**WHATCOM COUNTY**
**CONTRACT INFORMATION SHEET**

Whatcom County Contract Number: 202501019 – 2

| | |
|---|---|
| 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? Yes ☐ No ☒ | If not, is this an Amendment or Renewal to an Existing Contract? | | | Yes ☒ | No ☐ |
| | If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: | | | 202501019 | |
| Does contract require Council Approval? Yes ☒ No ☐ | 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 ☒ No ☐ | If yes, grantor agency contract number(s): | CLH32073 | CFDA#: | Various | |
| Is this contract grant funded? Yes ☐ No ☐ | If yes, Whatcom County grant contract number(s): | | | | |
| Is this contract the result of a RFP or Bid process? Yes ☐ No ☒ | If yes, RFP and Bid number(s): | | Contract Cost Center: | Various | |
| Is this agreement excluded from E-Verify? No ☐ Yes ☒ | | | | | |

If YES, indicate exclusion(s) below:

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

Contract Amount:(sum of original contract amount and any prior amendments):
$ 5,265,283

This Amendment Amount:
$ 53,403

Total Amended Amount:
$ 5,318,686

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.

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

| | | | | |
|---|---|---|---|---|
| Term of Contract: | 3 Years | Expiration Date: | 12/31/2027 | |
| Contract Routing: | 1. Prepared by: | J. Thomson | Date: | 02/21/2025 |
| | 2. Attorney signoff: | Christopher Quinn | Date: | 02/20/2025 |
| | 3. AS Finance reviewed: | Bbennett | Date: | 02/28/2025 |
| | 4. IT reviewed (if IT related): | | Date: | |
| | 5. Contractor signed: | | Date: | |
| | 6. Submitted to Exec.: | JT | Date: | 03/12/2025 |
| | 7. Council approved (if necessary): | AB2025-209 | Date: | 03/11/2025 |
| | 8. Executive signed: | | Date: | |
| | 9. Original to Council: | | Date: | |

**WHATCOM COUNTY**
Health and Community Services

Erika Lautenbach, MPH, Director
Amy Harley, MD, MPH, Health Officer

# Memorandum

**TO:** Satpal Sidhu, County Executive

**FROM:** Erika Lautenbach, Director

**RE:** Washington State Department of Health – 2025 - 2027 Consolidated Contract Amendment #2

**DATE:** **MARCH 12, 2025**

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Attached is a grant amendment between Whatcom County and Washington State Department of Health for your review and signature. This amendment increases funding and/or revises statements of work for various public health programs, as described below.

- **Background and Purpose**

  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.

- **Funding Amount and Source**

  This amendment adds $53,403. Total funding for this grant is $5,318,686 and is provided by state and federal resources. These funds are included in the 2025 budget. Council authorization is required per WCC 3.08.060 as the funding included in this amendment exceeds $40,000.

- **Differences from Previous Contracts**

  1. Adds statements of work and/or increases funding for the following programs:
     a. Beach Environmental Assessment, Communication, and Health (BEACH) Program – This amendment adds $9,000 for the period of 3/1/25 – 10/31/25. Funding for the BEACH Program is used to monitor water at marine swimming beaches for bacteria and provide public notification when levels are unsafe.
     b. Tuberculosis (TB) Program – This amendment adds $9,483 for the period of 1/1/25 – 12/31/25. Funding for the TB Program is used for TB prevention, case management, and treatment.
  2. Amends the statement of work for the Injury & Violence Prevention-Overdose Data to Action in States Program. This amendment adds $34,920 for the period of 1/1/25-8/31/25. These fund are used to cover a portion of a temporary Overdose Response and Prevention Behavioral Health Specialist and a portion of the position's Supervisor. This award also includes first year funding to support operations (vehicle lease, fuel, computer, travel and training, outreach supplies, and flex funds).

Please contact Erika Lautenbach, Director at 360-778-6000 (ELautenb@co.whatcom.wa.us) if you have any questions.

Encl.

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

**CONTRACT NUMBER: CLH32073** **AMENDMENT NUMBER: 2**

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL: https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?=e1:9a94688da2d94d3ea80ac7fbc32e4d7c

   ☒ Adds Statements of Work for the following programs:

   BEACH Program - Effective March 1, 2025
   TB Program – Effective January 1, 2025

   ☒ Amends Statements of Work for the following programs:

   Injury & Violence Prevention-Overdose Data to Action in States - Effective January 1, 2025

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-2 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-1 Allocations as follows:

   ☒ Increase of **$53,403** for a revised maximum consideration of **$5,318,686**.

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

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

3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

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

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

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

| WHATCOM COUNTY HEALTH & COMMUNITY SERVICES | STATE OF WASHINGTON DEPARTMENT OF HEALTH |
|---|---|
| Signature: Satpal Sidhu | Signature: |
| Date: 3.12.25 3.12.25 | Date: |

APPROVED AS TO FORM ONLY
Assistant Attorney General

WHATCOM COUNTY

Satpal Sidhu 3.12.25

Satpal Singh Sidhu, County Executive

STATE OF WASHINGTON )
)
COUNTY OF WHATCOM )

On this 12th day of March, 2025, before me personally appeared Satpal Singh Sidhu, to me known to be the County Executive of Whatcom County and who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

JAKE LOGAN
APPOINTMENT EXPIRES September 10, 2028
NOTARY PUBLIC
COMM # 24026008
STATE OF WASHINGTON

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

My Commission expires: 9.10.28

APPROVED AS TO FORM

Approved by email CQ/JT
Christopher Quinn, Chief Civil Deputy Prosecutor

02/20/2025
Date

**Washington State Department of Health**
PO Box 47905
Olympia, WA 98504-7905
Brenda.henrikson@doh.wa.gov
Shannon.may@doh.wa.gov

**Whatcom County Health & Community Services**

**EXHIBIT B-2**
**ALLOCATIONS**
**Contract Term: 2025-2027**

**Contract Number:** CLH32073
**Date:** February 1, 2025

**Indirect Rate as of January 1, 2025: 26.2% CD & Epi; 31.3% Comm. Hlth & Hlth Svcs; 32.8% Enviro Hlth; 27.2% Resp Div**

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | Assist List #* | BARS Revenue Code** | Statement of Work LHJ Funding Period Start Date | Statement of Work LHJ Funding Period End Date | DOH Use Only Chart of Accounts Funding Period Start Date | DOH Use Only Chart of Accounts Funding Period End Date | Amount | Funding Period SubTotal | Chart of Accounts Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **FFY25 Swimming Beach Act IAR (ECY)** | **01J74301** | **Amd 2** | **66.472** | **333.66.47** | **03/01/25** | **10/31/25** | **01/01/25** | **11/30/25** | **$9,000** | **$9,000** | **$9,000** |
| FFY24 PHEP BP1-CDC-LHJ Partners | NU90TU000055 | Amd 1 | 93.069 | 333.93.06 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | $62,455 | $62,455 | $62,455 |
| **FFY25 TB Elimination CDC** | **NU52PS910221** | **Amd 2** | **93.116** | **333.93.11** | **01/01/25** | **12/31/25** | **01/01/25** | **12/31/25** | **$9,483** | **$9,483** | **$9,483** |
| **FFY24 CDC PCH OD2A Prevention** | **NU17CE010218** | **Amd 2** | **93.136** | **333.93.13** | **01/01/25** | **08/31/25** | **09/01/24** | **08/31/25** | **$34,920** | **$74,233** | **$74,233** |
| FFY24 CDC PCH OD2A Prevention | NU17CE010218 | Amd 1 | 93.136 | 333.93.13 | 01/01/25 | 08/31/25 | 09/01/24 | 08/31/25 | $39,313 | | |
| FFY24 CDC PPHF Ops | NH23IP922619 | Amd 1 | 93.268 | 333.93.26 | 01/01/25 | 06/30/25 | 07/01/23 | 06/30/25 | $13,470 | $13,470 | $13,470 |
| FFY20 ELC EDE LHJs CDC | NU50CK000515 | Amd 1 | 93.323 | 333.93.32 | 01/01/25 | 06/30/25 | 01/15/21 | 07/31/25 | $386,500 | $386,500 | $386,500 |
| FFY23 Refugee Health Promo DSHS IAR | NGA Not Received | Amd 1 | 93.566 | 333.93.56 | 01/01/25 | 09/30/26 | 10/01/23 | 09/30/26 | $137,500 | $137,500 | $137,500 |
| FFY24 Tobacco-Vape Prev CDC Comp 1 | NU58DP006808 | Amd 1 | 93.387 | 333.93.38 | 01/01/25 | 04/28/25 | 04/29/24 | 04/28/25 | $18,886 | $18,886 | $18,886 |
| FFY25 HRSA MCHBG LHJ Contracts | B04MC54583 | Amd 1 | 93.994 | 333.93.99 | 01/01/25 | 09/30/25 | 10/01/24 | 09/30/25 | $106,632 | $106,632 | $106,632 |
| SFY2 GFS - Group B | | Amd 1 | N/A | 334.04.90 | 01/01/25 | 06/30/25 | 07/01/23 | 06/30/25 | $12,939 | $12,939 | $12,939 |
| SFY25 SSPS Opioid Harm Red Proviso | | Amd 1 | N/A | 334.04.91 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | $34,500 | $34,500 | $34,500 |
| SFY25 Dedicated Cannabis Account | | Amd 1 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | $204,794 | $204,794 | $204,794 |
| SFY25 LHJ Opioid Campaign Proviso | | Amd 1 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | $84,375 | $84,375 | $84,375 |
| SFY25 Local Opi Prev & Supp Proviso | | Amd 1 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | $16,042 | $16,042 | $16,042 |
| Rec Shellfish/Biotoxin | | Amd 1 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/23 | 06/30/25 | $5,500 | $5,500 | $5,500 |
| SFY25 Nicotine Addict Prev & Ed Pro | | Amd 1 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | $60,847 | $60,847 | $60,847 |
| SFY25 Youth Tobacco Vapor Products | | Amd 1 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | $28,130 | $28,130 | $28,130 |
| SFY25 FPHS-LHJ Funds-GFS | | Amd 1 | N/A | 336.04.25 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | $3,843,000 | $3,843,000 | $3,843,000 |
| SFY25 FPHS-LHJ-Redirect Funds | | Amd 1 | N/A | 336.04.25 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | $200,000 | $200,000 | $200,000 |

**Whatcom County Health & Community Services**

**EXHIBIT B-2**
**ALLOCATIONS**
**Contract Term: 2025-2027**

**Contract Number:** CLH32073
**Date:** February 1, 2025

**Indirect Rate as of January 1, 2025: 26.2% CD & Epi; 31.3% Comm. Hlth & Hlth Svcs; 32.8% Enviro Hlth; 27.2% Resp Div**

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | Assist List #* | BARS Revenue Code** | Statement of Work LHJ Funding Period Start Date | Statement of Work LHJ Funding Period End Date | DOH Use Only Chart of Accounts Funding Period Start Date | DOH Use Only Chart of Accounts Funding Period End Date | Amount | Funding Period SubTotal | Chart of Accounts Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| YR 27 SRF - Local Asst (15%) SS | | Amd 1 | N/A | 346.26.64 | 01/01/25 | 06/30/25 | 07/01/23 | 06/30/25 | $3,200 | $3,200 | $3,200 |
| Sanitary Survey Fees SS-State | | Amd 1 | N/A | 346.26.65 | 01/01/25 | 06/30/25 | 07/01/23 | 06/30/25 | $3,200 | $3,200 | $3,200 |
| YR 27 SRF - Local Asst (15%) TA | | Amd 1 | N/A | 346.26.66 | 01/01/25 | 06/30/25 | 07/01/23 | 06/30/25 | $4,000 | $4,000 | $4,000 |
| **TOTAL** | | | | | | | | | **$5,318,686** | **$5,318,686** | |
| **Total consideration:** | **$5,265,283** | | | | | | | | | **GRAND TOTAL** | **$5,318,686** |
| **GRAND TOTAL** | **$53,403**<br>**$5,318,686** | | | | | | | | | **Total Fed**<br>**Total State** | $818,159<br>$4,500,527 |

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

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

**DOH Program Name or Title:** BEACH Program - Effective March 1, 2025

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

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

**Period of Performance:** March 1, 2025 through October 31, 2025

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient | ☒ FFATA (Transparency Act) | ☒ Reimbursement |
| ☐ State | ☐ Research & Development | ☐ Fixed Price |
| ☐ Other | | |

**Statement of Work Purpose:** The Beach Environmental Assessment, Communication, and Health (BEACH) Program works with LHJ to monitor water at marine swimming beaches for bacteria and provide public notification when levels are unsafe.

**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 |
|---|---|---|---|---|---|---|---|---|
| FFY2025 SWIMMING BEACH ACT IAR (ECY) | 26505925 | 66.472 | 333.66.47 | 03/01/25 | 10/31/25 | 0 | 9,000 | 9,000 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **0** | **9,000** | **9,000** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1 | BEACH Program Administration and Annual Meeting: Time spent on administrative duties related to the BEACH Program and the 2025 Annual meeting. | Summarize time spent on administrative duties in annual report. | Annual meeting held in March 2025. Annual report due October 31, 2025. | Reimbursement for actual costs up to $9,000 for tasks 1-3. Subrecipient may use their discretion in prioritizing which task(s) to pay with this award. |
| 2 | Bacteria Monitoring & Public Notification<br>• Collect samples and field observations in accordance with BEACH Program Quality Assurance Project Plan (QAPP). Notify BEACH Program Coordinator in advance if samples cannot be collected. Coordinate deviations from the QAPP and/or schedule with the BEACH Program Coordinator.<br>• Post and/or remove swimming advisory signs as needed. Provide public education about beach water | 1. Enter data into Department of Ecology's BEACH Program Database.<br><br>2. Email copies of laboratory analytical reports to BEACH Program Coordinator.<br><br>3. Include a list of swimming advisories in annual report. | 1. Enter data results into database by Friday each week of sample collection.<br><br>2. Email copies of reports upon receipt.<br><br>3. Annual report due October 31, 2025. | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | quality. Notify BEACH Program Coordinator of swimming advisories as soon as possible. | | | |
| 3 | Illness Pollution Investigations<br>Notify BEACH Program Coordinator of any illness reports related to recreational swimming beaches. Conduct illness investigations as needed. | 1. Provide notification via telephone to BEACH Program Coordinator.<br><br>2. Summarize illness investigation in annual report. | 1. Within fourteen (14) business days.<br><br>2. Annual report due October 31, 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**
The funds for this project are being provided by an Environmental Protection Agency grant, Agreement Number CU-01J74301-4, Assistance Listing Number 66.472 – Beach Monitoring and Notification Program Implementation Grants.

**Program Manual, Handbook, Policy References:**
Quality Assurance Project Plan https://apps.ecology.wa.gov/publications/SummaryPages/1903119.html

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

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

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

**Contract Number:** CLH32073

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

**Period of Performance:** January 1, 2025 through August 31, 2025

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient | ☒ FFATA (Transparency Act) | ☒ Reimbursement |
| ☒ State | ☐ Research & Development | ☐ Fixed Price |
| ☐ Other | | |

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

**Revision Purpose:** Add funds, add a task and revise task language, and add and revise budget information under Program Specific Requirements.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date | LHJ Funding Period End Date | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|---|---|---|---|---|---|---|---|---|
| FFY24 CDC PCH OD2A PREVENTION | 77520240 | 93.136 | 333.93.13 | 01/01/25 | 08/31/25 | 39,313 | 34,920 | 74,233 |
| SFY25 LOCAL OPI PREV & SUPP PROVISO | 77550855 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 16,042 | 0 | 16,042 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **55,355** | **34,920** | **90,275** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1. | OD2A-S 9.1.1<br><br>The LHJ will hire a navigator at the Division Street Behavioral Health Campus Resource Center to provide support and resource navigation to individuals who are at high risk of overdose. This position will work directly with individuals soon after an overdose, at risk of overdose, with a history of overdose, actively using substances, and/or not currently connected to ongoing substance use disorder (SUD)/opioid use disorder (OUD) services. | Progress report update on:<br>• The hiring process for the navigator<br>• The outreach, screening, and linkage work conducted by the navigator<br>• The navigator's efforts to partner with the ED, MOUD providers, and RSD<br>• The creation of a leave behind SUD/MOUD guide<br>• The establishment of a warm-handoff process | Progress report updates and *quantitative* performance measure reporting and due to DOH on the following timeline:<br><br>Reporting Period: 11/01/24-01/31/25 — Report Due Date: ~~02/01/25~~ *02/10/25* | Monthly invoices for actual cost reimbursement will be submitted to DOH.<br><br>Barring the purchase of naloxone, the LHJ may bill to either of the two MI codes listed in the funding table for time and effort spent on any activity in this statement of work. |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | The navigator will provide outreach supplies, brief screenings, information and linkages to community-based care, crisis intervention, follow-up response, and transportation. The navigator will partner closely with the emergency department, local medications for opioid use disorder (MOUD) providers, and WCHCS's Response Systems Division (RSD).<br><br>The LHJ will create a leave behind SUD/MOUD resource guide.<br><br>The LHJ will establish a referral and warm-handoff processes from the navigator to WCHCS's SSP and MOUD providers. | Quarterly performance measure reporting on the data that is relevant to this activity. Please see the deliverables/outcomes tied to the "Evaluation Requirements" activity for a full list of performance measures. | 02/01/25-03/31/25 ~~04/01/25~~ *04/10/25*<br>04/01/25-06/30/25 ~~07/01/25~~ *07/10/25*<br>07/01/25-08/31/25 10/31/25<br><br>Note: All final A-19 invoices for the SOW period of performance are due to DOH no later than 60 days after the end of the performance period. Because progress reports are considered supporting documentation for A-19 invoice submission, the final progress report of this contract budget period is due on the same date that the final A-19 invoice for this budget period must be submitted. | Total of all invoices for FFY24 CDC PCH OD2A PREVENTION will not exceed ~~$39,313~~ *$74,233* through August 31, 2025.<br><br>Total of all invoices for SFY25 LOCAL OPI PREV & SUPP POVISO will not exceed $16,042 through June 30, 2025. |
| 2. | OD2A-S 9.1.2<br><br>The navigator will conduct naloxone, harm reduction, and trauma-informed care trainings.<br><br>The navigator will become oriented to the Response Services Division (RSD) and Syringe Services Program (SSP) case management programs. The LHJ will establish and implement a referral process from the navigator to RSD and SSP case management and outreach participants from the population of focus.<br><br>The LHJ will obtain participant feedback about support received by the navigator and subsequent case management. | Progress report update on:<br>• The topics and locations of trainings conducted by the navigator<br>• The navigator's process becoming familiar with the case management programs at the RSD and SSP<br>• The establishment of a referral process<br>• Any participant feedback collected<br><br>Quarterly performance measure reporting on the data that is relevant to this activity. Please see the deliverables/outcomes tied to the "Evaluation Requirements" activity for a full list of performance measures. | | |
| 3. | OD2A-S 9.1.3<br><br>The LHJ will conduct outreach to their population of focus and refer appropriate participants to WCHCS's Street Medicine ARNP within 72 hours of an overdose for Suboxone bridge prescription until ongoing MOUD is available. They will provide warm hand-offs and referrals to ongoing MOUD within 7 days of contact.<br><br>The LHJ will review linkages to care data and identify any changes in approach, obtain participant feedback about support received by the navigator, and obtain | Progress report update on:<br>• Outreach conducted to the population of focus<br>• The process to make referrals to the WCHCS ARNP and ongoing MOUD<br>• Any changes in approach identified as a need by linkage to care data or participant/partner feedback<br>• The process to build partnerships with local SUD outreach providers and provide education | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | community partner feedback about the continuum of care.<br><br>The navigator will build partnerships with local SUD and outreach providers and provide community education about their position and scope of work.<br><br>The LHJ will establish and implement a referral process from community providers and 911 dispatch/EMS to their navigation services and outreach their population of focus. The LHJ will refer appropriate participants to the RSD Street Medicine ARNP within 72 hours of an overdose for Suboxone bridge prescription until ongoing MOUD available. The LHJ will provide warm hand-offs and referrals to ongoing MOUD within 7 days of contact.<br><br>The LHJ will review the time it takes to connect with an individual after an overdose as well as linkages to care data to determine any needed process changes. They will also obtain participant feedback about support received by navigator.<br><br>The LHJ will present data to Community Paramedicine programs and local fire departments to bolster EMS referrals after an overdose. | • The implementation of a referral process from community providers and 911 dispatch/EMS to their navigation services<br>• The process to make referrals to the RSD ARNP and ongoing MOUD<br>• Any insights gathered from reviewing connection time data and participant feedback.<br>• The kinds of data presented to community paramedicine programs and whether EMS referrals were bolstered in response<br><br>Quarterly performance measure reporting on the data that is relevant to this activity. Please see the deliverables/outcomes tied to the "Evaluation Requirements" activity for a full list of performance measures. | | |
| 4. | OD2A-S 9.2.1<br><br>The navigator will form partnerships with local SUD and outreach providers and the LHJ will explore/establish a designated health provider/group to review DOH Prescription Monitoring Program (PMP) monthly and report to the navigator.<br><br>The LHJ will explore/establish relationship with ScalaNW to track appointment attendance for referrals made from PeaceHealth St. Joseph Medical Center (PHSJ)'s Emergency Department as appropriate.<br><br>The LHJ will establish care coordination meetings with linkage to care agencies explore/establish a reporting tool from linkage to care agencies related to | Progress report update on:<br>• Process to establish partnerships with local SUD providers<br>• Process of exploring/establishing a designated health provider group<br>• Engagement with ScalaNW<br>• Establishment of care coordination meetings<br>• Process of exploring/establishing a reporting tool as needed<br>• The process of reviewing appointment attendance data and participant feedback to outreach those identified as needing support, including how these individuals were identified | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | appointment attendance as needed. The LHJ will review appointment attendance data and outreach those needing support in reconnecting to services and obtain participant feedback about treatment interruptions. | Quarterly performance measure reporting on the data that is relevant to this activity. Please see the deliverables/outcomes tied to the "Evaluation Requirements" activity for a full list of performance measures. | | |
| *5.* | *One Time Enhancement Activities*<br><br>*The LHJ will increase capacity for their proposed long-term projects focused on community-based linkage to care. The LHJ will lease a vehicle, pending CDC approval, to allow navigation staff to deliver critical assistance directly to individuals at risk of overdose.* | *Progress report updates on the process of leasing a vehicle and providing mobile harm reduction/care navigation services for people using drugs.* | | |
| ~~5.~~ *6.* | Maintain partnerships<br><br>The LHJ will maintain partnerships with EMS, Fire, 911 dispatch, St. Joseph Medical Center, MOUD treatment providers among others to maintain the communication channel to receive referrals. | Progress report update on the maintenance of partnerships to support referrals and linkage to care. | | |
| ~~6.~~ *7.* | Maintain communication with DOH<br><br>• The LHJ will meet virtually with the DOH contract manager on a monthly or quarterly basis.<br>• When requested, the LHJ will join meetings with DOH and CDC OD2A-S project officers to provide updates on the implementation of the statement of work activities.<br>• The LHJ will participate in quarterly calls with DOH and other recipients of this funding to share lessons learned, successes, and challenges. | • Monthly or quarterly meetings<br>• Meetings with CDC as requested<br>• Participate in quarterly calls with all grantees | | |
| ~~7.~~ *8.* | Evaluation requirements<br><br>The LHJ will engage in evaluation activities in the following ways:<br>• Collect data on CDC performance measures to support DOH evaluation plan.<br>• Provide answers to contextual performance measures questions. | *Submit the quantitative data on a DOH-provided excel workbook on the quarterly timeline mentioned in the "Due Date/Time Frame" column and submit the qualitative data on a DOH-provided excel workbook once on the quarter 4 progress report template.* | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | • Collaborate with the DOH evaluator on a Targeted Evaluation Project (TEP) that will provide a greater understanding of navigation activities.<br>• Support other evaluation tasks as requested, to meet overall CDC evaluation requirements.<br><br>*The LHJ will collect and submit the following quantitative data on a DOH-provided excel workbook on the quarterly timeline mentioned in the "Due Date/Time Frame" column:*<br><br>• *Total number of harm reduction service encounters (e.g., in-person, mail, telephone, online)*<br>• *Zip code where harm reduction services were provided (list "unknown" when location is unknown)*<br>• *Total number of navigators located in a harm reduction setting or other setting*<br>• *Number of referrals to harm reduction services for each race ethnicity*<br>• *If possible, total number of hours spent by each navigator on linkage to care or referral efforts*<br>• *Type of organization where naloxone was distributed (SSP, faith-based organizations, schools, etc.)*<br>• *Zip code where naloxone was distributed (list "unknown" when unknown)*<br>• *Number of naloxone doses distributed at each type of organization*<br>• *Number of service encounters involving drug checking*<br>• *Zip code for drug checking encounters (list "unknown" when unknown)*<br>• *Number of referrals to MOUD for each race/ethnicity*<br>• *Number of referrals to behavioral health treatment only (without MOUD) for each race/ethnicity*<br>• *Number of other referrals, if not to MOUD and behavioral health, with a description of the type of referral* | ~~DOH will provide a template for the collection of the following quantitative data:~~<br><br>• ~~Total number of harm reduction service encounters (e.g., in-person, mail, telephone, online)~~<br>• ~~Zip code where harm reduction services were provided (list "unknown" when location is unknown)~~<br>• ~~Total number of navigators located in a harm reduction setting or other setting~~<br>• ~~Number of referrals to harm reduction services for each race ethnicity~~<br>• ~~If possible, total number of hours spent by each navigator on linkage to care or referral efforts~~<br>• ~~Type of organization where naloxone was distributed (SSP, faith-based organizations, schools, etc.)~~<br>• ~~Zip code where naloxone was distributed (list "unknown" when unknown)~~<br>• ~~Number of naloxone doses distributed at each type of organization~~<br>• ~~Number of service encounters involving drug checking~~<br>• ~~Zip code for drug checking encounters (list "unknown" when unknown)~~<br>• ~~Number of referrals to MOUD for each race/ethnicity~~<br>• ~~Number of referrals to behavioral health treatment only (without MOUD) for each race/ethnicity~~<br>• ~~Number of other referrals, if not to MOUD and behavioral health, with a description of the type of referral~~<br><br>~~DOH will provide a template for the collection of the following qualitative data:~~<br>• ~~How has access to care or treatment has been improved, and what new/existing community assets were leveraged?~~ | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | *The LHJ will collect and submit the following qualitative data on a DOH-provided excel workbook once on the quarter 4 progress report template:*<br><br>***Health Equity (HE)***<br><br>***HE Impact: Impactful practices for improving access to care and treatment for PWUD who are historically underserved by overdose prevention programs***<br><br>*1. Please provide a brief description of the implemented and/or tailored (adapted to specific cultural, linguistic, environmental, or social needs of populations) evidence-based intervention or innovative practice (including setting and whether navigators were included if applicable) and how these compare to previous efforts.*<br>*2. Please describe how access to care or treatment has been improved, and what new/existing community assets were leveraged.*<br>*3. Please describe how specific populations disproportionately affected by overdose and underserved with care and treatment programs are impacted by efforts (if tracked).*<br>*4. (Optional) Please share if there were any other outcomes that were improved (provides recipients the option to expand beyond access to care and include any other outcomes, for example, retention in care, decreased opioid use).*<br>*5. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).*<br><br>***HE Activities: Number of health equity focused overdose prevention activities implemented with OD2A funding***<br><br>*1. Please describe the activities in this performance measure, for whom they were intended, and how the activities were implemented and/or tailored (e.g., linguistically, culturally) for racially, ethnically, and linguistically diverse populations?* | ~~• What are the barriers for people accessing harm reduction services in your jurisdiction?~~<br>~~• What are barriers to accessing or receiving naloxone?~~<br>~~• Describe what types of navigators are included in the data reported~~<br>~~• Describe methods to support navigators~~ | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | *2. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).*<br><br>***Harm Reduction (HR)***<br><br>*HR_Encounters: Number of harm reduction service encounters at organizations funded or supported by OD2A*<br><br>*1. What are the barriers for people accessing harm reduction services in your jurisdiction?*<br>*2. What are the facilitators for people accessing harm reduction services in your jurisdiction?*<br>*3. What types of services are included?*<br>*4. Please estimate the proportion of harm reduction service encounters that occurred:*<br>*___% at brick and mortar locations*<br>*___% via mobile-based outreach services*<br>*___% via mail-based delivery*<br>*___% other (please specify)*<br>*5. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).*<br><br>*HR_Naloxone: Number of naloxone doses distributed by OD2A funded or supported organizations*<br><br>*1. What are barriers to accessing or receiving naloxone?*<br>*2. What are facilitators to accessing or receiving naloxone?*<br>*3. How did you use OD2A Funds to distribute naloxone (e.g. staffing to distribute, vending machines)?*<br>*4. (Optional) Describe mechanisms used to distribute naloxone (e.g., mail in, handoffs).*<br>*5. If you selected "other" type of organizations in the reporting tool, please describe.*<br>*6. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness,* | | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | *data accuracy, facilitators/barriers for collection and reporting).*<br><br>***Linkage to Care (LTC)***<br><br>***LTC_Navigators: Number of navigators who link PWUD to care and harm reduction services via warm handoffs***<br>*1. Please describe what types of navigators are included in the data reported (e.g., certified peer recovery specialists, peer support specialists, case managers, patient navigators, community health workers, persons with lived experience, etc.).*<br>*2. Please describe methods to support navigators, including average hourly pay, benefits, and additional supports (e.g., trauma, wellness, emotional/psychological support, infrastructure such as a phone) to help retain them.*<br>*3. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).*<br><br>***LTC_Referrals: Number of referrals to care and harm reduction services***<br><br>*1. (Optional) If you have other OD2A funded or supported referrals beyond referrals to MOUD, behavioral treatment only (without MOUD), and harm reduction services, please describe the "other" types of referrals.*<br>*2. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).* | | | |

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**Program Specific Requirements**

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

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

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

| | |
|---|---|
| Salaries | $41,703 |
| Benefits | $21,269 |
| **Direct Costs Total** | $62,972 |
| **Indirect Costs @ 27.2%** | $17,128 |
| **TOTAL BUDGET** | $80,100 |

*Federal One Time Enhancement Funding Budget (2/28/25-8/31/25)*

| | |
|---|---|
| *Travel* | *$4,520* |
| *Equipment* | |
| *Vehicle lease* | *$9,000* |
| *Vehicle fuel* | *$5,000* |
| *Goods and Services* | *$16,400* |
| ***TOTAL BUDGET*** | *$34,920* |

*The LHJ must receive written approval from DOH before making any changes to the SOW activities or itemized budget.
*If the LHJ intends to request reimbursement for indirect costs, the LHJ must have an unexpired cost-rate approval letter on file with DOH. Payment for indirect costs may be withheld until an up-to-date approval letter is received by DOH.

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

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

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

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

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

| Funding Source | MI Title | Allocation | Must be spent by |
|---|---|---|---|
| Federal Funds | | | |
| OD2A-S Year 1 Funds | FFY24 CDC PCH OD2A PREVENTION | $39,313 | 8/31/25 |
| OD2A-S OTE Funds* | ~~TBD~~ *FFY24 CDC PCH OD2A PREVENTION* | *$34,920* | 8/31/25 |
| State Funds | | | |
| Time Limited State Enhancement | SFY25 LOCAL OPI PREV & SUPP POVISO | $16,042 | 6/30/25 |

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

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

**DOH Program Name or Title:** TB Program - Effective January 1, 2025

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

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

**Period of Performance:** January 1, 2025 through December 31, 2025

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient | ☒ FFATA (Transparency Act) | ☒ Reimbursement |
| ☐ State | ☐ Research & Development | ☐ Fixed Price |
| ☐ Other | | |

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is providing funding from the State TB Program for tuberculosis (TB) prevention and control activities.

**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 TB ELIMINATION CDC | 18402254 | 93.116 | 333.93.11 | 01/01/25 | 12/31/25 | 0 | 9,483 | 9,483 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **0** | **9,483** | **9,483** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1 | **Case Management and Treatment:**<br>(1) Increase percentage of TB cases meeting the National TB Indicators Project (NTIP) targets for objectives on case management and treatment.<br>a. Performance-based focus area improve Completion of Therapy (COT)<br>i. Improve Completion of Therapy (COT)<br>(2) Comply with American Thoracic Society, Centers for Disease Control and Prevention (CDC) and the Infectious Diseases Society of America Clinical Practice Guidelines and the Washington TB Services and Standards Manual. | Summary of tasks 1-10 outcomes including any implemented strategies to improve and related results/findings in the Consolidated Contract "TB Deliverables Report" for January 1, 2025 – December 31, 2025 | Report due January 31, 2026, for 2025 TB activities | Payment for tasks 1-7 will be reimbursed for actual expenses up to the maximum available within the FFY25 TB ELIMINATION CDC funding period described in the Funding Table above. |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 2 | Provide DOH with complete TB case, contact, targeted testing, and infection data.<br>• After initial notifiable conditions TB case report (within 3 business days) through the Washington Disease Reporting System (WDRS), more detailed data for confirmed or suspected cases are to be entered into WDRS within 2 weeks of receipt by the LHJ.<br>• Contact (Active Disease and Targeted Testing) and subsequent infection data (if applicable) to be provided electronically (e.g. WDRS or .xls or .csv) to DOH by the first week of February for the two previous calendar years. | | | **See below Restrictions on Funds and Billing Requirements** |
| 3 | **Contact Identifications:**<br>• Increase percentage of TB cases and contacts meeting NTIP targets for objectives on contact identifications.<br>• Comply with National TB Coalition of America (NTCA) and CDC guidelines | | | |
| 4 | **Directly Observed Therapy (DOT):**<br>Provide DOT for all cases of infectious TB disease, this includes VDOT for qualifying patients. | | | |
| 5 | **Examination and Appropriate Treatment of Immigrants and Refugees:**<br>• Increase percentage of immigrants and refugees meeting NTIP targets.<br>• Completed TB Follow-up worksheets are sent to DOH via secure tool which protects patient information. | | | |
| 6 | **Cohort Review**<br>Appropriate team members will attend and participate in discussion and utilize data for local program evaluation and program improvements.<br>**TB Case Consultation:**<br>Appropriate LHJ TB staff attend as requested by DOH clinical team. King Co allow DOH Clinical staff to attend King Co medical case management team discussions. | | | |
| 7 | **Targeted Testing:**<br>• Develop and submit a targeted testing plan that aligns with Chapter 3 of the Washington TB Services and Standards Manual | Submit plan; Follow targeted testing data submission requirements outlined in Task 2 | **Plan submission due June 30, 2025**<br><br>Report due January 31, 2026, for 2025 TB activities | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | ○ Collaborate with DOH on an LHJ-specific targeted testing plan.<br>• Implement at least one (1) targeted testing project and report findings to DOH. | Summary of activities and related outcomes to be included in annual Deliverables Report for January 1, 2025 -- December 31, 2025 | | |
| 8 | For any medications received the LHJ agrees to:<br>• Maintain auditable records for a minimum of 3 years including a separate medication inventory tracking system with records tied to patients receiving the medication.<br>• Store 340B separately from non-340B medications.<br>• Conduct regular annual internal audits of inventory and patient records to maintain HRSA standards and compliance regarding diversion and patient eligibility.<br>• Participate in audits by DOH or HRSA of TB-related 340B practices and provide access to records demonstrating compliance with HRSA 340B regulations.<br>• Will not bill Medicaid for any 340B TB medications provided by DOH TB Program.<br>• Notify DOH TB Program of any medication loss or expiration of medications including any breach of 340B regulations.<br>• Notify DOH TB Program of changes regarding the prescribing provider within 10 days. And the prescribing provider must be either employed by or under contract with the LHJ. | | | In Kind |
| 9 | An LHJ using the VDOT tool, that DOH provides without cost, agrees to establish, and follow a VDOT policy for their staff and patients based on VDOT best practice. This policy is developed and/or approved by the LHJ's Health Officer and/or TB Program Manager. Guidance and direction for this policy is posted on the TB Program's VDOT SharePoint page [Video Directly Observed Therapy for Local Health Jurisdictions Using SureAdhere (sharepoint.com)]. | Summary of VDOT treatment completion, with goal that your LHJ's completion rate is at least on par with in-person DOT, if not better for January 1, 2025 – December 31, 2025 | Report due January 31, 2026, for 2025 TB activities | In Kind |
| 10 | CDC TB Care Finder tool for finding local TB care services.<br>Setup initial county local TB care information in tool and create and follow a routine maintenance plan to ensure current information is available for TB patients and providers. | Include in 2025 Deliverables Report the last date that the provider information for your county was reviewed/updated in the TB Care Finder tool. | Report due January 31, 2026, for 2025 TB activities | In Kind |

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**Program Specific Requirements**

**Program Manual, Handbook, Policy References:**
WA State TB Services and Standards Manual: Washington State TB Services & Standards Manual (sharepoint.com)
LHJ TB SharePoint pages: TB LHJ Home (sharepoint.com)
Health Officer Handbook: Washington State Tuberculosis Law Manual for Health Officers

**Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):**
1. Emphasis must be given to directing the majority of funds to core TB control activities.
2. Federal Funds may not be used **except where noted**:
   - To supplant State or LHJ funds;
   - For inpatient care;
   - For construction or renovation of facilities;
   - To purchase treatment medications;
   - For lobbying

**Special References (i.e., RCWs, WACs, etc.):**
TB Laws and Regulations: (http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis/LawsGuidelines.aspx)
Health Officer Handbook: Washington State Tuberculosis Law Manual for Health Officers
Governor's Executive Orders 22-02 and 22-04: Our state is a pro-equity, anti-racist state; any of the other programs and services we provide, we each play a role in ensuring the systems of government provide full access to the opportunities, power and resources people need to flourish.

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

**Billing Requirements:**
TB Elimination Federal Funds: Invoices should be billed monthly when possible. Funding must be spent by 12/31/2025 and invoiced by 1/31/2026. No funds will be carried forward.

FPHS State Funds: Funding must be spent by the end date of the funding period. Invoices should be billed monthly and must be received no more than 60 days after the billing period. No funds will be carried forward.