor will:**

1. Hire and maintain program staff, which includes a minimum of one person (1.0 FTE) who is designated as the YCCTPP Region Network Facilitator. Additional staff to support workplan activities and completion of deliverables is allowed with approval of YCCTPP contract manager. See YCCTPP implementation guide for more information. The contractor shall ensure that DOH has the most current contact information of the person that is responsible for the performance of this statement of work.
2. Maintain a regional network of prevention partners.
  - i. **A Network** - an intentional collaboration between groups and individual partners who draw upon lived and professional experience to help guide the regions prevention efforts and share resources.
  - ii. **Minimum Requirements for A Network** (See Implementation Guide for further guidance):
    - 1) A Network Coordinator (minimum of 1.0 FTE)
    - 2) Key partners with representation from 4 required sectors (Local Health Jurisdiction, Youth Serving Organization, Community Based Organization / Non-Profit, and Prevention Coalitions)
    - 3) A clear process for engaging key partners in development of YCCTPP workplan and shared responsibility in implementation.
    - 4) A Network Administrative Plan
3. Participate in required virtual and/or in-person meetings, and optional trainings/webinars including but not limited to:
  - i. YCCTPP quarterly meetings, tentatively scheduled: March 11, 2025, and May 20-22, 2025.
  - ii. Monthly check-ins with contract manager
  - iii. Contractor will participate in a DOH site visit once per biennium.
  - iv. Optional: Practice Collaborative (PC) meetings, schedule to be determined by the PC's Leadership Team
  - v. Optional: Trainings and/or Webinars, schedule to be determined by TA contractor and WA DOH.
4. Contractor will serve as YCCTTP Representative of their region/population for Washington State.
5. Act as the fiduciary agent, if subcontracting, DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
6. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
7. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

**For MI Code: 77410240: To be in compliance with grant requirements, the contractor will:**

1. Participate in required conference calls (including kick off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.
2. Submit an Annual Budget according to the deadlines in Section E below.

3. Submit an Annual Work Plan that is supplemental to the state contract, according to the deadlines in Section E below.
4. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
5. Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
6. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
7. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

**DOH will support Contractor by providing:**

1. Timely communications regarding funding amounts and/or funding reductions.
2. An annual calendar of key events including required and optional trainings and other key dates.
3. Contract oversight and point of contact for overall project coordination, technical assistance, and facilitation of project communication.
4. Templates for implementation plan, budget workbook, and reporting requirements.
5. Technical assistance on meeting project goals, objectives, and activities related to:
  - a. Adapting required and innovative activities to ensure they are culturally and linguistically appropriate evidence-based or evidence-informed, or promising programs.
  - b. Developing and adapting project materials so they are culturally and linguistically appropriate using Cultural and Linguistically Appropriate Services (CLAS) standards <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
  - c. Providing relevant resources and training, as resources permit.
  - d. Meeting performance measure, evaluation, and data collection requirements.
  - e. Interpreting DOH guidelines, requirements, and expectations. This includes making determinations of whether CTPP funds may be used for activities and projects proposed by the Priority Population Contractor.

**Subcontractor Requirements:**

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

**BREAKDOWN OF DELIVERABLES, DUE DATES, AND FUNDING SOURCE**

Deliverable	Due Date	Funding Source
Monthly Progress Reporting	Due the 20 <sup>th</sup> of each month	YTVP DCA NAPE
Annual Report	Due within 30 days after the period of performance. July 31, 2025 (based on 24-25 Contract Funding)	YTVP DCA NAPE

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

#### **EXPENDITURE REPORT AND REQUEST FOR REIMBURSEMENT -**

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

##### **Consolidated Contracts (LHJs):**

- A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.
- Year-end projections and Final Expenditures are due as follows:
  - For CDC1 funding: Year-end projections are due April 15, 2025. **Final Expenditure Reports and invoices are due no later than May 14, 2025, and must be marked FINAL INVOICE**
  - For YTVF, NAPE, DCA Funding: Year-end projections are due June 14, 2025. **Final Expenditure Reports and invoices are due no later than July 15, 2025, and must be marked FINAL INVOICE.**

##### **Payment**

- DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments. DOH shall reimburse the contractor for approved costs outlined in the Implementation Guide and for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: January 1, 2025 – April 28, 2025 & January 1, 2025 – June 30, 2025, Billings for services on a monthly fraction of the budget will not be accepted or approved.
- Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and/or Request for Reimbursement form (A19). If A19's are not submitted within 45 days of the month when expenditures were incurred, DOH may withhold payment, at its discretion.
- Final expenditure projections must be submitted by the 15<sup>th</sup> of June for state funds and the 15<sup>th</sup> of April for federal funds to allow DOH to appropriately accrue funds to make final payments.
- **The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year to assure reimbursement of approved costs.**
- Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.

##### **Evaluation of YCCTPP Contractor's Performance**

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

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

###### **Federal Funding Restrictions and Limitations:**

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Recipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Recipients may not use funds for tobacco compliance check inspections.
- Recipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.

- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
  - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).

**Dedicated Cannabis Account Restrictions:**

- A. Recipients may not use funds for clinical care.
- B. Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual. Recipients may not use funds to buy cannabis products or paraphernalia used in the consumption and/or use of cannabis products.
- C. 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.
- D. Recipients may not use funding for construction or other capital expenditures.
- E. The contractor must comply with DOH YCCTPP guidance on food, incentives and use of DOH logo outlined in the YCCTPP Tailored Implementation Guide, and should not exceed federal per diem rates.
- F. Reimbursement of pre-award costs is not allowed.

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

**Special Requirements:**

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

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

In ESSB 5187, Section 222 (67) - \$2,500,000 of the general fund—state appropriation for fiscal year 2024 and \$2,500,000 of the general fund—state appropriation for fiscal year 2025 are provided solely for tobacco, vapor product, and nicotine control, cessation, treatment, and prevention, and other substance use prevention and education, with an emphasis on community-based strategies. These strategies must include programs that consider the disparate impacts of nicotine addiction on specific populations, including youth and racial or other disparities.