

**WHATCOM COUNTY
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:
202201016 – 20

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

Is this a New Contract?	If not, is this an Amendment or Renewal to an Existing Contract?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	202201016	
Does contract require Council Approval?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If No, include WCC:	
Already approved? Council Approved Date:	(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)			

Is this a grant agreement?			
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If yes, grantor agency contract number(s):	CLH31033 CFDA#: Various

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

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

Is this agreement excluded from E-Verify?	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
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- If YES, indicate exclusion(s) below:
- | | |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Professional services agreement for certified/licensed professional. | <input type="checkbox"/> Goods and services provided due to an emergency. |
| <input type="checkbox"/> Contract work is for less than \$100,000. | <input type="checkbox"/> Contract for Commercial off the shelf items (COTS). |
| <input type="checkbox"/> Contract work is for less than 120 days. | <input type="checkbox"/> Work related subcontract less than \$25,000. |
| <input checked="" type="checkbox"/> Interlocal Agreement (between Governments). | <input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA. |

Contract Amount:(sum of original contract amount and any prior amendments):	Council approval required for; all property leases, contracts or bid awards exceeding \$40,000 , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when : 1. Exercising an option contained in a contract previously approved by the council. 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. 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.
\$ 16,258,233	
This Amendment Amount:	
\$ 2,733,126	
Total Amended Amount:	
\$ 18,991,359	

Summary of Scope: This amendment adds and/or revises scopes of work for various public health programs. The Consolidated Contract defines the joint and cooperative relationship between Whatcom County and the Washington State Department of Health for the delivery and funding of various public health services in Whatcom County.

Term of Contract:	3 Years	Expiration Date:	12/31/2024
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Contract Routing:	1. Prepared by:	JT	Date:	08/30/2024
	2. Attorney signoff:	Christopher Quinn	Date:	09/09/2024
	3. AS Finance reviewed:	Bbennett	Date:	08/30/24
	4. IT reviewed (if IT related):		Date:	
	5. Contractor signed:		Date:	
	6. Submitted to Exec.:		Date:	
	7. Council approved (if necessary):	AB2024-607	Date:	
	8. Executive signed:		Date:	
	9. Original to Council:		Date:	

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

CONTRACT NUMBER: CLH31033

AMENDMENT NUMBER: 20

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitpages/home.aspx?e1:9a94688da2d9443ea80ac7fbc32e4d7c>
 - Adds Statements of Work for the following programs:
 - Continuation of Care & Services: CHW Outreach-Refugee Health Promo - Effective September 1, 2024
 - Office of Immunization COVID-19 Vaccine - Effective July 1, 2024
 - Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2024
 - Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2024
 - Office of Resiliency & Health Security-PHEP - Effective July 1, 2024
 - Amends Statements of Work for the following programs:
 - DCHS - ELC COVID-19 Response - Effective January 1, 2022
 - Foundational Public Health Services (FPHS) - Effective July 1, 2024
 - Maternal & Child Health Block Grant - Effective January 1, 2022
 - Recreational Shellfish Activities - Effective July 1, 2023
 - Deletes Statements of Work for the following programs:
2. Exhibit B-20 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-19 Allocations as follows:
 - Increase of **\$2,733,126** for a revised maximum consideration of **\$18,991,359**.
 - Decrease of _____ for a revised maximum consideration of _____.
 - No change in the maximum consideration of _____.Exhibit B Allocations are attached only for informational purposes.

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

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

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

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

APPROVED AS TO FORM ONLY
Assistant Attorney General

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work 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			
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 18	21.027	333.21.02	07/01/23	02/29/24	07/01/23	06/30/25	(\$64,126)	\$41,774	\$41,774
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 14, 18	21.027	333.21.02	07/01/23	02/29/24	07/01/23	06/30/25	\$105,900		
FFY24 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 17	66.472	333.66.47	03/01/24	09/30/24	01/01/24	11/30/24	\$10,000	\$10,000	\$35,000
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$10,000	\$10,000	
FFY22 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$15,000	\$15,000	
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 14	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$156,138	\$156,138	\$374,731
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$156,138	\$156,138	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$62,455	\$62,455	
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 20	93.069	333.93.06	07/01/24	12/31/24	07/01/24	06/30/25	\$93,683	\$93,683	\$93,683
FFY24 TB Elimination-FPH	NU52PS910221	Amd 16	93.116	333.93.11	01/01/24	09/30/24	01/01/24	09/30/24	\$13,183	\$13,183	\$49,788
FFY23 TB Elimination-FPH	NU52PS910221	Amd 10	93.116	333.93.11	01/01/23	12/31/23	01/01/23	12/31/23	\$15,778	\$15,778	
FFY22 TB Elimination-FPH	NU52PS910221	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	\$20,827	\$20,827	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 13	93.116	333.93.11	07/01/22	09/30/23	07/01/22	09/30/23	\$25,250	\$40,250	\$45,000
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 11	93.116	333.93.11	07/01/22	09/30/23	07/01/22	09/30/23	\$15,000		
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 13	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	(\$25,250)	\$4,750	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 9	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	\$30,000		
FFY25 CDC PPHF Ops	NGA Not Received	Amd 20	93.268	333.93.26	07/01/24	12/31/24	07/01/24	06/30/25	\$1,000	\$1,000	\$2,100
FFY24 CDC PPHF Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$100	\$1,100	
FFY24 CDC PPHF Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$1,000		
FFY25 CDC VFC Ops	NGA Not Received	Amd 20	93.268	333.93.26	07/01/24	12/31/24	07/01/24	06/30/25	\$13,470	\$13,470	\$28,254
FFY24 CDC VFC Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$1,344	\$14,784	
FFY24 CDC VFC Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$13,440		
COVID19 Vaccines	NH23IP922619	Amd 12	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	(\$15,167)	\$285,867	\$285,867
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$301,034		
COVID19 Vaccines R4	NH23IP922619	Amd 20	93.268	333.93.26	07/01/24	12/31/24	07/01/20	12/31/24	\$529,929	\$529,929	\$1,383,358
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$853,429	\$853,429	
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$1,000	\$1,000	\$2,000
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,000	\$1,000	

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FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$13,470	\$13,470	\$26,873
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$13,403	\$13,403	
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$45,830	\$45,830	\$45,830
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 4	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$147,919)	\$1	\$1
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$147,920		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 17, 20	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	(\$553,818)	\$894,764	\$894,764
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 4, 9, 17, 20	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	(\$410,548)		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9, 17, 20	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	\$1,859,130		
FFY21 NH & LTC Strike Teams HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$14,750	\$14,750	\$14,750
FFY21 SHARP HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$12,500	\$12,500	\$12,500
FFY21 SNF Strike Teams HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$50,500	\$50,500	\$50,500
FFY23 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 15	93.323	333.93.32	08/01/23	09/30/23	08/01/23	09/30/23	\$943	\$2,063	\$9,345
FFY23 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 12	93.323	333.93.32	08/01/23	09/30/23	08/01/23	09/30/23	\$1,120		
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 15	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,346	\$5,882	
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 12	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,680		
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5, 12	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,456		
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5, 12	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,400		
FFY21 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5	93.323	333.93.32	06/01/22	07/31/22	08/01/21	07/31/22	\$1,400	\$1,400	
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 15, 19	93.354	333.93.35	07/01/23	12/31/24	07/01/23	06/30/25	\$200,000	\$200,000	\$200,000
FFY23 Crisis Coag-Mpox	NU90TP922236	Amd 13	93.354	333.93.35	12/01/22	06/30/23	12/01/22	06/30/23	\$15,000	\$15,000	\$15,000
FFY23 OID Crisis Coag-Mpox CDC	NU90TP922236	Amd 15, 17	93.354	333.93.35	07/01/23	12/31/24	07/01/23	01/31/25	\$15,000	\$15,000	\$15,000
FFY23 Refugee Health Promo DSHS IAR	NGA Not Received	Amd 20	93.566	333.93.56	09/01/24	12/31/24	10/01/23	09/30/26	\$137,500	\$137,500	\$137,500
FFY24 Tobacco-Vape Prev CDC Comp 1	NU58DP006808	Amd 18	93.387	333.93.38	04/29/24	12/31/24	04/29/24	04/28/25	\$18,886	\$18,886	\$94,430
FFY23 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 12	93.387	333.93.38	04/29/23	04/28/24	04/29/22	04/28/23	\$37,772	\$37,772	
FFY22 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 5, 9	93.387	333.93.38	04/29/22	04/28/23	04/29/22	04/28/23	\$37,772	\$37,772	
FFY22 PH Infrastructure Comp A1-LHJ	NE110E000053	Amd 16	93.967	333.93.96	01/01/24	12/31/24	12/01/22	06/30/25	\$200,000	\$200,000	\$200,000

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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
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FFY25 HRSA MCHBG LHJ Contracts	NGA Not Received	Amd 20	93.994	333.93.99	10/01/24	12/31/24	10/01/24	09/30/25	\$35,544	\$35,544	\$285,828
FFY24 HRSA MCHBG LHJ Contracts	B04MC52960	Amd 14	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$142,176	\$142,176	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 14	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	(\$34,068)	\$108,108	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$142,176		
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 14	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$58,068	\$58,068	\$58,068
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	(\$106,632)	\$0	\$0
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$106,632		
FFY21 MCHBG Special Project	B04MC40169	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$106,632	\$106,632	\$106,632
SFY1 GFS - Group B		Amd 17	N/A	334.04.90	01/01/24	06/30/24	07/01/23	06/30/25	\$12,618	\$12,618	\$38,495
GFS-Group B (FO-NW)		Amd 10	N/A	334.04.90	01/01/23	06/30/23	07/01/22	06/30/23	\$12,938	\$12,938	
GFS-Group B (FO-NW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$12,939	\$12,939	
SFY25 SBHC Proviso		Amd 18	N/A	334.04.90	07/01/24	12/31/24	07/01/24	06/30/25	\$95,000	\$95,000	\$95,000
SFY25 Harm Reduction Proviso HCA IAR		Amd 19	N/A	334.04.91	07/01/24	12/31/24	07/01/24	06/30/25	(\$34,500)	\$0	\$34,500
SFY25 Harm Reduction Proviso HCA IAR		Amd 16	N/A	334.04.91	07/01/24	12/31/24	07/01/24	06/30/25	\$34,500		
SFY24 Harm Reduction Proviso HCA IAR		Amd 16	N/A	334.04.91	01/01/24	06/30/24	07/01/23	06/30/24	\$34,500	\$34,500	
SFY24 Drug User Health Program		Amd 13	N/A	334.04.91	07/01/23	12/31/23	07/01/23	12/31/23	\$34,535	\$34,535	\$34,535
SFY25 SSPS Opioid Harm Red Proviso		Amd 19	N/A	334.04.91	07/01/24	12/31/24	07/01/24	06/30/25	\$34,500	\$34,500	\$34,500
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$69,070	\$69,070	\$103,605
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$34,535	\$34,535	
LHJ COVID-19 GFS		Amd 18	N/A	334.04.92	07/01/23	06/30/24	07/01/23	06/30/24	\$64,126	\$64,126	\$64,126
SFY25 Dedicated Cannabis Account		Amd 18	N/A	334.04.93	07/01/24	12/31/24	07/01/24	06/30/25	\$204,794	\$204,794	\$1,023,970
SFY24 Dedicated Cannabis Account		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$409,588	\$409,588	
SFY23 Dedicated Cannabis Account		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$409,588	\$409,588	
SFY22 Marijuana Education		Amd 4	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/22	\$294,228	\$294,228	\$294,228
SFY25 Nicotine Addict Prev & Ed Pro		Amd 18	N/A	334.04.93	07/01/24	12/31/24	07/01/24	06/30/25	\$60,847	\$60,847	\$60,847

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Rec Shellfish/Biotoxin		Amd 20	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$500	\$20,000	\$38,000
Rec Shellfish/Biotoxin		Amd 19	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$3,000		
Rec Shellfish/Biotoxin		Amd 13	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$16,500		
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$18,000	\$18,000	
SFY24 Tobacco Prevention Proviso		Amd 14	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/24	\$121,694	\$121,694	\$361,694
SFY23 Tobacco Prevention Proviso		Amd 7, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$10,000	\$240,000	
SFY23 Tobacco Prevention Proviso		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$230,000		
SFY25 Wastewater Management-GFS		Amd 19	N/A	334.04.93	07/01/24	12/31/24	07/01/24	06/30/25	\$23,636	\$23,636	\$23,636
SFY24 Youth Tobacco Vapor Products		Amd 18	N/A	334.04.93	07/01/24	12/31/24	07/01/24	06/30/25	\$28,129	\$28,129	\$140,647
SFY24 Youth Tobacco Vapor Products		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$56,259	\$56,259	
SFY23 Youth Tobacco Vapor Products		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$56,259	\$56,259	
Managed Care Org		Amd 10, 14, 19	N/A	334.04.98	01/01/23	12/31/24	07/01/21	06/30/25	\$52,000	\$52,000	\$52,000
SFY23 FPHS-LHJ-GFS		Amd 12	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$350,000	\$3,001,000	\$3,001,000
SFY23 FPHS-LHJ-GFS		Amd 6, 9	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,651,000		
SFY25 FPHS-LHJ Funds-GFS		Amd 20	N/A	336.04.25	07/01/24	12/31/24	07/01/24	06/30/25	\$1,921,500	\$3,843,000	\$7,686,000
SFY25 FPHS-LHJ Funds-GFS		Amd 19	N/A	336.04.25	07/01/24	12/31/24	07/01/24	06/30/25	\$1,921,500		
SFY24 FPHS-LHJ Funds-GFS		Amd 15	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/24	(\$150,000)	\$3,843,000	
SFY24 FPHS-LHJ Funds-GFS		Amd 14	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/24	\$1,342,000		
SFY24 FPHS-LHJ Funds-GFS		Amd 13	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/24	\$2,651,000		
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$1,362,000)	\$0	\$1,362,000
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,362,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,362,000	\$1,362,000	
YR 26 SRF - Local Asst (15%) SS		Amd 18	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$2,400	\$4,200	\$12,000
YR 26 SRF - Local Asst (15%) SS		Amd 15	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$1,800		
YR 25 SRF - Local Asst (15%) SS		Amd 12	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$2,800	\$4,400	
YR 25 SRF - Local Asst (15%) SS		Amd 11	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$1,600		
YR 24 SRF - Local Asst (15%) (FO-NW) SS		Amd 5	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$400	\$3,400	
YR 24 SRF - Local Asst (15%) (FO-NW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$3,000		

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work 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			
Sanitary Survey Fees SS-State		Amd 18	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$2,400	\$12,000	\$12,000
Sanitary Survey Fees SS-State		Amd 15	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$1,800		
Sanitary Survey Fees SS-State		Amd 12, 15	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$2,800		
Sanitary Survey Fees SS-State		Amd 11, 15	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$1,600		
Sanitary Survey Fees SS-State		Amd 5, 11, 15	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$400		
Sanitary Survey Fees SS-State		Amd 1, 11, 15	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$3,000		
YR 26 SRF - Local Asst (15%) TA		Amd 18	N/A	346.26.66	01/01/24	12/31/24	07/01/23	06/30/25	\$4,000	\$4,000	\$10,000
YR 25 SRF - Local Asst (15%) TA		Amd 11	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$4,000	\$4,000	
YR 24 SRF - Local Asst (15%) (FO-NW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$2,000	\$2,000	
TOTAL									\$18,991,359	\$18,991,359	
Total consideration:				\$16,258,233							
				\$2,733,126							
GRAND TOTAL				\$18,991,359							
										Total Fed	\$4,508,576
										Total State	\$14,482,783

*Catalog of Federal Domestic Assistance

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

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

DOH Program Name or Title: Continuation of Care & Services: CHW Outreach-
Refugee Health Promo - Effective September 1, 2024

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

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

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

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 is expected to continue through September 30, 2026. DOH intends to include this project and any unspent funding in a new SOW in the next consolidated contract term beginning January 1, 2025 through September 30, 2026. No interruption in funding or services is expected.

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
FFY23 REFUGEE HEALTH PROMO DSHS IAR	18502931	93.566	03.93.566	09/01/24	12/31/24	0	137,500	137,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	137,500	137,500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	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 December 31, 2024.	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.
2	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	Will serve at least one (1) eligible client a month and share resources in appropriate languages.	Monthly report (reference Program Requirements, appendix A for timeline)	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	services will include connection to local social services, opportunities, available assistance, and other topics as per client needs.	Client level data will be reported via monthly reporting template.		
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)	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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.

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

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

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: 2022-2024**

DOH Program Name or Title: DCHS - ELC COVID-19 Response - Effective January 1, 2022

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

SOW Type: Revision **Revision # (for this SOW)** 4

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2022 through December 31, 2024

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: Extend FFY20 ELC EDE Period of Performance and LHJ Funding End Date from 6/30/24 to 12/31/24

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
FFY19 ELC COVID ED ALLOCATION	1897129G	93.323	333.93.32	01/01/22	10/18/22	1	0	1
FFY20 ELC EDE LHJ ALLOCATION	1897140E	93.323	333.93.32	01/01/22	12/31/24	894,764	0	894,764
						0	0	0
						0	0	0
						0	0	0
TOTALS						894,765	0	894,765

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"> • Incident management for the response • Testing • Case Investigation/Contact Tracing • Sustainable isolation and quarantine • Care coordination • Surge management • Data reporting 			

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> <ul style="list-style-type: none"> c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below. <ul style="list-style-type: none"> i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission. ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH. iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry. 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. e. Support Infection Prevention and control for high-risk populations <ul style="list-style-type: none"> i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers. ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities. iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to 	<p>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
	<p>ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks.</p> <ul style="list-style-type: none"> iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis). v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations. vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings. <p>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</p> <p>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with WAC 246-100-045 (Conditions and principles for isolation or quarantine).</p> <ul style="list-style-type: none"> i. Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&Q services that are adequate for the population for your jurisdiction and have an ability to expand if 	<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
	<p>needed. This can be through contract/formal agreement; alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand.</p> <ul style="list-style-type: none"> 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. 	<p>Report census numbers to include historic total by month and monthly total for current quarter to date</p>		

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

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

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

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

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

Program Specific Requirements

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.

Other: Required activities, deliverables, and funding is for the entire project period: January 2021 through specified date above. Unspent funds and tasks not completed by December 31, 2021 were reauthorized for work in this new consolidated contract term beginning January 1, 2022. It is the LHJ's responsibility to assure that the unspent funding amount carried forward to this statement of work does not exceed the remaining available balance from the 2018-2021 contract.

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

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective July 1, 2024

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

Funding Source	<input type="checkbox"/> Federal <Select One>	Federal Compliance (check if applicable)	<input type="checkbox"/> Reimbursement
	<input checked="" type="checkbox"/> State		<input checked="" type="checkbox"/> Periodic Distribution
	<input type="checkbox"/> Other		<input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development

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

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.

Revision Purpose: The purpose of this revision is to add the entire SFY25 allocation.

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	99210850	N/A	336.04.25	07/01/24	12/31/24	1,921,500	1,921,500	3,843,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						1,921,500	1,921,500	3,843,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	FPHS funds to each LHJ – 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	\$570,500 <i>\$1,141,000</i>
2	Assessment Reinforcing Capacity – 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 <i>\$60,000</i>
3	Assessment – CHA/CHIP – 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	\$15,000 <i>\$30,000</i>
4	Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity – 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	\$343,500 <i>\$687,000</i>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	CD - NEW SFY 24 Immunization Outreach, Education & Response – 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	\$112,500 <i>\$225,000</i>
6	EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity – 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 <i>\$150,000</i>
7	FC - NEW SFY 24 Strengthening Local Finance Capacity – 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	\$31,000 <i>\$62,000</i>
8	FC - NEW SFY 24 Public Health Communications – 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	\$100,000 <i>\$200,000</i>
9	Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response – 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 <i>\$150,000</i>
10	EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability – 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	\$102,500 <i>\$205,000</i>
11	CD – Hepatitis C – 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	\$20,500 <i>\$41,000</i>
12	CD – Case Investigation Capacity – 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	\$148,000 <i>\$296,000</i>
13	CD – Tuberculosis Program – 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	\$9,500 <i>\$19,000</i>
14	Assessment – Localized Epidemiology Capacity – General (Assessment/Surveillance, CHA/CHIP) – 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 <i>\$150,000</i>
15	EPH – Toxicology and Environmental Epidemiology – 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	\$37,500 <i>\$75,000</i>
16	EPH Core Team – Safe and Healthy Communities – 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	\$23,500 <i>\$47,000</i>
17	EPH Core Team – Climate Change Response – 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	\$40,000 <i>\$80,000</i>
18	EPH Core Team – Water System Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u>	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$37,500 <i>\$75,000</i>
19	EPH Core Team – Homelessness Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u>	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000 <i>\$150,000</i>

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

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, 564-200-3166
 - Brianna Steere, FPFS Policy Advisor, WSALPHO – 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/fpfs.

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 30th 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 FPFS funds to LHJs – Unlike other ConCon grants, FPFS bill-back to DOH is NOT required. Half of the annual FPFS funds allocated by the Steering Committee to each LHJ are disbursed each July and January. The July payments to LHJs and access to FPFS allocation for all other parts of the governmental public health system occur upon completion of the FPFS Annual Assessment.

Deliverables – FPFS funds are to be used to assure FPFS services statewide. The FPFS accountability process measures how funds are spent, along with changes in system capacity through the FPFS 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 FPFS Steering Committee via FPFS 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.

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

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

DOH Program Name or Title: Maternal and Child Health Block Grant - Effective January 1, 2022

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

SOW Type: Revision **Revision # (for this SOW)** 4

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

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

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

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2024 to December 31, 2024, for continuation of MCHBG related activities, and update Program Specific Requirements.

NOTE: The FFY25 funding allocation in this SOW is for the period of October 1, 2024 through December 31, 2024. Deliverables with due dates after December 31, 2024 are shown for informational purposes only. A new SOW will begin in the next consolidated contract term on January 1, 2025 for continuation of this project through September 30, 2025. Any funds unspent from October 1, 2024 through December 31, 2024 will be added to the new SOW in an amendment in Spring 2025.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22	09/30/22	0	0	0
FFY21 MCHBG SPECIAL PROJECTS	7811021A	93.994	333.93.99	01/01/22	09/30/22	106,632	0	106,632
FFY23 HRSA MCHBG LHJ CONTRACTS	78101231	93.994	333.93.99	10/01/22	09/30/23	108,108	0	108,108
FFY22 HRSA MCHBG SPECIAL PROJECTS	7811022A	93.994	333.93.99	10/01/22	09/30/23	58,068	0	58,068
FFY24 HRSA MCHBG LHJ CONTRACTS	78101241	93.994	333.93.99	10/01/23	09/30/24	142,176	0	142,176
FFY24 HRSA MCHBG SPECIAL PROJECTS	7811024A	93.994	333.93.99	10/01/24	12/31/24	0	35,544	35,544
						0	0	0
TOTALS						414,984	35,544	450,528

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total funding

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1b	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager	September 9, 2022	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.
1c	Participate in DOH sponsored MCHBG fall regional meeting.	Designated LHJ staff will attend regional meeting.	September 30, 2023	
1d	Report actual expenditures for October 1, 2021 through September 30, 2022.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 2, 2022	
1e	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 9, 2022	
1f	Report actual expenditures for the six-month period from October 1, 2022 through March 31, 2023.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 19, 2023	
1g	Report actual expenditures for October 1, 2022 through September 30, 2023.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 1, 2023	
1h	Develop 2023-2024 MCHBG Budget Workbook for October 1, 2023 through September 30, 2024 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 8, 2023	
1i	Report actual expenditures for the six-month period from October 1, 2023 through March 31, 2024.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 17, 2024	
1j	<i>Report actual expenditures for October 1, 2023 through September 30, 2024.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>December 6, 2024</i>	
1k	<i>Report actual expenditures for the six-month period from October 1, 2024 through March 31, 2025.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>May 16, 2025</i>	
1l	<i>Develop 2025-2026 MCHBG Budget Workbook for October 1, 2025 through September 30, 2026 using DOH provided template.</i>	<i>Submit MCHBG Budget Workbook to DOH contract manager.</i>	<i>September 5, 2025</i>	
1m	<i>Participate in DOH sponsored MCHBG fall regional meeting.</i>	<i>LHJ Contract Lead or designee will attend regional meeting.</i>	<i>September 30, 2025</i>	
Implementation				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager.	January 15, 2022 April 15, 2022 July 15, 2022	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 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft August 19, 2022 Final- September 9, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2c	Report activities and outcomes of 2023 MCHBG Action Plan using DOH- provided template.	Submit monthly Action Plan reports to DOH Contract manager.	July-Sept 2022 quarterly report due October 15, 2022 November 15, 2022 December 15, 2022 January 15, 2023 February 15, 2023 March 15, 2023 April 15, 2023 May 15, 2023 June 15, 2023 July 15, 2023 August 15, 2023 September 15, 2023	See Program Specific Requirements and Special Billing Requirements.
2d	Develop 2023-2024 MCHBG Action Plan for October 1, 2023 through September 30, 2024 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft- August 18, 2023 Final- September 8, 2023	
2e	Report activities and outcomes of 2023-24 MCHBG-funded work using DOH-provided reporting template.	Submit monthly reports to DOH contract manager.	September report due October 15, 2023 November 15, 2023 December 15, 2023 January 15, 2024 February 15, 2024 March 15, 2024 April 15, 2024 May 15, 2024 June 15, 2024 July 15, 2024 August 15, 2024 September 15, 2024	
2f	Develop 2024-2025 MCHBG reporting document for October 1, 2024 through September 30, 2025 using DOH-provided template.	Submit MCHBG reporting document to DOH contract manager.	Draft- August 16, 2024 Final- September 6, 2024	
2g	Support statewide roll-out of Universal Developmental Screening Strong Start system as requested by DOH.	Submit updates as part of monthly reporting document as requested by DOH.	September 30, 2024	
2h	Determine how processes and programs can become more equitable, as a foundation of your MCHBG work.	Describe in your activities within each Domain of the monthly report how you are intentionally focused on equity in your work.	November 15, 2023 December 15, 2023 January 15, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
			February 15, 2024 March 15, 2024 April 15, 2024 May 15, 2024 June 15, 2024 July 15, 2024 August 15, 2024 September 15, 2024	
2i	<i>Report activities and outcomes of 2024-25 MCHBG-funded work using DOH-provided reporting template.</i>	<i>Submit monthly reports to DOH contract manager.</i>	<i>September report due October 15, 2024</i> <i>November 15, 2024</i> <i>December 15, 2024</i> <i>January 15, 2025</i> <i>February 15, 2025</i> <i>March 15, 2025</i> <i>April 15, 2025</i> <i>May 15, 2025</i> <i>June 15, 2025</i> <i>July 15, 2025</i> <i>August 15, 2025</i> <i>September 15, 2025</i>	
2j	<i>Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template.</i>	<i>Submit MCHBG reporting document to DOH contract manager.</i>	<i>Draft – August 15, 2025</i> <i>Final – September 12, 2025</i>	
2k	<i>Determine how processes and programs can become more equitable, as a foundation of your MCHBG work.</i>	<i>Describe in your updates within each activity of the monthly report how you are intentionally focused on equity in your work.</i>	<i>September report due October 15, 2024</i> <i>November 15, 2024</i> <i>December 15, 2024</i> <i>January 15, 2025</i> <i>February 15, 2025</i> <i>March 15, 2025</i> <i>April 15, 2025</i> <i>May 15, 2025</i> <i>June 15, 2025</i> <i>July 15, 2025</i> <i>August 15, 2025</i> <i>September 15, 2025</i>	
Children and Youth with Special Health Care Needs (CYSHCN)				

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2022 April 15, 2022 July 15, 2022	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.
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2022	
3d	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.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2022 January 15, 2023 April 15, 2023 July 15, 2023	
3e	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.	
3f	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2023	
3g	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.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2023 January 15, 2024 April 15, 2024 July 15, 2024	
3h	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.	30 days after forms are completed.	
3i	Review your program's entry on ParentHelp123.org annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with Within Reach / Help Me Grow.	September 30, 2024	
3j	<i>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 DOH-CHIF@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2024 January 15, 2025 April 15, 2025 July 15, 2025</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<i>3k</i>	<i>Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.</i>	<i>Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.</i>	<i>30 days after forms are completed.</i>	
<i>3l</i>	<i>Review your program's entry on ParentHelp123.org annually for accuracy.</i>	<i>Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.</i>	<i>September 30, 2025</i>	
<i>3m</i>	<i>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.</i>	<i>Submit updates as part of monthly reporting document.</i>	<i>September report due October 15, 2024 November 15, 2024 December 15, 2024 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</i>	
MCHBG Assessment and Evaluation				
<i>4a</i>	<i>As part of the 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH, as requested.</i>	<i>Submit documentation using guidance provided by DOH.</i>	<i>September 30, 2024</i>	<i>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.</i>
<i>4b</i>	<i>Provide summary of outcomes of MCHBG-funded work completed from October 1, 2023 through September 30, 2024 using DOH-provided reporting template.</i>	<i>Submit documentation as requested by DOH.</i>	<i>December 31, 2024</i>	
<i>4c</i>	<i>As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.</i>	<i>Submit documentation as requested by DOH.</i>	<i>September 30, 2025</i>	<i>See Program Specific Requirements and Special Billing Requirements.</i>

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

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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 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 (contract manager) 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:

Children and Youth with Special Health Care Needs Manual -

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

Health Services Authorization (HSA) Form

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx>

Restrictions on Funds:

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: Telephone calls with DOH contract manager 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 contract manager for approval of expenses not reflected in approved budget workbook.

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

DOH Program Name or Title: Office of Immunization COVID-19 Vaccine - Effective July 1, 2024

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

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

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

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

Revision Purpose: 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			
COVID 19 VACCINES R4	74310259	93.268	333.93.26	07/01/24	12/31/24	0	529,929	529,929
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	529,929	529,929

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
The purpose of this statement of work is to identify activities and provide funding to support COVID vaccine response outreach, education, and operations. The activities may include other vaccines recommended for the audience population, as long as COVID vaccine is the primary focus and references to other vaccines are secondary.				
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. Example 1: Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.	Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached. Within the first 90 days of the contract, provide a budget for FY25 funding showing full expenditure of funds based on engagement strategies.	September 30, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Example 2: Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services			
3.B	Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.	Written report describing activity/activities and progress made to-date and strategies used (template to be provided) Forecast of expected spend down of remaining funds through remainder of contract (if extended past December 31, 2024) in DOH template provided).	November 1, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	Catalog activities and conduct an evaluation of the strategies used	Written report, showing the strategies used and the final progress of the reach (template to be provided)	December 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends) or adjust vaccine delivery approaches to optimize access. Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below)	Reports summarizing quantity, type, and frequency of activities	December 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Specific Requirements

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

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

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
- Vaccine Purchase

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

DOH Program Name or Title: Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2024

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

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

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to define required Perinatal Hepatitis B activities, deliverables, and funding.

NOTE: Deliverables with due dates after December 31, 2024, are shown for informational purposes only and will be included in a new SOW in the next Consolidated Contract term starting January 1, 2025.

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
FFY25 CDC PPHF Ops	74310256	93.268	333.93.26	07/01/24	12/31/24	0	1,000	1,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	1,000	1,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Within the first 90 days of the contract provide a budget for FY25 funding	Submit completed Budget Template provided by Department of Health	September 30, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	1. In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following: <ul style="list-style-type: none"> • Identification of hepatitis B surface antigen (HBsAG)-positive pregnant women and pregnant women with unknown HBsAg status. • Reporting of HBsAg-positive women and their infants. 	Enter information for each case identified into the Washington Disease Reporting System.	By the last day of each month	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing. <ol style="list-style-type: none"> 2. Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations. 3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Washington Disease Reporting System. 			
3	Within 6 months of the start of contract provide a Budget Forecast.	Submission of Budget Forecast form provided by Department of Health stating spend down of remain funds.	January 15, 2025	

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

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

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

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

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

Program Specific Requirements

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: 2022-2024**

DOH Program Name or Title: Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2024

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

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

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

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.

NOTE: Deliverables with due dates after December 31, 2024, are shown for informational purposes only and will be included in a new SOW in the next Consolidated Contract term starting January 1, 2025.

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 CDC VFC Ops	74310251	93.268	333.93.26	07/01/24	12/31/24	0	13,470	13,470
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	13,470	13,470

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners (can use pre and post qualitative or quantitative collection methods <u>Examples of qualitative & quantitative methods/measures:</u> <ul style="list-style-type: none"> ▪ Surveys, Questionnaires, Interviews ▪ Immunization coverage rates expressed in percentages ▪ Observations (i.e., feedback from surveys/interviews, social media posts comments) ▪ Analytic tools (i.e., google analytics measuring website traffic, page views etc.) 	Written proposal summarizing project plan and method of assessing/observing change in target population. (Template will be provided)	September 15, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Within the first 90 days of the contract provide a budget for FY25 funding.	Sumit completed Budget Template provided by Department of Health	September 30, 2024	
3	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.
4	Within 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 remain funds.	January 15, 2025	
5	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"> ▪ Increased partner knowledge on immunization guidelines ▪ Change in attitudes about childhood vaccines ▪ Increase in school district immunization coverage rates 	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	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

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

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

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

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

Program Specific Requirements

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: 2022-2024**

DOH Program Name or Title: Office of Resiliency & Health Security-PHEP - Effective July 1, 2024

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31034

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

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

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

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 (PHERCs).

Note: The current Consolidated Contract ends December 31, 2024. Once a new contract is in place, the program plans to submit a new statement of work for January 1 - June 30, 2025. Deliverable due dates after December 31, 2024 are referenced in this statement of work for informational purposes only and will be updated in the January - June 2025 statement of work.

This statement of work (ending 12/31/24) includes 60% of the total allocation of these funds. The January - June 2025 statement of work will reflect the remaining 40%. Once all invoices have been submitted and balances are reconciled for this statement of work (ending 12/31/24), any remaining funds will be added to a revised 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	07/01/24	12/31/24	0	93,683	93,683
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	93,683	93,683

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1 Contact Information 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 information by September 1, 2024, and any changes within 30 days of the change. Mid- and end-of-year reports on template provided by DOH. Note any changes or no changes.	September 1, 2024 Within 30 days of the change. December 31, 2024 June 30, 2025	Reimbursement for actual costs not to exceed total funding consideration amount.
2 LHJ Performance Measures Framework 6 – Modernize data collection and systems	Submit LHJ Performance Measure Data as requested on the form provided by DOH.	LHJ Performance Measure Data on the form provided by DOH.	June 30, 2025	
3 Additional Information Required by CDC Framework 4 – Improve administrative and budget preparedness systems	Submit additional information as requested by DOH to comply with federal grant requirements. Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including the mid-year and end-of-year reports.	Information requested by DOH.	As requested by DOH.	
4 Risk Assessment Framework 1 – Develop threat-specific approach Framework 3 – Expand local support Framework 8 – Incorporate health equity practices	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. DOH and/or UW will provide the tool and technical assistance.	Public Health Disaster Risk Assessment	June 30, 2025	
5 Planning Framework 4 – Improve administrative and budget preparedness systems	Complete multiyear integrated preparedness plan using lessons learned from emergency responses, with critical response and recovery partners. Engage partners to incorporate health equity principles.	Multiyear integrated preparedness plan.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Framework 8 – Incorporate health equity practices	Including (but not limited to): <ul style="list-style-type: none"> • Administrative preparedness plans. • Recovery operations. • Incident response improvement plan data elements. 			
6 Planning - IPPW Framework 2 – Enhance Partnerships Framework 5 – Build workforce capacity Framework 10 – Prioritize community recovery efforts	Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs. Complete the Integrated Preparedness Planning Workshop (IPPW) Workbook provided by DOH. Participate in the DOH Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for early 2025.	Mid- and end-of-year reports on template provided by DOH. IPPW Workbook provided by DOH. Participation in IPPW.	December 31, 2024 June 30, 2025	
7 Communication & Planning Framework 7 – Strengthen risk communication activities	Develop or update crisis and emergency risk communication and information dissemination plans.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
8 Training Framework 5 – Build workforce capacity	Complete training to ensure baseline competency and integration with preparedness requirements. Participate in at least one public health emergency preparedness, response, or recovery training. Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement. Work with Public Health Emergency Response Coordinators (PHERCS) to review public health preparedness and response plans and identify gaps, priorities, and training needs. Integrate administrative and budget preparedness recommendations into training.	Mid- and 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.	December 31, 2024 June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Recommended Training</p> <p>Public health preparedness and recovery staff, including exercise planning staff:</p> <ul style="list-style-type: none"> • Incident Command System (ICS) 100: Introduction to ICS • ICS 700: An Introduction to the National Incident Management System (NIMS) • ICS 800: National Response Framework. An Introduction • IS-120.C: An Introduction to Exercise • IS-2900.A: National Disaster Recovery Framework (NDRE) Overview • Homeland Security Exercise and Evaluation Program • Preparation for Resource Providers <p>Health Department supervisory positions:</p> <ul style="list-style-type: none"> • ICS 200: Basic ICS for Initial Response • Independent Study (IS)-2200: Basic Emergency Operations Center Functions <p>Staff with designated response roles:</p> <ul style="list-style-type: none"> • ICS 300: Intermediate ICS for Expanding Incidents • Crisis and Emergency Risk Communication (CERC) <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"> • ICS 400: Advanced ICS <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</p>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	participate in at least one training as described above.			
<p>9 Exercising</p> <p>Framework 2 – Enhance Partnerships</p> <p>Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies</p>	<p>Participate in at least one exercise by June 30, 2025.</p> <ul style="list-style-type: none"> • Include critical response and recovery partners. • Engage partners to incorporate health equity principles. • Integrate administrative and budget preparedness recommendations. • Complete AAR/IP for the exercise by June 30th, 2025. <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>Mid- and end-of-year reports on template provided by DOH.</p> <p>Improvement Plans available upon request.</p>	<p>December 31, 2024 June 30, 2025</p>	
<p>10 Communication & Exercising</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>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	
<p>11 MCM – Non-CRI LHJs</p> <p>Framework 1 – Develop threat-specific approach</p> <p>Framework 10 – Prioritize community recovery efforts</p>	<p>Note: This activity applies to non-CRI LHJs only.</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>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
12 DOH Duty Officer Framework 7 – Strengthen risk communications activities	<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>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	
13 WASECURES Framework 7 – Strengthen risk communication activities	<p>Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as the primary notification system.</p> <p>Participate in DOH-led notification drills. Conduct at least one LHJ drill using the LHJ-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Registered users must log in (or respond to an alert) quarterly at a minimum. • DOH will provide technical assistance to LHJs on using WASECURES. • LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents. 	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	
14 Communication & Communities of Focus Framework 10 – Prioritize community recovery efforts	<p>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.</p> <p>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.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
15 Healthcare Coalition (HCC) Participation 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"> • Meetings • Communication • Planning • Training • Exercises 	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	

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

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

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

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

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

Program Specific Requirements

Special Requirements:

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 your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this contract for a month, let your 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: 2022-2024**

DOH Program Name or Title: Recreational Shellfish Activities - Effective July 1, 2023

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: July 1, 2023 through December 31, 2024

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funds for shellfish harvesting safety.

Revision Purpose: The purpose of this revision is to add funds for shellfish safety outreach.

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	07/01/23	12/31/24	19,500	500	20,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						19,500	500	20,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Biotoxin Monitoring <ul style="list-style-type: none"> 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. Conduct emergency biotoxin sampling when needed. Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed. Issue biotoxin news releases during biotoxin closures in Whatcom County. This task may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring. 	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 15, 2024 (See Special Instructions below.)	\$17,750

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Outreach <ul style="list-style-type: none"> • Staff educational booths at local events. • Distribute safe shellfish harvesting information. 	Submit annual report including the number of events staffed and amount of educational materials distributed.	Email Report to DOH by February 15, 2024 (See Special Instructions below.)	\$1,750 \$2,250

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.

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 2023 must be submitted via email to Liz Maier (liz.maier@doh.wa.gov) by February 15, 2024.

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