

WHATCOM COUNTY
CONTRACT INFORMATION SHEET

Whatcom County Contract Number:
202501019 – 12

Originating Department:		85 Health and Community Services	
Division/Program: (i.e. Dept. Division and Program)		8510 All Divisions	
Contract or Grant Administrator:		Charlene Ramont	
Contractor's / Agency Name:		Washington State Department of Health	
Is this a New Contract?		If not, is this an Amendment or Renewal to an Existing Contract?	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	
Does contract require Council Approval?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Already approved? Council Approved Date: 01/14/2025		(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)	
Is this a grant agreement?		If yes, grantor agency contract number(s): CLH32073	
Is this a grant agreement?		ALN # (this amendment): 93.136 / 93.994	
Is this contract grant funded?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):	
Method of Procurement:		N/A - Interlocal	Contract Cost Center: Various
Is this agreement excluded from E-Verify?		No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
If YES, indicate exclusion(s) below:			
<input type="checkbox"/> Professional services agreement for certified/licensed professional. <input type="checkbox"/> Goods and services provided due to an emergency.			
<input type="checkbox"/> Contract work is for less than \$100,000.		<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).	
<input type="checkbox"/> Contract work is for less than 120 days.		<input type="checkbox"/> Work related subcontract less than \$25,000.	
<input checked="" type="checkbox"/> Interlocal Agreement (between Governments).		<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.	
Contract Amount:(sum of original contract amount and any prior amendments):		Council approval required for; all property leases, contracts or bid awards exceeding \$40,000 , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when:	
\$ 10,961,556		1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance 5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.	
This Amendment Amount:			
\$ 166,766			
Total Amended Amount:			
\$ 11,128,322			
Summary of Scope: This amendment incorporates funding and scopes of work for various public health programs.			
Contract Term Ends: 12/31/2027			
Contract Routing:		1. Prepared by: J. Thomson Date: 01/05/2026 2. Attorney signoff: G.G. Date: 01/23/2026 3. AS Finance reviewed: D. Kemph Date: 01/09/2026 4. IT reviewed (if IT related): Date: 5. Contractor signed: Date: 6. Submitted to Exec.: Date: 7. Council approved (if necessary): AB2026-117 Date: 8. Executive signed: Date: 9. Original to Council: Date:	

WHATCOM COUNTY HEALTH & COMMUNITY SERVICES
2025-2027 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH32073

AMENDMENT NUMBER: 12

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitelpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - Adds Statements of Work for the following programs:
 Infectious Disease-Syndemic Prevention Services-SSP - Effective July 1, 2025
 - Amends Statements of Work for the following programs:
 Injury & Violence Prevention-Overdose Data to Action in States - Effective January 1, 2025
 Maternal & Child Health Block Grant – Effective January 1, 2025
 Office of Drinking Water Group A Program - Effective January 1, 2025
 - Deletes Statements of Work for the following programs:
2. Exhibit B-12 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-11 Allocations as follows:
 - Increase of \$166,766 for a revised maximum consideration of \$11,128,322.
 - Decrease of _____ for a revised maximum consideration of _____.
 - No change in the maximum consideration of _____.
 Exhibit B Allocations are attached only for informational purposes.
3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

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

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

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

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

APPROVED AS TO FORM ONLY
 Assistant Attorney General

WHATCOM COUNTY

Satpal Singh Sidhu, County Executive

STATE OF WASHINGTON)
)
COUNTY OF WHATCOM)

On this _____ day of _____, 2026, before me personally
appeared Satpal Singh Sidhu, to me known to be the County Executive of Whatcom County and who
executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

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

My Commission expires:_____

APPROVED AS TO FORM

Approved by GG/JT
Greg Greenan, Senior Civil Deputy Prosecutor

01/23/2026
Date

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		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period	Start Date End Date	Chart of Accounts Funding Period	Start Date End Date			
FFY25 Swimming Beach Act IAR (ECY)	01J74301	Amd 2	66.472	333.96.47	03/01/25	10/31/25	01/01/25	11/30/25	\$9,000	\$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 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 1	93.387	333.93.38	01/01/25	04/28/25	04/29/24	04/28/25	\$18,886	\$18,886	\$18,886
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		

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		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period	Start Date End Date	Chart of Accounts Funding Period	Start Date End Date			
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 12	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$25,338	\$25,338	\$25,338
FFY26 MCHBG LHJ Contracts HRSA YR1	NGA Not Received	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	NGA Not Received	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 11	N/A	334.04.90	11/01/25	02/28/26	07/01/25	06/30/27	\$9,100	\$9,100	\$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
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	\$663,709
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 8	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$13,500	\$13,500	\$21,000
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	\$43,183
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	\$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		
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	\$223,713
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		

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		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period	Start Date End Date	Chart of Accounts Funding Period	Start Date End Date			
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	\$84,508
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		
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	\$69,000
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	\$7,461,000
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 12	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$2,400	\$6,000	\$6,000
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 12	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$2,400	\$6,000	\$6,000
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 8	N/A	346.26.66	01/01/25	12/31/27	07/01/23	06/30/28	\$4,000	\$4,000	\$4,000
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									\$11,128,322	\$11,128,322	
Total consideration:				\$10,961,556						GRAND TOTAL	\$11,128,322
				\$166,766							
GRAND TOTAL				\$11,128,322						Total Fed	\$2,053,914
										Total State	\$9,074,408

*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: Infectious Disease- Syndemic Prevention Services-
SSP- Effective July 1, 2025

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

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

Period of Performance: July 1, 2025 through June 30, 2026

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input type="checkbox"/> Federal <Select One>	<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		

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 Health Care Authority (HCA) and Department of Health (DOH).

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FY26 HARM REDUCTION HCA IAR	12405960	N/A	334.04.96	07/01/25	06/30/26	0	69,000	69,000
						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	<p>Syringe Services Programs: Support for Operations:</p> <p>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.</p>	<p>SSP operations outcomes include delivering services and tracking:</p> <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 <p>Submit Performance Objectives & Work Plan within the first six months of contract period that will include:</p>	<p>Enter deliverable data into the DOH/OID issued database for tracking SSP activities by the 15th of each month following service.</p>	<p>Reimbursement of actual costs incurred, not to exceed \$69,000</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Priority populations for Syringe Services Programs include people who use drugs, with a focus on:</p> <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"> • Outcomes aligned with program strategies and activities. • 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](#) 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, 2026. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

3. Program Organization – CONTRACTOR must

- a. The CONTRACTOR must provide a full updated organizational chart, including Board of Directors with contact information if applicable, and staffing plan referencing positions described in the budget narrative.
- b. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart.
 - 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 2 Detailed Work Plan (For each funded service category)
 - ii. Program strategies and activities
 - iii. Outcomes aligned with program strategies and activities
 - iv. SMART objectives aligned with performance targets
 - v. Activities aligned with program outcomes
 - vi. Timeline for implementation (including staffing of the proposed program, training, etc.)
 - vii. Anticipated capacity building or technical assistance needs.
- c. Performance Objectives & Work Plans should be submitted by December 31, 2025.
- d. OID staff are available to support in developing Performance Objectives & Work Plans in collaboration with funded agencies.
- e. Performance Objectives & Work Plans will be reviewed between OID staff and funded agencies at least quarterly. Performance Objectives & Work Plans can be adjusted throughout the period of performance.

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

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

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

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

9. Participation in Program Monitoring Activities –

- a. DOH will conduct semi-annual or annual performance site visits in the following areas:
 - i. Integrated testing
 - ii. Syndemic service navigation
 - iii. PrEP Housing
 - iv. Syringe Service Programs
 - v. Mail-order naloxone distribution 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

10. 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

11. Content Review and Website Disclaimer Notice

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

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

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

12. Youth and Peer Outreach Workers

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

13. Whistleblower

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

14. Allowable Costs

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

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

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

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

DOH statutory authority to have access to the confidential information or limited Dataset(s) identified in this agreement to the Information Recipient: RCW 43.70.050
Information Recipient’s statutory authority to receive the confidential information or 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: Injury & Violence Prevention-Overdose Data to Action in States - Effective January 1, 2025

Local Health Jurisdiction Name: Whatcom County Health & Community Services

Contract Number: CLH32073

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

Period of Performance: January 1, 2025 through August 31, 2026

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

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

Revision Purpose: To add unspent funds from OD2A-S 9/1/2024-8/31/2025 budget period per CDC expanded authority approval, update MI Code from 77520250 to 77520253, add task 5, and revise program specific requirements language.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 CDC PCH OD2A PREVENTION	77520240	93.136	333.93.13	01/01/25	08/31/25	91,081	0	91,081
SFY25 LOCAL OPI PREV & SUPP PROVISO	77550855	N/A	334.04.93	01/01/25	06/30/25	16,042	0	16,042
FFY25 OD2A PREVENTION CDC YR3	77520253	93.136	333.93.13	09/01/25	08/31/26	56,161	67,628	123,789
						0	0	0
						0	0	0
						0	0	0
TOTALS						163,284	67,628	230,912

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount				
1.	<p>OD2A-S 9.1.1</p> <p>The LHJ will hire a navigator at the Division Street Behavioral Health Campus Resource Center to provide support and resource navigation to individuals who are at high risk of overdose. This position will work directly with individuals soon after an overdose, at risk of overdose, with a history of overdose, actively using substances, and/or not currently connected to ongoing substance use disorder (SUD)/opioid use disorder (OUD) services.</p>	<p>Progress report update on:</p> <ul style="list-style-type: none"> • The hiring process for the navigator • The outreach, screening, and linkage work conducted by the navigator • The navigator's efforts to partner with the ED, MOUD providers, and RSD • The creation of a leave behind SUD/MOUD guide • The establishment of a warm-handoff process 	<p>Progress report updates and quantitative performance measure reporting and due to DOH on the following timeline:</p> <table border="1"> <tr> <th>Reporting Period</th> <th>Report Due Date</th> </tr> <tr> <td>09/01/25-11/30/25</td> <td>12/10/25</td> </tr> </table>	Reporting Period	Report Due Date	09/01/25-11/30/25	12/10/25	<p>Monthly invoices for actual cost reimbursement will be submitted to DOH.</p> <p>Barring the purchase of naloxone, the LHJ may bill to of the MI codes listed in the funding table for time and effort spent on any activity in this statement of work.</p>
Reporting Period	Report Due Date							
09/01/25-11/30/25	12/10/25							

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame		Payment Information and/or Amount					
	<p>The navigator will provide outreach supplies, brief screenings, information and linkages to community-based care, crisis intervention, follow-up response, and transportation. The navigator will partner closely with the emergency department, local medications for opioid use disorder (MOUD) providers, and WCHCS's Response Systems Division (RSD).</p> <p>The LHJ will create a leave behind SUD/MOUD resource guide.</p> <p>The LHJ will establish a referral and warm-handoff processes from the navigator to WCHCS's SSP and MOUD providers.</p>	<p>Quarterly performance measure reporting on the data that is relevant to this activity. Please see the deliverables/outcomes tied to the "Evaluation Requirements" activity for a full list of performance measures.</p>	<table border="1"> <tr> <td data-bbox="1332 197 1453 257">12/01/25- 02/28/26</td><td data-bbox="1453 197 1622 257">03/10/26</td></tr> <tr> <td data-bbox="1332 257 1453 318">03/01/26- 05/30/26</td><td data-bbox="1453 257 1622 318">06/10/26</td></tr> <tr> <td data-bbox="1332 318 1453 376">06/01/26- 08/31/26</td><td data-bbox="1453 318 1622 376">10/15/26</td></tr> </table>	12/01/25- 02/28/26	03/10/26	03/01/26- 05/30/26	06/10/26	06/01/26- 08/31/26	10/15/26	<p>Total of all invoices for FFY24 CDC PCH OD2A PREVENTION will not exceed \$91,081 through August 31, 2025.</p>
12/01/25- 02/28/26	03/10/26									
03/01/26- 05/30/26	06/10/26									
06/01/26- 08/31/26	10/15/26									
	<p>OD2A-S 9.1.2</p> <p>The navigator will conduct naloxone, harm reduction, and trauma-informed care trainings.</p> <p>The navigator will become oriented to the Response Services Division (RSD) and Syringe Services Program (SSP) case management programs. The LHJ will establish and implement a referral process from the navigator to RSD and SSP case management and outreach participants from the population of focus.</p> <p>The LHJ will obtain participant feedback about support received by the navigator and subsequent case management.</p>	<p>Progress report update on:</p> <ul style="list-style-type: none"> The topics and locations of trainings conducted by the navigator The navigator's process becoming familiar with the case management programs at the RSD and SSP The establishment of a referral process Any participant feedback collected <p>Quarterly performance measure reporting on the data that is relevant to this activity. Please see the deliverables/outcomes tied to the "Evaluation Requirements" activity for a full list of performance measures.</p>	<p>Note: All final A-19 invoices for the SOW period of performance are due to DOH no later than 60 days after the end of the performance period. Because progress reports are considered supporting documentation for A-19 invoice submission, the final progress report of this contract budget period is due on the same date that the final A-19 invoice for this budget period must be submitted.</p>	<p>Total of all invoices for FFY25 OD2A PREVENTION CDC YR3 will not exceed \$56,161. \$123,789. through August 31, 2026</p>						
3.	<p>OD2A-S 9.1.3</p> <p>The LHJ will conduct outreach to their population of focus and refer appropriate participants to WCHCS's Street Medicine ARNP within 72 hours of an overdose for Suboxone bridge prescription until ongoing MOUD is available. They will provide warm hand-offs and referrals to ongoing MOUD within 7 days of contact.</p> <p>The LHJ will review linkages to care data and identify any changes in approach, obtain participant feedback about support received by the navigator, and obtain</p>	<p>Progress report update on:</p> <ul style="list-style-type: none"> Outreach conducted to the population of focus The process to make referrals to the WCHCS ARNP and ongoing MOUD Any changes in approach identified as a need by linkage to care data or participant/partner feedback The process to build partnerships with local SUD outreach providers and provide education 								

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	appointment attendance as needed. The LHJ will review appointment attendance data and outreach those needing support in reconnecting to services and obtain participant feedback about treatment interruptions.	Quarterly performance measure reporting on the data that is relevant to this activity. Please see the deliverables/outcomes tied to the “Evaluation Requirements” activity for a full list of performance measures.		
5.	<p><i>One Time Enhancement Activities</i></p> <ul style="list-style-type: none"> • <i>Enhancement incentive for going to appointments and completing assessments.</i> • <i>Facilitate media buys; both digital and at-home media, movie theater ads, and bus advertising. Messaging around stigma reduction and naloxone use would be the primary messages, with some poly-substance messaging, as well</i> 	<p><i>Progress report updates on the process:</i></p> <ul style="list-style-type: none"> • <i>Number of people receiving incentive cards.</i> • <i>Number of people reached and locations.</i> 		
6.5.	<p>Maintain partnerships</p> <p>The LHJ will maintain partnerships with EMS, Fire, 911 dispatch, St. Joseph Medical Center, MOUD treatment providers among others to maintain the communication channel to receive referrals.</p>	Progress report update on the maintenance of partnerships to support referrals and linkage to care.		
7.6.	<p>Maintain communication with DOH</p> <ul style="list-style-type: none"> • The LHJ will meet virtually with the DOH contract manager on a monthly or quarterly basis. • When requested, the LHJ will join meetings with DOH and CDC OD2A-S project officers to provide updates on the implementation of the statement of work activities. • The LHJ will participate in quarterly calls with DOH and other recipients of this funding to share lessons learned, successes, and challenges. 	<ul style="list-style-type: none"> • Monthly or quarterly meetings • Meetings with CDC as requested • Participate in quarterly calls with all grantees 		
8.7.	<p>Evaluation requirements</p> <p>The LHJ will engage in evaluation activities in the following ways:</p> <ul style="list-style-type: none"> • Collect data on CDC performance measures to support DOH evaluation plan. 	Submit the quantitative data on a DOH-provided excel workbook on the quarterly timeline mentioned in the “Due Date/Time Frame” column and submit the qualitative data on a DOH-provided excel workbook <u>once</u> on the quarter 4 progress report template.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Provide answers to contextual performance measures questions. Collaborate with the DOH evaluator on a Targeted Evaluation Project (TEP) that will provide a greater understanding of navigation activities. Support other evaluation tasks as requested, to meet overall CDC evaluation requirements. <p>The LHJ will collect and submit the following quantitative data on a DOH-provided excel workbook on the quarterly timeline mentioned in the “Due Date/Time Frame” column:</p> <ul style="list-style-type: none"> Total number of harm reduction service encounters (e.g., in-person, mail, telephone, online) Zip code where harm reduction services were provided (list “unknown” when location is unknown) Total number of navigators located in a harm reduction setting or other setting Number of referrals to harm reduction services for each race ethnicity If possible, total number of hours spent by each navigator on linkage to care or referral efforts Type of organization where naloxone was distributed (SSP, faith-based organizations, schools, etc.) Zip code where naloxone was distributed (list “unknown” when unknown) Number of naloxone doses distributed at each type of organization Number of service encounters involving drug checking Zip code for drug checking encounters (list “unknown” when unknown) Number of referrals to MOUD for each race/ethnicity Number of referrals to behavioral health treatment only (without MOUD) for each race/ethnicity 			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Number of other referrals, if not to MOUD and behavioral health, with a description of the type of referral <p>The LHJ will collect and submit the following qualitative data on a DOH-provided excel workbook <u>once</u> on the quarter 4 progress report template:</p> <p>Health Equity (HE)</p> <p><u>HE Impact: Impactful practices for improving access to care and treatment for PWUD who are historically underserved by overdose prevention programs</u></p> <ol style="list-style-type: none"> 1. Please provide a brief description of the implemented and/or tailored (adapted to specific cultural, linguistic, environmental, or social needs of populations) evidence-based intervention or innovative practice (including setting and whether navigators were included if applicable) and how these compare to previous efforts. 2. Please describe how access to care or treatment has been improved, and what new/existing community assets were leveraged. 3. Please describe how specific populations disproportionately affected by overdose and underserved with care and treatment programs are impacted by efforts (if tracked). 4. (Optional) Please share if there were any other outcomes that were improved (provides recipients the option to expand beyond access to care and include any other outcomes, for example, retention in care, decreased opioid use). 5. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting). <p><u>HE Activities: Number of health equity focused overdose prevention activities implemented with OD2A funding</u></p> <ol style="list-style-type: none"> 1. Please describe the activities in this performance measure, for whom they were intended, and how the 			

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>6. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).</p> <p>Linkage to Care (LTC)</p> <p><u>LTC Navigators: Number of navigators who link PWUD to care and harm reduction services via warm handoffs</u></p> <ol style="list-style-type: none"> 1. Please describe what types of navigators are included in the data reported (e.g., certified peer recovery specialists, peer support specialists, case managers, patient navigators, community health workers, persons with lived experience, etc.). 2. Please describe methods to support navigators, including average hourly pay, benefits, and additional supports (e.g., trauma, wellness, emotional/psychological support, infrastructure such as a phone) to help retain them. 3. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting). <p><u>LTC Referrals: Number of referrals to care and harm reduction services</u></p> <ol style="list-style-type: none"> 1. (Optional) If you have other OD2A funded or supported referrals beyond referrals to MOUD, behavioral treatment only (without MOUD), and harm reduction services, please describe the “other” types of referrals. 2. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting). 			

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

Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.): ~~Please refer to unallowable guidance document provided by DOH program staff. Please follow all guidance in the Code of Federal Regulations Part 200 (CFR 200). In addition, please follow guidance in "Attachment 1 - OD2A-S Allowable and Unallowable Costs" that was sent to you in your OD2A-S Year 2 onboarding email.~~

Billing Requirements:

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

Budget

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

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Maternal & Child Health Block Grant – Effective January 1, 2025

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

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

Period of Performance: January 1, 2025 through September 30, 2026

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

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

Revision Purpose: The purpose of this revision is to add FFY26 MCHBG LHJ CONTRACTS HRSA YR1 funding.

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
FFY25 HRSA MCHBG LHJ CONTRACTS	78101251	93.994	333.93.99	01/01/25 09/30/25	106,632	0	106,632
FFY26 MCHBG LHJ CONTRACTS HRSA YR1	78101261	93.994	333.93.99	10/01/25 09/30/26	0	25,338	25,338
FFY25 MCHBG SPECIAL PR HRSA 2	7810125A	93.994	333.93.99	10/01/25 09/30/26	12,669	0	12,669
					0	0	0
					0	0	0
					0	0	0
TOTALS					119,301	25,338	144,639

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period from October 1, 2024 through March 31, 2025.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	May 16, 2025	Reimbursement for actual costs, not to exceed total funding consideration.
1b	Develop 2025-2026 MCHBG Budget Workbook for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG Budget Workbook to DOH Community Consultant.	September 5, 2025	Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1c	Participate in DOH-sponsored annual MCHBG meeting.	LHJ Contract Lead or designee will attend meeting.	September 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1d	Report actual expenditures for October 1, 2024 through September 30, 2025.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	December 5, 2025	See Program Specific Requirements and Special Billing Requirements.
1e	Report actual expenditures for the six-month period from October 1, 2025 through March 31, 2026.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	May 15, 2026	
1f	Report annual FTE billed to MCHBG.	Submit FTE information on DOH-provided template.	July 1, 2026	
1g	Develop 2026-2027 MCHBG Budget Workbook for October 1, 2026 through September 30, 2027 using DOH-provided template.	Submit MCHBG Budget Workbook to DOH Community Consultant.	September 4, 2026	
1h	Participate in DOH-sponsored MCHBG fall regional meeting.	LHJ Contract Lead or designee will attend regional meeting.	September 30, 2026	

Implementation

2a	Report 2024-25 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes.	Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
2b	Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG reporting document to DOH Community Consultant.	Draft – August 15, 2025 Final – September 12, 2025	See Program Specific Requirements and Special Billing Requirements.
2c	Report 2025-26 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes.	Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes.	September report due October 15, 2025 November 15, 2025 December 15, 2025 January 15, 2026 February 15, 2026 March 15, 2026 April 15, 2026 May 15, 2026 June 15, 2026 July 15, 2026 August 15, 2026 September 15, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2d	Develop 2026-27 MCHBG Monthly Reporting Template for October 1, 2026 through September 30, 2027 using DOH-provided template.	Submit MCHBG reporting document to DOH Community Consultant.	Draft – August 14, 2026 Final – September 11, 2026	
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at DOH-CHIF@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.	Submit data to DOH per CYSHCN Program guidance.	January 15, 2025 April 15, 2025 July 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed. Through September 30, 2025	See Program Specific Requirements and Special Billing Requirements.
3c	Review your program's entry on ParentHelp123.org annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.	September 30, 2025	
3d	Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	Submit updates as part of monthly reporting document.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	
3e	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at DOH-CHIF@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2025 January 15, 2026 April 15, 2026 July 15, 2026	
3f	Review your program's entry on Help Me Grow's ParentHelp123.ResourceFinder annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated	September 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		information on your local CYSHCN program with WithinReach/Help Me Grow.		
3g	Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	Submit updates as part of monthly reporting document.	September report due October 15, 2025 November 15, 2025 December 15, 2025 January 15, 2026 February 15, 2026 March 15, 2026 April 15, 2026 May 15, 2026 June 15, 2026 July 15, 2026 August 15, 2026 September 15, 2026	

MCHBG Assessment and Evaluation

4a	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
4b	Provide summary of outcomes of MCHBG-funded work completed from October 1, 2024 through September 30, 2025 using DOH-provided reporting template.	Submit documentation as requested by DOH.	November 21, 2025	
4c	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2026	See Program Specific Requirements and Special Billing Requirements.

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

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 [USA Spending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

Special Requirements:

All training costs and all travel expenses for such training (for example: per diem, hotel, registration fees) must be pre-approved, unless identified in pre-approved Budget Workbook. Submit a paragraph to your Community Consultant explaining why the training is **necessary** to implement a strategy in the approved work plan. Details should also include total cost of the training and a link to or brochure of the training. Retain a copy of the Community Consultant's approval in your records.

Program Manual, Handbook, Policy References:

CYSHCN Information and Resources:

[Children and Youth with Special Health Care Needs Website\(wa.gov\)](http://www.wa.gov/children-youth-special-health-care-needs)

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

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used for services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].
2. Funds may not be used for:
 - a. Inpatient services, other than inpatient services for children with special health care needs or high-risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
 - b. Cash payments to intended recipients of health services.
 - c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
 - d. Meeting other federal matching funds requirements.
 - e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
 - f. Payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant). [Social Security Law, Sec 504(b)].
3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low-income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1) (D)].

Monitoring Visits (i.e., frequency, type, etc.):

Check-ins with DOH Community Consultant as needed.

Billing Requirements:

Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted monthly by the 30th of each month following the month in which the expenditures were incurred and must be based on actual allowable program costs. Billing for services on a monthly fraction of the "Total Consideration" will not be accepted or approved.

Special Instructions:

Contact DOH Community Consultant for approval of expenses not reflected in pre-approved Budget Workbook.

Exhibit A
Statement of Work
Contract Term: 2025-2027

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

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

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

Period of Performance: January 1, 2025 through December 31, 2027

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

Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems

Revision Purpose: Increase to 3 the number of surveys of Transient Non Community systems. Decrease to 6 the number of surveys of Non Transient Non Community Systems. Update rate of reimbursement for each sanitary survey of Transient Non Community (TNC) systems to \$1,000. Update rate of reimbursement to \$1,500 for each sanitary survey of a Non Transient Non Community (NTNC) system of 499 connections and less. Update rate of reimbursement for Special Purpose Investigations (SPI) to \$750 for each SPI on Transient Non Community Systems. Update rate of reimbursement for technical assistance to an hourly rate of \$250.00 for each hour spent, rather than the tiered system of hourly reimbursement. Change billing requirement from quarterly invoicing to monthly invoicing.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period	Current Allocation	Allocation Change Increase (+)	Total Allocation	
				Start Date	End Date			
SANITARY SURVEY FEES	24112522	N/A	346.26.65	01/01/25	12/31/27	3,600	2,400	6,000
YR 28 SRF - LOCAL ASST (15%) SS	24119227	N/A	346.26.64	01/01/25	06/30/25	0	0	0
YR 28 SRF - LOCAL ASST (15%)TA	24119227	N/A	346.26.66	01/01/25	06/30/25	0	0	0
YR1 STIMULUS - LOCAL ASST(10% OF 15%) SS	24144240	N/A	346.26.64	01/01/25	12/31/27	3,600	2,400	6,000
YR1 STIMULUS - LOCAL ASST(10% OF 15%) TA	24144240	N/A	346.26.66	01/01/25	12/31/27	4,000	0	4,000
						0	0	0
						0	0	0
						0	0	0
TOTALS						11,200	4,800	16,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity. The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing	Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings,	Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$400 for each sanitary survey of a non-community system with three or fewer connections. \$1,000 for each sanitary survey of a Transient Non-Community (TNC) system.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	technical assistance to small community and non-community Group A water systems.	<p>observations, recommendations, and referrals for further ODW follow-up.</p> <p>2. Completed Small Water System checklist.</p> <p>3. Updated Water Facilities Inventory (WFI).</p> <p>4. Photos of water system with text identifying features</p> <p>5. Any other supporting documents.</p> <p>*Final Reports reviewed and accepted by the ODW Regional Office.</p>		<p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$800 for each sanitary survey of a non-community system with four or more connections and each community system. \$1,500 for each sanitary survey of a non-Transient Non-Community (NTNC) and Community systems with 499 and less connections.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI. \$750 for each SPI on Transient Non-Community (TNC) system. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline. Late or incomplete reports may not be accepted for payment.
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.	<p>Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows:</p> <ul style="list-style-type: none"> • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750 <p>\$250 per hour for each technical assistance activity.</p> <p>Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				<p>Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline.</p> <p>Late or incomplete reports may not be accepted for payment</p>
4	<p>LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH.</p> <p>See Special Instructions for task activity.</p>	For training attended in person, prior to attending the training, submit an “Authorization for Travel (Non-Employee)” DOH Form 710-013 to the ODW Program Contact for approval (to ensure enough funds are available).	Annually	<p>For training attended in person, LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp</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 [USA Spending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

Data Sharing

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

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

Special References

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

Special Billing Requirements

The LHJ shall submit **quarterly monthly** invoices within 30 days following the end of the **quarter month** in which work was completed, noting on the invoice the quarter month and year being billed for. Payment cannot exceed a maximum accumulative fee of **\$7,200 \$12,000 for Task 1, and \$4,000 for Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

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

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

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

Special Instructions

Task 1

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

- No more than **2** surveys of non-community systems with three or fewer connections be completed between January 1, 2025 and December 31, 2025.
- No more than **8** surveys of non-community systems with four or more connections and all community systems be completed between January 1, 2025 and December 31, 2025
- **No more than 2 surveys of Transient Non-Community (TNC) systems to be completed between January 1, 2026, and December 31, 2026.**
- **No more than 6 surveys of Non-Transient Non-Community (NTNC) and Community systems with 499 and less connections to be completed between January 1, 2026, and December 31, 2026.**

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

Task 2

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

Task 3

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

Task 4

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