



WHATCOM COUNTY CONTRACT INFORMATION SHEET (CIS)

Whatcom Co. Contract #: **202501019 – 16**

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|--|
| Originating Department: 85 - Health |
| Division: 8510 - Health-Administration |
| Program: 851000 - Health-Administration |
| Contract or Grant Administrator: Champ Thomaskutty |
| Contractor's / Agency Name: Washington State Department of Health |
| Title of Agreement (optional): 2025 - 2027 Consolidated Contract Amendment #16 |

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|--|
| Type of Contract: Grant (Whatcom County is Grantee) (Federal/State/Local Funds) |
| If amendment or renewal, original contract #: 202501019 |
| Is this is a grant agreement? Yes If so, grantor agency contract #s: CLH32073 ALN: 93.387 (this amendment) <i>Note: Complete ALN field if contract involves direct federal grants/cooperative agreements or pass-through federal funds.</i> |
| Is this contract grant-funded? No If yes, Whatcom County grant contract number(s): |
| If this contract the result of an RFP? No If yes, RFP number(s): |
| Is this contract the result of a Bid Process? No If yes, Bid Number(s): |
| Does this contract involve federal reimbursement? (i.e. fed grant, cooperative agreement, pass-through fed funds, etc.) No |
| Procurement method: N/A - Interlocal/Grant - For interlocal agreements between governments or grant-funded contracts |
| Council review: Required - Grant exceeds \$40,000 |

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|----------------------------|
| Fund(s): various |
| Cost Center(s): various |
| Object Account(s): various |

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|---|
| Original Contract Amount: \$ 11,334,197 |
| This Amendment Amount: \$ 3,521,984 |
| Total Cumulative Amount: \$ 14,856,181 |

Contract term ends: 12/31/2027

Key words/summary (optional):

Contract routing (please initial & date):

Prepared by: crg 06/25/2026

Contractor signed: _____

Contractor review: _____

Executive review: _____

Attorney signoff: jcw 06/29/2026

Council approval, if necessary: _____

AS Finance review: dmk 6/29/2026

AB#: AB2026-541

IT review (if related): n/a

Executive signed: _____

WHATCOM COUNTY:

Approved as to form:

Approved via email JCW/crg 06/29/2026
Janelle C. Wilson, Civil Deputy Prosecutor Date

Approved:

Accepted for Whatcom County:

By: _____
Satpal Singh Sidhu, Whatcom County Executive Date

Agency:

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

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

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | Assist List #* | BARS Revenue Code** | Statement of Work | | DOH Use Only Chart of Accounts | | Amount | Funding Period SubTotal | Chart of Accounts Total |
|---|--------------------------------|---------------|----------------|---------------------|-------------------|-------------------------|--------------------------------|-------------------------|-----------------|-------------------------|-------------------------|
| | | | | | LHJ Start Date | Funding Period End Date | Funding Period Start Date | Funding Period End Date | | | |
| FFY26 Swimming Beach Act IAR (ECY) | 03J18701 | Amd 13 | 66.472 | 333.66.47 | 03/01/26 | 10/31/26 | 07/01/25 | 11/30/26 | \$8,000 | \$8,000 | \$17,000 |
| FFY25 Swimming Beach Act IAR (ECY) | 01J74301 | Amd 2 | 66.472 | 333.66.47 | 03/01/25 | 10/31/25 | 01/01/25 | 11/30/25 | \$9,000 | \$9,000 | |
| FFY25 PHEP BP2-CDC-LHJ Partners | NU90TU000055 | Amd 11 | 93.069 | 333.93.06 | 07/01/25 | 06/30/26 | 07/01/25 | 06/30/26 | \$67,820 | \$156,138 | \$277,323 |
| FFY25 PHEP BP2-CDC-LHJ Partners | NU90TU000055 | Amd 9 | 93.069 | 333.93.06 | 07/01/25 | 06/30/26 | 07/01/25 | 06/30/26 | \$88,318 | | |
| FFY24 PHEP BP1-CDC-LHJ Partners | NU90TU000055 | Amd 3 | 93.069 | 333.93.06 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$58,730 | \$121,185 | |
| FFY24 PHEP BP1-CDC-LHJ Partners | NU90TU000055 | Amd 1 | 93.069 | 333.93.06 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$62,455 | | |
| FFY25 TB Elimination CDC | NU52PS910277 | Amd 11 | 93.116 | 333.93.11 | 01/01/25 | 12/31/25 | 01/01/25 | 12/31/25 | \$3,778 | \$13,261 | \$13,261 |
| FFY25 TB Elimination CDC | NU52PS910277 | Amd 2 | 93.116 | 333.93.11 | 01/01/25 | 12/31/25 | 01/01/25 | 12/31/25 | \$9,483 | | |
| FFY24 CDC PCH OD2A Prevention | NU17CE010218 | Amd 6 | 93.136 | 333.93.13 | 01/01/25 | 08/31/25 | 09/01/24 | 08/31/25 | \$16,848 | \$91,081 | \$91,081 |
| FFY24 CDC PCH OD2A Prevention | NU17CE010218 | Amd 2 | 93.136 | 333.93.13 | 01/01/25 | 08/31/25 | 09/01/24 | 08/31/25 | \$34,920 | | |
| FFY24 CDC PCH OD2A Prevention | NU17CE010218 | Amd 1 | 93.136 | 333.93.13 | 01/01/25 | 08/31/25 | 09/01/24 | 08/31/25 | \$39,313 | | |
| FFY25 OD2A Prevention CDC YR3 | NU17CE010218 | Amd 12 | 93.136 | 333.93.13 | 09/01/25 | 08/31/26 | 09/01/25 | 08/31/26 | \$67,628 | \$123,789 | \$123,789 |
| FFY25 OD2A Prevention CDC YR3 | NU17CE010218 | Amd 9 | 93.136 | 333.93.13 | 09/01/25 | 08/31/26 | 09/01/25 | 08/31/26 | \$56,161 | | |
| COVID 19 Vaccines R4 | NH23IP922619 | Amd 4, 5 | 93.268 | 333.93.26 | 01/01/25 | 06/30/25 | 01/01/25 | 06/30/25 | \$341,215 | \$341,215 | \$341,215 |
| FFY26 Immunizations Discre CDC YR1 | NH23IP922680 | Amd 11 | 93.268 | 333.93.26 | 07/01/25 | 06/30/26 | 07/01/25 | 06/30/26 | \$1,125 | \$1,500 | \$1,500 |
| FFY26 Immunizations Discre CDC YR1 | NH23IP922680 | Amd 9 | 93.268 | 333.93.26 | 07/01/25 | 06/30/26 | 07/01/25 | 06/30/26 | \$375 | | |
| FFY25 CDC PPHF Ops | NH23IP922619 | Amd 6 | 93.268 | 333.93.26 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$418 | \$418 | \$63,888 |
| FFY24 CDC PPHF Ops | NH23IP922619 | Amd 3 | 93.268 | 333.93.26 | 01/01/25 | 06/30/25 | 07/01/23 | 06/30/25 | \$50,000 | \$50,000 | |
| FFY24 CDC PPHF Ops | NH23IP922619 | Amd 1 | 93.268 | 333.93.26 | 01/01/25 | 06/30/25 | 07/01/23 | 06/30/25 | \$13,470 | \$13,470 | |
| FFY25 CDC VFC Ops | NH23IP922619 | Amd 6 | 93.268 | 333.93.26 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$276 | \$276 | \$276 |
| FFY19 ELC ED CAWPC & G2L CDC | NU50CK000515 | Amd 14 | 93.323 | 333.93.32 | 01/01/26 | 06/30/26 | 08/01/23 | 07/31/26 | \$60,000 | \$60,000 | \$60,000 |
| FFY19 ELC ED Immunizations CDC | NU50CK000515 | Amd 11 | 93.323 | 333.93.32 | 07/01/25 | 06/30/26 | 07/01/25 | 07/30/26 | \$13,470 | \$13,470 | \$13,470 |
| FFY20 ELC EDE LHJs CDC | NU50CK000515 | Amd 1, 9 | 93.323 | 333.93.32 | 01/01/25 | 12/31/25 | 01/15/21 | 07/31/26 | \$386,500 | \$386,500 | \$386,500 |
| FFY23 Refugee Health Promo DSHS IAR | 2501WARSSS | Amd 6 | 93.566 | 333.93.56 | 01/01/25 | 09/30/26 | 10/01/23 | 09/30/26 | \$130,113 | \$267,613 | \$267,613 |
| FFY23 Refugee Health Promo DSHS IAR | 2501WARSSS | Amd 1 | 93.566 | 333.93.56 | 01/01/25 | 09/30/26 | 10/01/23 | 09/30/26 | \$137,500 | | |
| FFY21 CDC COVID-19 PHWFD-LHJ | NU90TP922181 | Amd 3 | 93.354 | 333.93.35 | 01/01/25 | 06/30/25 | 07/01/23 | 06/30/25 | \$12,741 | \$12,741 | \$12,741 |
| FFY24 Tobacco-Vape Prev CDC Comp 1 | NU58DP006808 | Amd 16 | 93.387 | 333.93.38 | 04/29/26 | 04/28/27 | 04/29/24 | 04/28/27 | \$37,772 | \$37,772 | \$110,048 |
| FFY24 Tobacco-Vape Prev CDC Comp 1 | NU58DP006808 | Amd 13 | 93.387 | 333.93.38 | 10/01/25 | 04/28/26 | 04/29/24 | 04/28/26 | \$53,390 | \$53,390 | |
| FFY24 Tobacco-Vape Prev CDC Comp 1 | NU58DP006808 | Amd 1 | 93.387 | 333.93.38 | 01/01/25 | 04/28/25 | 04/29/24 | 04/28/25 | \$18,886 | \$18,886 | |

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

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | Assist List #* | BARS Revenue Code** | Statement of Work | | DOH Use Only Chart of Accounts | | Amount | Funding Period SubTotal | Chart of Accounts Total |
|---|--------------------------------|---------------|----------------|---------------------|-------------------|-------------------------|--------------------------------|-----------------|------------------|-------------------------|-------------------------|
| | | | | | LHJ Start Date | Funding Period End Date | Funding Period Start Date | End Date | | | |
| PH Infrastructure Comp A1-LHJ | NE11OE000053 | Amd 11 | 93.967 | 333.93.96 | 01/01/25 | 11/30/27 | 12/01/22 | 11/30/27 | \$200,000 | \$288,732 | \$288,732 |
| PH Infrastructure Comp A1-LHJ | NE11OE000053 | Amd 3 | 93.967 | 333.93.96 | 01/01/25 | 11/30/27 | 12/01/22 | 11/30/27 | \$88,732 | | |
| FFY25 HRSA MCHBG LHJ Contracts | B04MC54583 | Amd 1 | 93.994 | 333.93.99 | 01/01/25 | 09/30/25 | 10/01/24 | 09/30/25 | \$106,632 | \$106,632 | \$106,632 |
| FFY25 MCHBG Special Pr HRSA 2 | B04MC54583 | Amd 11 | 93.994 | 333.93.99 | 10/01/25 | 09/30/26 | 10/01/25 | 09/30/26 | \$12,669 | \$12,669 | \$12,669 |
| FFY26 MCHBG LHJ Contracts HRSA YR1 | B04MC55473 | Amd 15 | 93.994 | 333.93.99 | 10/01/25 | 09/30/26 | 10/01/25 | 09/30/26 | \$47,392 | \$111,735 | \$111,735 |
| FFY26 MCHBG LHJ Contracts HRSA YR1 | B04MC55473 | Amd 14 | 93.994 | 333.93.99 | 10/01/25 | 09/30/26 | 10/01/25 | 09/30/26 | \$29,620 | | |
| FFY26 MCHBG LHJ Contracts HRSA YR1 | B04MC55473 | Amd 13 | 93.994 | 333.93.99 | 10/01/25 | 09/30/26 | 10/01/25 | 09/30/26 | \$9,385 | | |
| FFY26 MCHBG LHJ Contracts HRSA YR1 | B04MC55473 | Amd 12 | 93.994 | 333.93.99 | 10/01/25 | 09/30/26 | 10/01/25 | 09/30/26 | \$25,338 | | |
| FFY26 MCHBG LHJ Contracts HRSA YR1 | B04MC55473 | Amd 11 | 93.994 | 333.93.99 | 10/01/25 | 09/30/26 | 10/01/25 | 09/30/26 | (\$142,176) | \$0 | |
| FFY26 MCHBG LHJ Contracts HRSA YR1 | B04MC55473 | Amd 9 | 93.994 | 333.93.99 | 10/01/25 | 09/30/26 | 10/01/25 | 09/30/26 | \$142,176 | | |
| SFY1 GFS - Group B Proviso | | Amd 8 | N/A | 334.04.90 | 07/01/25 | 06/30/26 | 07/01/25 | 06/30/26 | \$10,129 | \$10,129 | \$10,129 |
| SFY2 GFS - Group B | | Amd 1 | N/A | 334.04.90 | 01/01/25 | 06/30/25 | 07/01/23 | 06/30/25 | \$12,939 | \$12,939 | \$12,939 |
| Managed Care Org | | Amd 13 | N/A | 334.04.90 | 11/01/25 | 12/31/26 | 07/01/25 | 06/30/27 | \$16,000 | \$25,100 | \$25,100 |
| Managed Care Org | | Amd 11, 13 | N/A | 334.04.90 | 11/01/25 | 12/31/26 | 07/01/25 | 06/30/27 | \$9,100 | | |
| SFY25 DUH Naloxone DDO HCA IAR | | Amd 6 | N/A | 334.04.91 | 03/01/25 | 06/30/25 | 12/10/24 | 06/30/25 | \$15,000 | \$15,000 | \$15,000 |
| SFY25 SSPS Opioid Harm Red Proviso | | Amd 1 | N/A | 334.04.91 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$34,500 | \$34,500 | \$34,500 |
| SFY27 Dedicated Cannabis Account | | Amd 16 | N/A | 334.04.93 | 07/01/26 | 06/30/27 | 07/01/26 | 06/30/27 | \$409,588 | \$409,588 | \$1,073,297 |
| SFY26 Dedicated Cannabis Account | | Amd 8 | N/A | 334.04.93 | 07/01/25 | 06/30/26 | 07/01/25 | 06/30/26 | \$409,588 | \$409,588 | |
| SFY25 Dedicated Cannabis Account | | Amd 6 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$49,327 | \$254,121 | |
| SFY25 Dedicated Cannabis Account | | Amd 1 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$204,794 | | |
| SFY25 LHJ Opioid Campaign Proviso | | Amd 3 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$65,625 | \$150,000 | \$150,000 |
| SFY25 LHJ Opioid Campaign Proviso | | Amd 1 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$84,375 | | |
| SFY25 Local Opi Prev & Supp Proviso | | Amd 1 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$16,042 | \$16,042 | \$16,042 |
| Rec Shellfish/Biotoxin | | Amd 16 | N/A | 334.04.93 | 07/01/25 | 06/30/27 | 07/01/25 | 06/30/27 | \$8,000 | \$21,500 | \$29,000 |
| Rec Shellfish/Biotoxin | | Amd 8, 16 | N/A | 334.04.93 | 07/01/25 | 06/30/27 | 07/01/25 | 06/30/27 | \$13,500 | | |
| Rec Shellfish/Biotoxin | | Amd 7 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/23 | 06/30/25 | \$2,000 | \$7,500 | |
| Rec Shellfish/Biotoxin | | Amd 1 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/23 | 06/30/25 | \$5,500 | | |
| Small Onsite Management (ALEA) | | Amd 10 | N/A | 334.04.93 | 07/01/26 | 06/30/27 | 07/01/25 | 06/30/27 | \$6,571 | \$6,571 | \$12,242 |

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

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | Assist List #* | BARS Revenue Code** | Statement of Work | | DOH Use Only Chart of Accounts Funding Period | | Amount | Funding Period SubTotal | Chart of Accounts Total |
|---|--------------------------------|---------------|----------------|---------------------|-------------------|-------------------------|---|-----------------|--------------------|-------------------------|-------------------------|
| | | | | | LHJ Start Date | Funding Period End Date | Start Date | End Date | | | |
| Small Onsite Management (ALEA) | | Amd 16 | N/A | 334.04.93 | 07/01/25 | 06/30/26 | 07/01/25 | 06/30/27 | \$1,671 | \$5,671 | |
| Small Onsite Management (ALEA) | | Amd 14 | N/A | 334.04.93 | 07/01/25 | 06/30/26 | 07/01/25 | 06/30/27 | (\$32,612) | | |
| Small Onsite Management (ALEA) | | Amd 10 | N/A | 334.04.93 | 07/01/25 | 06/30/26 | 07/01/25 | 06/30/27 | \$36,612 | | |
| SFY27 Wastewater Management-GFS | | Amd 10 | N/A | 334.04.93 | 07/01/26 | 06/30/27 | 07/01/26 | 06/30/27 | \$31,821 | \$31,821 | \$44,585 |
| SFY25 Wastewater Management-GFS | | Amd 7 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | (\$10,000) | \$12,764 | |
| SFY25 Wastewater Management-GFS | | Amd 3 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$22,764 | | |
| SFY27 Nicotine Addict Prev & Ed Prov | | Amd 16 | N/A | 334.04.93 | 07/01/26 | 06/30/27 | 07/01/26 | 06/30/27 | \$121,694 | \$121,694 | \$345,407 |
| SFY26 Nicotine Addict Prev & Ed Prov | | Amd 8 | N/A | 334.04.93 | 07/01/25 | 06/30/26 | 07/01/25 | 06/30/26 | \$121,694 | \$121,694 | |
| SFY25 Nicotine Addict Prev & Ed Pro | | Amd 6 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$41,172 | \$102,019 | |
| SFY25 Nicotine Addict Prev & Ed Pro | | Amd 1 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$60,847 | | |
| Youth Tobacco Vapor Products | | Amd 16 | N/A | 334.04.93 | 07/01/26 | 06/30/27 | 07/01/25 | 06/30/27 | \$56,259 | \$56,259 | \$140,767 |
| Youth Tobacco Vapor Products | | Amd 8 | N/A | 334.04.93 | 07/01/25 | 06/30/26 | 07/01/25 | 06/30/27 | \$56,259 | \$56,259 | |
| SFY25 Youth Tobacco Vapor Products | | Amd 6 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$119 | \$28,249 | |
| SFY25 Youth Tobacco Vapor Products | | Amd 1 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$28,130 | | |
| FY27 Harm Reduction HCA IAR | | Amd 16 | N/A | 334.04.96 | 07/01/26 | 06/30/27 | 07/01/26 | 06/30/27 | \$69,000 | \$69,000 | \$138,000 |
| FY26 Harm Reduction HCA IAR | | Amd 12 | N/A | 334.04.96 | 07/01/25 | 06/30/26 | 07/01/25 | 06/30/26 | \$69,000 | \$69,000 | |
| SFY27 FPHS-LHJ Funds-GFS | | Amd 16 | N/A | 336.04.25 | 07/01/26 | 06/30/27 | 07/01/26 | 06/30/27 | \$2,818,000 | \$2,818,000 | \$10,279,000 |
| SFY26 FPHS-LHJ Funds-GFS | | Amd 9 | N/A | 336.04.25 | 07/01/25 | 06/30/26 | 07/01/25 | 06/30/26 | \$3,618,000 | \$3,618,000 | |
| SFY25 FPHS-LHJ Funds-GFS | | Amd 1 | N/A | 336.04.25 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$3,843,000 | \$3,843,000 | |
| SFY25 FPHS-LHJ-Redirect Funds | | Amd 1 | N/A | 336.04.25 | 01/01/25 | 06/30/25 | 07/01/24 | 06/30/25 | \$200,000 | \$200,000 | \$200,000 |
| YR1 Stimulus - Local Asst (10% of 15%) SS | | Amd 13 | N/A | 346.26.64 | 01/01/25 | 12/31/27 | 07/01/23 | 06/30/28 | \$5,350 | \$11,350 | \$11,350 |
| YR1 Stimulus - Local Asst (10% of 15%) SS | | Amd 12 | N/A | 346.26.64 | 01/01/25 | 12/31/27 | 07/01/23 | 06/30/28 | \$2,400 | | |
| YR1 Stimulus - Local Asst (10% of 15%) SS | | Amd 8 | N/A | 346.26.64 | 01/01/25 | 12/31/27 | 07/01/23 | 06/30/28 | \$3,600 | | |
| YR 28 SRF - Local Asst (15%) SS | | Amd 8 | N/A | 346.26.64 | 01/01/25 | 12/31/27 | 07/01/24 | 06/30/29 | (\$3,200) | \$0 | \$0 |
| YR 28 SRF - Local Asst (15%) SS | | Amd 6 | N/A | 346.26.64 | 01/01/25 | 12/31/27 | 07/01/24 | 06/30/29 | \$3,200 | | |
| YR 27 SRF - Local Asst (15%) SS | | Amd 6 | N/A | 346.26.64 | 01/01/25 | 06/30/25 | 07/01/23 | 06/30/25 | (\$3,200) | \$0 | |
| YR 27 SRF - Local Asst (15%) SS | | Amd 1 | N/A | 346.26.64 | 01/01/25 | 06/30/25 | 07/01/23 | 06/30/25 | \$3,200 | | |
| Sanitary Survey Fees SS-State | | Amd 13 | N/A | 346.26.65 | 01/01/25 | 12/31/27 | 07/01/23 | 12/31/27 | \$5,350 | \$11,350 | \$11,350 |
| Sanitary Survey Fees SS-State | | Amd 12 | N/A | 346.26.65 | 01/01/25 | 12/31/27 | 07/01/23 | 12/31/27 | \$2,400 | | |
| Sanitary Survey Fees SS-State | | Amd 8 | N/A | 346.26.65 | 01/01/25 | 12/31/27 | 07/01/23 | 12/31/27 | \$400 | | |
| Sanitary Survey Fees SS-State | | Amd 1, 8 | N/A | 346.26.65 | 01/01/25 | 12/31/27 | 07/01/23 | 12/31/27 | \$3,200 | | |
| YR1 Stimulus - Local Asst (10% of 15%) TA | | Amd 13 | N/A | 346.26.66 | 01/01/25 | 12/31/27 | 07/01/23 | 06/30/28 | \$4,000 | \$8,000 | \$8,000 |
| YR1 Stimulus - Local Asst (10% of 15%) TA | | Amd 8 | N/A | 346.26.66 | 01/01/25 | 12/31/27 | 07/01/23 | 06/30/28 | \$4,000 | | |

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

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | Assist List #* | BARS Revenue Code** | Statement of Work | | DOH Use Only Chart of Accounts | | Amount | Funding Period SubTotal | Chart of Accounts Total |
|---------------------------------|--------------------------------|---------|----------------|---------------------|-------------------|-------------------------|--------------------------------|-------------------------|---------------------|-------------------------|-------------------------|
| | | | | | LHJ Start Date | Funding Period End Date | Funding Period Start Date | Funding Period End Date | | | |
| YR 28 SRF - Local Asst (15%) TA | | Amd 8 | N/A | 346.26.66 | 01/01/25 | 12/31/27 | 07/01/24 | 06/30/29 | (\$4,000) | \$0 | \$0 |
| YR 28 SRF - Local Asst (15%) TA | | Amd 6 | N/A | 346.26.66 | 01/01/25 | 12/31/27 | 07/01/24 | 06/30/29 | \$4,000 | | |
| YR 27 SRF - Local Asst (15%) TA | | Amd 6 | N/A | 346.26.66 | 01/01/25 | 06/30/25 | 07/01/23 | 06/30/25 | (\$4,000) | \$0 | |
| YR 27 SRF - Local Asst (15%) TA | | Amd 1 | N/A | 346.26.66 | 01/01/25 | 06/30/25 | 07/01/23 | 06/30/25 | \$4,000 | | |
| TOTAL | | | | | | | | | \$14,856,181 | \$14,856,181 | |
| Total consideration: | \$11,334,197 | | | | | | | | | GRAND TOTAL | \$14,856,181 |
| GRAND TOTAL | \$3,521,984 | | | | | | | | | Total Fed | \$2,299,473 |
| | \$14,856,181 | | | | | | | | | Total State | \$12,556,708 |

*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: Foundational Public Health Services - Effective July 1, 2026

Local Health Jurisdiction Name: Whatcom County Health & Community Services

Contract Number: CLH32073

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

Period of Performance: July 1, 2026 through June 30, 2027

| | | |
|---|---|---|
| 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 type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution |
|---|---|---|

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. Establish FY27 FPHS budget.

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 | | | |
| SFY27 FPHS - LHJ FUNDS - GFS | 99210870 | N/A | 336.04.25 | 07/01/26 | 06/30/27 | 0 | 2,818,000 | 2,818,000 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| TOTALS | | | | | | 0 | 2,818,000 | 2,818,000 |

| 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 | \$1,141,000 |
| 2 | 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 | \$30,000 |
| 3 | Lifecourse - 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 | \$418,000 |
| 4 | CD - 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 | \$225,000 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|--|--|---|-----------------------------------|
| 5 | EPH - 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 | \$84,000 |
| 6 | FC - 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 | \$105,000 |
| 7 | EPR - 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 | \$45,000 |
| 8 | CD – Case Investigation Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details | See below in9 Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | \$296,000 |
| 9 | 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 | \$19,000 |
| 10 | Assessment – Localized Epidemiology Capacity – General (Assessment/Surveillance, CHA/CHIP) – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | \$150,000 |
| 11 | Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | \$150,000 |
| 12 | 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 | \$75,000 |
| 13 | 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 | \$80,000 |

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/fphs.

Stable funding and an iterative decision-making process – The FPFS Steering Committee’s roles and responsibilities are outlined in the [FPFS Committee & Workgroup Charter](#). The Steering Committee is the decision making body for FPFS and operates under a consensus-based decision making model, outlined [here](#). The Steering Committee use

an iterative approach to decision making meaning additional tasks and/or funds may be added to a local health jurisdiction’s (LHJ) FPHS Statement of Work (SOW) as funding decisions are made.

Spending of FPHS funds – FPHS funds do not require pre-approval or pre-authorization to spend. FPHS funds are to assure FPHS services are available in each jurisdiction based on the FPHS Definitions (link) and as reflected in the SOW. Assurance includes providing FPHS 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. **FPHS 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 FPHS 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 FPHS funding on an annual basis and the FPHS Steering Committee allocates funds annually through the FPHS Concurrence Process for the State Fiscal Year (SFY): July - June.

The Legislature appropriates FPHS 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, 2026-June 30,2027 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

Disbursement of FPHS funds to LHJs – Unlike other ConCon grants, FPHS bill-back to DOH is NOT required. The annual allocation is disbursed all up front.

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

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

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 – 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
3. **Lifecourse - 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
4. **CD - 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
5. **EPH - 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
6. **FC - 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
7. **EPR - 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:

8. **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.
9. **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.
10. **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
11. **Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) (FPHS definitions G.1,2)**
Increase assessment and epidemiology capacity via regional/shared epidemiologist model to meet locally identified needs. Use BARS expenditure codes: 562.10 or 11
12. **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 four 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
- Safe & Healthy Communities

Whatcom is receiving funds to participate in these EPH Core Teams:

13. **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.

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

DOH Program Name or Title: Infectious Disease Syndemic Prevention Services-
SSP - Effective July 1, 2026

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

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

Period of Performance: July 1, 2026 through June 30, 2027

| | | |
|---|---|---|
| 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 |
|---|---|---|

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide Syndemic Prevention Services for infectious diseases (HIV, STI, and Adult Viral Hepatitis), supporting the Office of Infectious Disease (OID) within Department of Health (DOH). This work contributes to deliverables under interagency agreement #GVS31977 between DOH and Health Care Authority (HCA).

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 | | | |
| FY27 HARM REDUCTION HCA IAR | 12405970 | N/A | 334.04.96 | 07/01/26 | 06/30/27 | 0 | 69,000 | 69,000 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| TOTALS | | | | | | 0 | 69,000 | 69,000 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|--|--|---|---|
| 1 | Syringe Services Programs: Support for Operations: Provide comprehensive Syringe Services Programs (SSP) to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSPs will operate during scheduled hours to provide all required harm reduction supplies, naloxone, and syringes to prevent transmission of disease and overdose. SSPs will offer referrals to address social determinants of health. Priority populations for Syringe Services Programs include people who use drugs, with a focus on: | SSP operations outcomes include delivering services and tracking: <ul style="list-style-type: none"> • number of sterile syringes distributed • number of naloxone kits distributed • number of participant encounters • number of referrals to health and social services Submit Performance Objectives & Work Plan that will include: <ul style="list-style-type: none"> • Outcomes aligned with program strategies and activities. | Enter deliverable data into the DOH/OID issued database for tracking SSP activities by the 15th of each month following service. Submit Performance Objectives & Work Plan by September 1, 2026. | Reimbursement of actual costs incurred, not to exceed \$69,000 |

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

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](https://www.doh.wa.gov/Information-Resources/Programs-and-Services/Behavioral-Health/Concurrent-Contracting) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Program Specific Requirements

Special Requirements, Terms and Conditions

1. Definitions

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

2. Submission of Invoice Vouchers –

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

- i. The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or as identified by DOH program staff to determine allowability of billed expenses. Risk assessments are completed at the beginning of a new contract for all sub-recipient contracts. Contact your contract manager if you are unaware of your assigned risk level.
- ii. DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
- b. The CONTRACTOR shall submit all final claims for payment for costs due and payable under this statement of work by July 31, 2027. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- c. The CONTRACTOR will be placed on a three-month Corrective Action Plan (CAP) if invoice submissions are past due by 90 days.

3. Program Organization – CONTRACTOR must

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

4. Syringe Services Program: Support for Operations Program Requirements

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

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

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

- a) Syringes (1 cc 27 gauge 1/2", 28 gauge 1/2", and 29 gauge 1/2"; 1 cc 30 gauge 5/16"; 3 cc 25G 1" and 1.5")
- b) Alcohol pads
- c) Non-latex tourniquets
- d) Sterile water
- e) Sterile saline
- f) Cookers
- g) Cottons and/or cellulose filters
- h) Bandages/gauze
- i) Sharps containers (1 quart and 2 gallon for distribution, 8 gallon for program use)
- j) Naloxone

k) Amber bags

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

5. Performance Objectives & Work Plan:

- a. Funded Syndemic Prevention Services agencies are required to submit Performance Objectives and Work Plan that provides both a high-level overview of the period of performance and a detailed description of the first year of the contract period. The work plan should incorporate related program strategies and activities. Applicants should propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each activity aligned with performance outcomes. The work plan should include training, capacity building, and TA needs to support the implementation of the funded services. Proposed work plan activities may be adjusted in collaboration with OID staff to better address the overarching goals of the funded services. OID will provide a template that must be used in developing the work plan.
- b. The applicant should address the following outline in their work plan:
 - i. Contract Year 3 Detailed Work Plan (For each funded service category)
 - ii. Program strategies and activities
 - iii. Outcomes aligned with program strategies and activities
 - iv. SMART objectives aligned with performance targets
 - v. Activities aligned with program outcomes
 - vi. Timeline for implementation (including staffing of the proposed program, training, etc.)
 - vii. Anticipated capacity building or technical assistance needs.
- c. Performance Objectives & Work Plans should be submitted by September 1, 2026.
- d. OID staff are available to support in developing Performance Objectives & Work Plans in collaboration with funded agencies.
- e. Performance Objectives & Work Plans will be reviewed between OID staff and funded agencies at least quarterly. Performance Objectives & Work Plans can be adjusted throughout the period of performance.

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

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

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

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

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

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

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

11. Participation in Program Monitoring Activities –

- a. DOH will conduct semi-annual or annual performance site visits in the following areas:
 - i. Integrated testing
 - ii. Syndemic service navigation
 - iii. PrEP Housing
 - iv. Syringe Service Programs
 - v. Mail-order naloxone distribution program
 - vi. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit
- b. **Corrective Action Plans** – DOH may exercise the following options if the CONTRACTOR does not come into compliance or resolution with programmatic and/or fiscal monitoring corrective action plan by the due date(s) identified in the CAP. i. § 200.339 Remedies for noncompliance.

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

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

12. Contract Management –

a. Fiscal Guidance

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

- v. **Funds for Needle Exchange Programs Not Allowed with Federal Funding** – CONTRACTOR shall not expend contract federal funds to support needle exchange programs using funds from HIV Community Services Tasks.
- vi. **Travel** – Out of staff travel requires prior approval from DOH and must follow [GSA](#) guidelines and reimbursement rates.
- vii. **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

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

- viii. **Small and Attractive items** – Each Contractor shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. The Contractor shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the WaTech IT Security Standard SEC-04, which includes SEC-04-06-S Mobile Device Security Standard and SEC-04-01-G Media Handling and Data Disposal Best Practices - <https://watech.wa.gov/policies>.

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

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

1. Laptops and Notebook Computers
2. Tablets and Smart Phones

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

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

- ix. **Food and Refreshments** – Food and refreshments are not allowable direct costs, unless provided in conjunction with allowable meetings, whose primary purpose is the dissemination of technical information. **Pre-approval** is required when food and refreshments are purchased for these meetings. A sign in sheet with the clients’ ID number from the DOH approved data system as well as an agenda is required to receive reimbursement for these charges.
 1. The CONTRACTOR shall follow [Healthy Nutrition Guidelines for Meetings and Events | Washington State Department of Health](#) when purchasing food and refreshments for approved meetings.
 2. Food for staff meetings/training is unallowable.

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

- x. **Reimbursement of disallowed costs** – The CONTRACTOR agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.

b. Contract Modifications

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

13. Content Review and Website Disclaimer Notice

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

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

14. Youth and Peer Outreach Workers

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

15. Whistleblower

- a. Whistleblower statute, 41 U.S.C. & 4712, applies to all employees working for CONTRACTOR, subcontractors, and subgrantees on federal grants and contracts. The statute (41 U.S.C. & 4712) states that an “employee of a CONTRACTOR, subcontractor, grantee, or subgrantee, may not be discharged, demoted, or otherwise discriminated against as a reprisal for “whistleblowing.” In addition, whistleblower protections cannot be waived by an agreement, policy, form, or condition of employment.
- b. The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled “Pilot Program for Enhancement of Contractor Employee Whistleblower Protections.” This program requires all grantees, their subgrantees, and subcontractors to:
 - i. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program
 - ii. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,

iii. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

16. Allowable Costs

All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.

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

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

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

DOH statutory authority to have access to the confidential information or limited Dataset(s) identified in this agreement to the Information Recipient: RCW 43.70.050
Information Recipient’s statutory authority to receive the confidential information or limited Dataset(s) identified in this Agreement: RCW 70.02.220 (7)

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

DOH Program Name or Title: Office of Drinking Water Group B Program – Effective July 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: July 1, 2025 through June 30, 2027

| | | |
|---|---|---|
| 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 type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price |
|---|---|---|

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

Revision Purpose: Extend period of performance and deliverable due date through June 30, 2027. No additional funding is available for state fiscal year 2027 (7/1/2026-6/30/2027).

| 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 | | | |
| SFY1 GFS – GROUP B PROVISIO | 24110863 | N/A | 334.04.90 | 07/01/25 | 06/30/26 | 10,129 | 0 | 10,129 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| TOTALS | | | | | | 10,129 | 0 | 10,129 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|---|---|---|---|
| 1 | Implement a FULL Delegation JPR Group B water system program Develop and implement a local Group B design approval fee schedule. LHJ may charge fees consistent with their adopted fee schedule in order to defray Group B program expenses incurred in maintaining a Group B drinking water program to the extent authorized under RCW 70.05.060 and RCW 70.05.070. | An executed joint plan of responsibility (JPR) identifying responsibilities of a FULL delegation Group B program. The LHJ will provide a performance certification on a form provided by the department that states that the LHJ has implemented a Group B water system program as described in the Program Specific Requirements. | July 1, 2025, through June 30, 2026 2027 | Lump sum payment (See Special Billing Requirements) |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---------------|--|------------------------------|----------------------------|--|
| | <p>Administer a Group B public water system program to the extent authorized by this ConCon SOW and limited to the scope of chapter 246-291 WAC and chapter 246-290 WAC.</p> <p>Provide the applicant/purveyor with technical assistance on Group B approval requirements and design standards.</p> <p>Review and approve all design submittals for new or expanding Group B water systems intending to serve nine or fewer dwelling units, ensuring compliance with each design approval requirement in chapter 246-291 WAC.</p> <p>Conduct well site inspections for new Group B sources.</p> <p>Review hydrogeologic evaluation of all potential GWI sources and determine whether the proposed source is GWI in accordance with DOH GWI program guidance.</p> <p>Share written communications with DOH. This includes, but is not limited to, providing DOH with copies of the following within 30 days of approving the design submittal for a new or expanding Group B water system:</p> <ol style="list-style-type: none"> 1. Approval letter with the name of the system, maximum number of connections to be served, the location of the system, and number of dwelling units and number of non-residential connections approved. 2. Well log; 3. Completed notice to title information. | | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|--|-----------------------|---------------------|-----------------------------------|
| | <p>4. Completed water facility inventory (WFI) form.</p> <p>5. Hydrogeologic evaluation of potential GWI source (if applicable).</p> <p>6. Satisfactory coliform bacteria analysis lab report(s), satisfactory inorganic chemical analysis lab, and any other water quality information as may have been required for approval of the source(s).</p> <p>Issue and lift health advisories, including boil water/bottled water notices, for Group B public water systems. Inform DOH of all health advisories when issued and rescinded.</p> <p>Ensure compliance with all ongoing requirements in chapter 246-291 WAC (such as WAC 246-291-250, -300, and -360) for all Group B public water systems.</p> <p>Take primary responsibility for a function by mutual agreement or where an emergency exists or when the assigned party is unable to act effectively.</p> <p>Inform DOH within 30 days if a new or revised local Group B drinking water ordinance is adopted.</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.

Program Specific Requirements

These program specific requirements serve as a joint plan of responsibility (JPR) between DOH and the LHJ pursuant to chapter 70A.100 RCW, chapter 70A.125 RCW, and chapter 246-291 WAC. The intent is to transfer primary responsibility to enforce chapter 246-291 WAC to the LHJ in conformance with WAC 246-291-030 (1)(b) and WAC 246-291-120 (4).

These program specific requirements supersede and replace all prior agreements between DOH and LHJ regarding the regulation of Group B public water systems.

Special References:

DOH Support

DOH will provide the following Group B drinking water system program support. The LHJ Group B drinking water system program is not responsible for performing these tasks.

- Fulfill any agency responsibility under chapter 246-291 WAC and chapter 246-290 WAC that this JPR does not specifically assign to the LHJ.
- Review and approve all design submittals for public water systems serving ten or more dwelling units.
- Share written communications with LHJ. This includes, but is not limited to, providing LHJ with copies of the following within 30 days of approving a new or expanding Group B water system:
 1. Approval letter with the name of the system, maximum number of connections to be served, the location of the system, and number of dwelling units and number of non-residential connections approved.
 2. Well log;
 3. Completed notice to title information; and
 4. Completed water facility inventory (WFI) form.
- Provide periodic training for LHJ staff and provide technical assistance to LHJ staff as requested and as DOH resources permit.
- Maintain Group B Design Guidelines, the Group B Design Workbook, and the Group B Resource Web Page.
- Enter initial water facilities inventory (WFI) information into DOH's drinking water data system for each new and expanding Group B water system approved by LHJ after LHJ submits the completed WFI to DOH.
- Request annual WFI updates from all public water systems approved to serve 10 or more dwelling units. DOH will share with LHJ any change in classification (Group A systems becoming Group B systems or vice versa) based on its annual review.
- Enter Group B water quality lab reports which include a valid public water system identification number.
- Review hydrogeologic evaluations of potential GWI sources and provide a determination to the LHJ that the proposed source is a GWI source or a groundwater source when DOH resources permit.
- Take primary responsibility for a function by mutual agreement or where an emergency exists or when the assigned party is unable to act effectively.

Additional Data Sharing

Both parties shall transmit to the other copies of any written policies and correspondence relevant to the subject matter of this JPR. DOH and the LHJ will work together to ensure that there is effective communication when dealing with drinking water emergencies, security incidents, and health risk situations related to water systems in the LHJ's jurisdiction.

Survivability

The program specific requirements are intended to survive the expiration of the Contract.

Special Billing Requirements:

For July 1, 2025, through June 30, 2026, LHJ shall submit one invoice no later than June 30, 2026, and payment cannot exceed a maximum cumulative fee of \$10,129. Invoice must have performance certification attached.

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

DOH Program Name or Title: OSS LMP Implementation - Effective July 1, 2025

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

SOW Type: Revision **Revision # (for this SOW)** 3

| | | |
|---|---|---|
| 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 |
|---|---|---|

Period of Performance: July 1, 2025 through June 30, 2027

Statement of Work Purpose: The purpose of this statement of work is to fund implementation of the on-site sewage system (OSS) local management plan (LMP). This funding is for the 2025-2027 biennium.

Revision Purpose: Add \$1,671.90 in ALEA funding for the 7/1/25-6/30/26 funding period to cover March through June 2026 invoices.

| 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 | | | |
| SMALL ONSITE MANAGEMENT (ALEA) | 26705100 | N/A | 334.04.93 | 07/01/25 | 06/30/26 | 4,000 | 1,671 | 5,671 |
| SFY27 WASTEWATER MANAGEMENT - GFS | 26701170 | N/A | 334.04.93 | 07/01/26 | 06/30/27 | 31,821 | 0 | 31,821 |
| SMALL ONSITE MANAGEMENT (ALEA) | 26705100 | N/A | 334.04.93 | 07/01/26 | 06/30/27 | 6,571 | 0 | 6,571 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| TOTALS | | | | | | 42,392 | 1,671 | 44,063 |

GOALS & MEASURABLE OBJECTIVES (REVISE TABLE AS NEEDED)

This table summarizes starting and target metrics achieved by implementing the tasks below. This data is reported in ongoing reports.

| Description (e.g., "OSS compliance") | Units (e.g. "systems") | Starting Amount | Targets |
|--|------------------------|---|---------|
| OSS compliant with inspections in Marine Recovery Areas (MRAs) and/or Sensitive Areas (SA). This measure is point in time. The numerator includes all onsite sewage systems installed in the last year and those that have met the "in compliance" (every 3 years and annually for all system types). Denominator includes all active OSS in our MRA, SMAs, and sensitive areas. | Number of OSS | 11,361 (in compliance)/ 20,364 active OSS in designated MRA, SMA, and Sensitive areas designated by LMP = 56% | 70% |
| OSS compliant with inspections countywide. This measure is point in time. The numerator includes all onsite sewage systems installed in the last year and those that have met the "in compliance" (every 3 years and annually for all system types). Denominator includes all active OSS in Whatcom County. | Number of OSS | 13,092 (in compliance)/ 29,423 active OSS in designated MRA, SMA, and Sensitive areas designated by LMP = 44% | 70% |

| | | | |
|--|---|---|------|
| OSS failures identified/corrected in MRA/SA identified by ROSS evaluations. This measure is point in time. The numerator includes all onsite sewage systems that were submitted in a failure status or corrected to reflect a failure status and remain to be either repaired, replaced, or decommissioned. | Number of OSS failures identified and repaired/replaced | Total number failures anticipated for the funding period based on a 3% rate if 70% of all MRS/SMA systems were in compliance: 427 OSS failures. | 100% |
| OSS failures identified/corrected countywide identified by ROSS evaluations. This measure is point in time. The numerator includes all onsite sewage systems that were submitted in a failure status or corrected to reflect a failure status and remain to be either repaired, replaced, or decommissioned. | Number of OSS failure identified and repaired/replaced | Total number failures anticipated for the funding period based on a 3% rate if 70% of system were in compliance: 617 OSS failures. | 100% |

| Task # | Task/Activity/Description | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--|---|---|---|--|
| Task 1. Grant Administration | | | | |
| This task is to fund the required financial and reporting activities necessary to meet state DOH and Auditor requirements including administration of LHJ local management plan and OSS LMP grant program. | | | | |
| N/A | | | | |
| Task 2. Local Management Plan Implementation This task includes all work done to implement the county's LMP excluding grant management tasks and inspection rebates/incentives. | | | | |
| 2.1 | Database Maintenance and Quality Assurance/Quality Control Database maintenance and QA/QC is ongoing to ensure accurate tracking methods for all OSS in the county. Specific tasks include: <ul style="list-style-type: none">Maintenance of Online Report of System Status softwareQuality improvement projects to improve uptake, data tracking, and validity | a. Existence of a submission portal for reports of system status -or- number of electronic evaluations submitted to WCHCS | a. Ongoing | Reimbursement up to \$42,392 \$44,063 based on actual costs. |
| 2.2 | Homeowner and O&M Specialist Evaluation Support Ongoing field visits are conducted to verify the accuracy of homeowner and O&M specialist evaluations and to assess and reduce risks associated with onsite sewage systems. Specific tasks include: <ul style="list-style-type: none">Conducting site visits and audits of onsite sewage systems based on submitted evaluations.Accessing septic tanks to inspect their condition, which may require assistance with lid removal.Observing the condition of the drain field to identify potential issues.Utilizing specialized tools and equipment, such as dye for flow tracing, wastewater testing, flow meters for system performance assessment, and other necessary tools. | a. Number of audits or field visits to inspect an OSS | a. Activities reported in semi-annual report. | |
| 2.3 | Identification of Failing OSS Ongoing evaluations focus on identifying failing onsite sewage systems (OSS). Specific tasks include: | a. Number of OSS identified as failing through evaluation. | a-b. Activities reported in semi-annual report. | |

| Task # | Task/Activity/Description | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|---|--|---|-----------------------------------|
| | <ul style="list-style-type: none"> Reviewing and verifying reported failing OSS. | b. Number of OSS tested for waste strength parameters at sites with potential high-strength waste on systems not designed for such loads | | |
| | 2.4 Professional Development. The LHJ will support professional development through relevant onsite septic, operations and maintenance training. | a. Conference and training participation as available | a. Report attendance in semi-annual report. | |

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.

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

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

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

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

Period of Performance: July 1, 2025 through June 30, 2027

| | | |
|---|---|---|
| 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 |
|---|---|---|

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 extend the period of performance and funding end date from 06/30/26 to 06/30/27, add funds, and revise task deliverable due date and payment information, and special instructions.

| 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 | 07/01/25 | 06/30/27 | 13,500 | 8,000 | 21,500 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| TOTALS | | | | | | 13,500 | 8,000 | 21,500 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|--|---|---|-------------------------------------|
| 1 | <p>Biotoxin Monitoring</p> <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. | 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 Reports to DOH by February 15, 2026 <i>and February 15, 2027</i> (See Special Instructions below.) | \$13,000 <i>\$19,000</i> |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|--|--|---|-----------------------------------|
| | <ul style="list-style-type: none"> This task may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring. | | | |
| 2 | <p>Outreach</p> <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 Reports to DOH by February 15, 2026 <i>and February 15, 2027</i> (See Special Instructions below.) | \$500 -\$2,500 |

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 Biotoin 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-biotoin-and-illness-prevention-program>

Special Instructions:

Report for work performed in 2025 must be submitted via email to Liz Maier (liz.maier@doh.wa.gov) by February 15, 2026. *Report for work performed in 2026 must be submitted via email to Liz Maier (liz.maier@doh.wa.gov) by February 15, 2027.*

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

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

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

Local Health Jurisdiction Name: Whatcom County Health & Community Services

Contract Number: CLH32073

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

Period of Performance: January 1, 2025 through June 30, 2027

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

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

Revision Purpose: The purpose of this revision is to add new Chart of Accounts Master Index Titles and funding for the upcoming FY, extend the period of performance to June 30, 2027, modify due date requirements, and add language to payment and invoicing requirements.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period | | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|--|-------------------|---------------------------|-------------------|--------------------|----------|--------------------|--------------------------------|------------------|
| | | | | Start Date | End Date | | | |
| FFY24 TOBACCO-VAPE PREV CDC COMP 1 (CDC) | 77410240 | 93.387 | 333.93.38 | 01/01/25 | 04/28/25 | 18,886 | 0 | 18,886 |
| SFY25 YOUTH TOBACCO VAPOR PRODUCTS (YTVP) | 77410650 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 28,249 | 0 | 28,249 |
| SFY25 NICOTINE ADDICT PREV & ED PRO (NAPE) | 77410850 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 102,019 | 0 | 102,019 |
| SFY25 DEDICATED CANNABIS ACCOUNT (DCA) | 77420650 | N/A | 334.04.93 | 01/01/25 | 06/30/25 | 254,121 | 0 | 254,121 |
| YOUTH TOBACCO VAPOR PRODUCTS (YTVP) | 77410650 | N/A | 334.04.93 | 07/01/25 | 06/30/26 | 56,259 | 0 | 56,259 |
| SFY26 NICOTINE ADDICT PREV ED PROV (NAPE) | 77410860 | N/A | 334.04.93 | 07/01/25 | 06/30/26 | 121,694 | 0 | 121,694 |
| SFY26 DEDICATED CANNABIS ACCOUNT (DCA) | 77420660 | N/A | 334.04.93 | 07/01/25 | 06/30/26 | 409,588 | 0 | 409,588 |
| FFY24 TOBACCO-VAPE PREV CDC COMP 1 (CDC) | 77410240 | 93.387 | 333.93.38 | 10/01/25 | 04/28/26 | 53,390 | 0 | 53,390 |
| FFY24 TOBACCO-VAPE PREV CDC COMP 1 (CDC) | 77410240 | 93.387 | 333.93.38 | 04/29/26 | 04/28/27 | 0 | 37,772 | 37,772 |
| YOUTH TOBACCO VAPOR PRODUCTS (YTVP) | 77410650 | N/A | 334.04.93 | 07/01/26 | 06/30/27 | 0 | 56,259 | 56,259 |
| SFY27 NICOTINE ADDICT PREV ED PROV (NAPE) | 77410870 | N/A | 334.04.93 | 07/01/26 | 06/30/27 | 0 | 121,694 | 121,694 |
| SFY27 DEDICATED CANNABIS ACCOUNT (DCA) | 77420670 | N/A | 334.04.93 | 07/01/26 | 06/30/27 | 0 | 409,588 | 409,588 |
| | | | | | | 0 | 0 | 0 |
| TOTALS | | | | | | 1,044,206 | 625,313 | 1,669,519 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|---|--|---|--|
| 1 | Implement Annual Work Plan and Report Progress | <p>Based on the specific timeline developed by the YCCTPP contract manager and the contractor, they will report on activities progress and data by the 20th of each month.</p> <p>Contractor will share network progress on a six-month basis through electronic survey that focuses on successes and challenges of their network and the YCCTPP program.</p> | <p>Monthly reports due 20 days after the month in which work is performed.</p> <p>Six-Month reports due 20 days following the six-month period in which work was performed.</p> | <p>Funding utilized: CDC1, YTVF, NAPE, DCA</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> |
| 2 | Assess Program Implementation | <p>Contractor will participate in state evaluation of YCCTPP, their networks, and the Practice Collaborative.</p> <p>Contractor will participate in region or population needs assessment every 2 years to update community/population data and needs.</p> <p>Contractor will participate in creation and updating of the 5-year strategic plan for the YCCTPP Program.</p> | <p>Needs assessment—every 2 years.</p> <p><i>Length of funding allotted</i></p> | <p>Funding utilized: CDC1, YTVF, NAPE, DCA</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> |
| 3 | Policies, Systems & Environmental Work | <p>Contractor will work to strengthen or defend existing policy, systems, or environmental change (ex: SIPP and VIPP laws).</p> <p>Contractor will educate private and public organizations of current policies in place.</p> <p>Contractor will work to establish new policy, systems or environmental change that is equitable.</p> <p>Contractor will ensure that an existing policy, systems, or environmental change is properly implemented (including funding) and evaluated/monitored.</p> | Length of funding allotted | <p>Funding utilized: CDC1, YTVF, NAPE, DCA</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> |
| 4 | Education & Technical Assistance | Contractor will provide technical assistance regarding commercial tobacco (including e-cigarettes/vapor products) to community partners, and decision makers. | Length of funding allotted | Funding utilized: CDC1, YTVF, NAPE, DCA |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|---------------------------------------|--|----------------------------|--|
| | | <p>Contractor will host or speak at trainings or community events to educate others regarding prevention and education for commercial tobacco to increase the knowledge skills, and abilities of network members, community partners, and other community stakeholders.</p> <p>Contractor will disseminate resources (ex: TUDT) provided by YCCTPP and/or developed local to CBOs, centers, and networks supporting disparately affected communities that address emerging commercial tobacco/e-cigarettes and are culturally & linguistically appropriate, trauma-informed & equity-based.</p> | | <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> |
| 5 | Collaboration & Engagement | <p>Contractor will collaborate with YCCTPP program partners and external organizations (CBOs, CPWI, TPWI, ACH, DFC, etc.) to support prevention efforts for the youth and their community.</p> <p>Contractor will educate individuals, public and private organizations on the value of YCCTPP, utilizing material provided by DOH or created by their own organization network or another YCCTPP contractor/network.</p> <p>Contractor will educate adults who influence youth, such as parents, other family members, educators, clergy, coaches, etc.</p> <p>Contractor will build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.</p> <p>Contractor will implement activities designed to prepare young people to make informed decisions, and lead change in their community.</p> | Length of funding allotted | <p>Funding utilized: CDC1, YTVP, NAPE, DCA</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> |
| 6 | Counter Tools | <p>Contractor will conduct assessment of retailers in their area using a Counter Tools Survey by: Identifying individuals to survey retailers in their region; Using Counter Tools Survey to conduct assessment of retailers in their region; Having</p> | Length of funding allotted | <p>Funding utilized: CDC1, <i>YTVP, NAPE, DCA</i></p> |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|----------|---|---------------------|---|
| | | <p>surveyors attend training provided by Counter Tools and REDE Group; Having access to Technical Assistance for Survey and submission by REDE Group; Submitting data into Counter Tools portal.</p> <p>Method of Accountability: Contractor will report on progress of this activity through monthly check-ins with Contract Manager and will report total of number of surveys completed in final report.</p> | | <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> |

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

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

To be in compliance with grant requirements, contractor will:

1. Hire and maintain program staff, which includes a minimum of one person (1.0 FTE) who is designated as the YCCTPP Region Network Facilitator. Additional staff to support workplan activities and completion of deliverables is allowed with approval of YCCTPP contract manager. See YCCTPP implementation guide for more information. The contractor shall ensure that DOH has the most current contact information of the person that is responsible for the performance of this statement of work.
2. Maintain a regional network of prevention partners.
 - i. **A Network** - an intentional collaboration between groups and individual partners who draw upon lived and professional experience to help guide the regions prevention efforts and share resources.
 - ii. **Minimum Requirements for A Network** (See Implementation Guide for further guidance):
 - 1) A Network Coordinator (minimum of 1.0 FTE)
 - 2) Key partners with representation from 4 required sectors (Local Health Jurisdiction, Youth Serving Organization, Community Based Organization / Non-Profit, and Prevention Coalitions)
 - 3) A clear process for engaging key partners in development of YCCTPP workplan and shared responsibility in implementation.
 - 4) A Network Administrative Plan
3. Participate in required virtual and/or in-person meetings, and optional trainings/webinars including but not limited to:
 - i. YCCTPP quarterly meetings, tentatively scheduled July 2026 (TBD office hours), October 7, 2026 ~~8-9, 2025~~, February 24, 2027 ~~March 17, 2026~~, and May 12-13, 2027 ~~20-21, 2026~~.
 - ii. Monthly check-ins with contract manager
 - iii. Contractor will participate in a DOH site visit once per biennium.

- iv. Optional: Practice Collaborative (PC) meetings, schedule to be determined by the PC's Leadership Team
 - v. Optional: Trainings and/or Webinars, schedule to be determined by TA contractor and WA DOH.
4. Contractor will serve as YCCTTP Representative of their region/population for Washington State.
 5. Submit an Annual Budget according to the deadlines provided.
 6. Submit an Annual Work Plan that is supplemental to the state contract, according to the deadlines provided.
 7. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines provided.
 8. Act as the fiduciary agent, if subcontracting, DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTTP Contractor.
 9. Meet all requirements outlined in the YCCTTP Implementation Guide provided by YCCTTP.
 10. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTTP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

DOH will support Contractor by providing:

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

Subcontractor Requirements:

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

BREAKDOWN OF DELIVERABLES, DUE DATES, AND FUNDING SOURCE

| Deliverable | Due Date | Funding Source |
|------------------------------|--|------------------------------------|
| Monthly Progress Reporting | Due 20 days after the month in which work was performed | YTVP DCA NAPE <i>CDC1</i> |
| Six Month Progress Reporting | Due 20 days following the six-month period in which work was performed Projected: July 20, 2025, January 20, 2026, and July 20, 2026 , <i>January 20, 2027, and July 20, 2027.</i> | YTVP DCA NAPE <i>CDC1</i> |
| Monthly Invoicing | Due 30 <i>45</i> days after the month in which costs are incurred <i>Final invoices due 45 days after end of funding period</i> <i>CDC1 Funding: June 12, 2027</i> <i>YTVP, NAPE, and DCA Funding: August 14, 2027</i> | YTVP DCA NAPE <i>CDC1</i> |
| Annual Workplan and Budget | Final draft due within 15 days of contract execution July 16, 2025 <i>July 16, 2026</i> | YTVP DCA NAPE <i>CDC1</i> |

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

EXPENDITURE REPORT AND REQUEST FOR REIMBURSEMENT -

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

Consolidated Contracts (LHJs):

- A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.
- Year-end projections and Final Expenditures are due as follows:
 - For CDC1 Funding: Year-end projections are due April 15, ~~2027 2026~~. **Final Expenditure Reports and invoices are due no later than *June 12, 2027* ~~May 29th, 2026~~, and must be marked FINAL INVOICE.**
 - For YTVP, NAPE, DCA Funding: Year-end projections are due June 30, ~~2027 2026~~. **Final Expenditure Reports and invoices are due no later than *August 14, 2027 2026*, and must be marked FINAL INVOICE.**

Payment

- DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments. DOH shall reimburse the contractor for approved costs outlined in the Implementation Guide and for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: January 1, 2025 – June 30, 2025, ~~&~~ *July 1, 2025 – June 30, 2026, and July 1, 2026 – June 30, 2027.* Billings for services on a monthly fraction of the budget will not be accepted or approved.

- Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and/or Request for Reimbursement form (A19). ~~If A19's are not submitted within 45 days of the month when expenditures were incurred, DOH may withhold payment, at its discretion.~~
- Final expenditure projections must be submitted *by April 15 for federal funds and June 30* ~~the 30th of June~~ for state funds to allow DOH to appropriately accrue funds to make final payments.
- **The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year to assure reimbursement of approved costs.**
- *Invoices submitted beyond this timeframe must include a written letter of justification explaining the reason for the late submission. Late invoices and justification letters are subject to review by the assigned Contract Manager and the Contracts Consultant. Final approval of all late invoices is at the discretion of the DOH Financial Operations Manager.*
- *In the event of any anticipated or actual delay in invoice submission, including, but not limited to, staff shortages or unforeseen circumstances, the Contractor must notify the assigned Contract Manager and Contracts Consultant by writing (email) as soon as the delay is known.*
- Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
- Please cc a copy of the submitted invoice to: DOH YCCTPP Invoices ycctppinvoices@doh.wa.gov.

Evaluation of YCCTPP Contractor's Performance

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

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

Federal Funding Restrictions and Limitations:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Recipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Recipients may not use funds for tobacco compliance check inspections.
- Recipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See [Anti-Lobbying-Restrictions.pdf](#) detailed guidance on this prohibition.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

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

Dedicated Cannabis Account Restrictions:

- A. Recipients may not use funds for clinical care.
- B. Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual. Recipients may not use funds to buy cannabis products or paraphernalia used in the consumption and/or use of cannabis products.
- C. Recipients may not generally use funding for the purchase of furniture or equipment. However, if equipment purchase is integral to a selected strategy, it will be considered. Any such proposed spending must be identified in the budget and approved by DOH Contract Manager.
- D. Recipients may not use funding for construction or other capital expenditures.
- E. The contractor must comply with DOH YCCTPP guidance on food, incentives and use of DOH logo outlined in the YCCTPP Tailored Implementation Guide, and should not exceed federal per diem rates.
- F. Reimbursement of pre-award costs is not allowed.

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

Special Requirements:

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

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

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