

**WHATCOM COUNTY
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:
202201016 - 15

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

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

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

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

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

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:
\$ 14,071,769	1. Exercising an option contained in a contract previously approved by the council.
This Amendment Amount:	2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance.
\$ 70,889	3. Bid or award is for supplies.
Total Amended Amount:	4. Equipment is included in Exhibit "B" of the Budget Ordinance
\$ 14,142,658	5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.

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

Term of Contract:	3 Years	Expiration Date:	12/31/2024
-------------------	---------	------------------	------------

Contract Routing:	1. Prepared by:	JT	Date:	10/31/2023
	2. Attorney signoff:	RB	Date:	10/31/2023
	3. AS Finance reviewed:	A Martin	Date:	11/3/2023
	4. IT reviewed (if IT related):		Date:	
	5. Contractor signed:		Date:	
	6. Submitted to Exec.:	JT	Date:	11/27/2023
	7. Council approved (if necessary):	AB2023-739	Date:	11/21/2023
	8. Executive signed: <i>by</i>	<i>✓ Carol Frazey</i>	Date:	<i>11/28/23</i>
	9. Original to Council:		Date:	



Memorandum

TO: Satpal Sidhu, County Executive
FROM: Erika Lautenbach, Director
RE: Washington State Department of Health – 2022 – 2024 Consolidated Contract Amendment #15
DATE: **NOVEMBER 27, 2023**

Attached is a grant amendment between Whatcom County and Washington State Department of Health for your review and signature. This amendment increases funding by \$70,889 and revises scopes of work, as indicated in the table below.

▪ **Background and Purpose**

The Consolidated Contract defines the joint and cooperative relationship between Whatcom County and the Washington State Department of Health for the delivery and funding of various public health services in Whatcom County.

▪ **Funding Amount and Source**

Total funding for this grant is \$14,142,658 and is provided by state and federal resources. These funds are included in the 2023 budget. Council approval is required as new grant funds exceed \$40,000, per WCC 3.06.010.

▪ **Differences from Previous Contracts**

This amendment adds or revises funding and/or statements of work for the following programs:

Program	Allocation or Amendment Purpose
Infectious Disease – Mpox Prevention & Response	\$15,000
COVID-19 LHJ Gap Funding	SOW revision only
Workforce Development	\$200,000
Foundational Public Health Services	Reduces funding by \$150,000 to reflect the elimination of the Shared Regional Epi Task
Drinking Water – Group A Program	\$3,600
Immunizations – COVID 19 Vaccine	SOW revision only
West Nile Virus Mosquito Surveillance	\$2,289

Please contact Kathleen Roy, Financial & Administrative Manager at 360-778-6007 (KRoy@co.whatcom.wa.us), if you have any questions.

Encl.



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

CONTRACT NUMBER: CLH31033

AMENDMENT NUMBER: 15

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

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

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

- Adds Statements of Work for the following programs:
 Infectious Disease-Mpox Prevention & Response - Effective July 1, 2023
- Amends Statements of Work for the following programs:
 COVID-19 LHJ Gap Funding - Effective July 1, 2023
 Executive Office of Resiliency & Health Security-WFD LHJ - Effective July 1, 2023
 Foundational Public Health Services (FPHS) - Effective July 1, 2023
 Office of Drinking Water Group A Program - Effective January 1, 2022
 Office of Immunization COVID-19 Vaccine - Effective January 1, 2022
 Zoonotic Disease Program-WNV Mosquito Surveillance - Effective June 1, 2022
- Deletes Statements of Work for the following programs:

2. Exhibit B-15 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-14 Allocations as follows:
 - Increase of **\$70,889** for a revised maximum consideration of **\$14,142,658**.
 - Decrease of _____ for a revised maximum consideration of _____.
 - No change in the maximum consideration of _____.
 Exhibit B Allocations are attached only for informational purposes.

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

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

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

WHATCOM COUNTY HEALTH & COMMUNITY SERVICES	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: <i>Erik J. [Signature]</i>	Signature: <i>Brenda Henrikson</i>
Date: 11/27/2023	Date: 11/30/2023

APPROVED AS TO FORM ONLY
 Assistant Attorney General

WHATCOM COUNTY

Carol Frazey, Executive Pro Tem
Carol Frazey, Executive Pro Tem

STATE OF WASHINGTON)

COUNTY OF WHATCOM)

On this 28th day of November, 2023, before me personally appeared Carol Frazey, to me known to be the Executive Pro Tempore of Whatcom County and who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.



Billie Sue Rinn

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

My Commission expires: 4/13/27

APPROVED AS TO FORM

Approved by email RB/JT
Royce Buckingham, Senior Civil Deputy Prosecutor

10/31/2023
Date

Contract Term: 2022-2024

Date: October 1, 2023

Indirect Rate January 1, 2022 through December 31, 2023: 25.22%

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			
FFY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 14	21.027	333.21.02	07/01/23	06/30/24	07/01/23	06/30/25	\$105,900	\$105,900	\$105,900
FFY23 Swimming Beach Act Grant IAR (BCY)	01174301	Amd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$10,000	\$10,000	\$25,000
FFY22 Swimming Beach Act Grant IAR (ECY)	01174301	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$15,000	\$15,000	\$15,000
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 14	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$156,138	\$156,138	\$374,731
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$156,138	\$156,138	\$156,138
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$62,455	\$62,455	\$62,455
FFY23 TB Elimination-FPH	NU52PS910221	Amd 10	93.116	333.93.11	01/01/23	12/31/23	01/01/23	12/31/23	\$15,778	\$15,778	\$36,605
FFY22 TB Elimination-FPH	NU52PS910221	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	\$20,827	\$20,827	\$20,827
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 13	93.116	333.93.11	07/01/22	09/30/23	07/01/22	09/30/23	\$25,250	\$40,250	\$45,000
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 11	93.116	333.93.11	07/01/22	09/30/23	07/01/22	09/30/23	\$15,000	\$15,000	\$15,000
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 13	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	(\$25,250)	\$4,750	\$4,750
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 9	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	\$30,000	\$30,000	\$30,000
FFY24 CDC PPHF Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$100	\$1,100	\$1,100
FFY24 CDC PPHF Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$1,000	\$1,000	\$1,000
FFY24 CDC VFC Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$1,344	\$14,784	\$14,784
FFY24 CDC VFC Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$13,440	\$13,440	\$13,440
COVID19 Vaccines	NH23IP922619	Amd 12	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	(\$15,167)	\$285,867	\$285,867
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$301,034	\$301,034	\$301,034
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$853,429	\$853,429	\$853,429
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$1,000	\$1,000	\$2,000
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,000	\$1,000	\$1,000
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$13,470	\$13,470	\$26,873
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$13,403	\$13,403	\$13,403
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$45,830	\$45,830	\$45,830
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 4	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$147,919)	\$1	\$1
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$147,920	\$147,920	\$147,920
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 4, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	(\$410,548)	\$1,448,582	\$1,448,582
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	\$1,859,130	\$1,859,130	\$1,859,130

EXHIBIT B-15
 ALLOCATIONS
 Contract Term: 2022-2024

Whatcom County Health Department
 Indirect Rate January 1, 2022 through December 31, 2023: 25.22%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work L/HJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY21 NH & LTC Strike Teams HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$14,750	\$14,750	\$14,750
FFY21 SHARP HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$12,500	\$12,500	\$12,500
FFY21 SNF Strike Teams HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$50,500	\$50,500	\$50,500
FFY23 Vector-borne T2&3 Epi ELC FPH	NGA Not Received	Amd 15	93.323	333.93.32	08/01/23	09/30/23	08/01/23	09/30/23	\$943	\$2,063	\$9,345
FFY23 Vector-borne T2&3 Epi ELC FPH	NGA Not Received	Amd 12	93.323	333.93.32	08/01/23	09/30/23	08/01/23	09/30/23	\$1,120		
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 15	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,346	\$5,882	
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 12	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,680		
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5, 12	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,456		
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5, 12	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,400		
FFY21 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5	93.323	333.93.32	06/01/22	07/31/22	08/01/21	07/31/22	\$1,400	\$1,400	\$1,400
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP9222181	Amd 15	93.354	333.93.35	07/01/23	06/30/24	07/01/23	06/30/24	\$200,000	\$200,000	\$200,000
FFY23 Crisis Coag-Mpox	NU90TP922236	Amd 13	93.354	333.93.35	12/01/22	06/30/23	12/01/22	06/30/23	\$15,000	\$15,000	\$15,000
FFY23 OID Crisis Cong-Mpox CDC	NU90TP922236	Amd 15	93.354	333.93.35	07/01/23	01/31/24	07/01/23	01/31/25	\$15,000	\$15,000	\$15,000
FFY23 Tobacco-Vape Prev Comp 1	NU58DP06808	Amd 12	93.387	333.93.38	04/29/23	04/28/24	04/29/22	04/28/23	\$37,772	\$37,772	\$75,544
FFY22 Tobacco-Vape Prev Comp 1	NU58DP06808	Amd 5, 9	93.387	333.93.38	04/29/22	04/28/23	04/29/22	04/28/23	\$37,772	\$37,772	
FFY24 HRSA MCHBG LHJ Contracts	NGA Not Received	Amd 14	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$142,176	\$142,176	\$250,284
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 14	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	(\$34,068)	\$108,108	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$142,176		
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 14	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$58,068	\$58,068	\$58,068
FFY23 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	(\$106,632)	\$0	\$0
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$106,632		
FFY21 MCHBG Special Project	B04MC40169	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$106,632	\$106,632	\$106,632
GFS-Group B (FO-NW)		Amd 10	N/A	334.04.90	01/01/23	06/30/23	07/01/22	06/30/23	\$12,938	\$12,938	\$25,877
GFS-Group B (FO-NW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$12,939	\$12,939	
SPY24 Drug User Health Program		Amd 13	N/A	334.04.91	07/01/23	12/31/23	07/01/23	12/31/23	\$34,535	\$34,535	\$34,535
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$69,070	\$69,070	\$103,605
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$34,535	\$34,535	

Indirect Rate: January 1, 2023 through December 31, 2023: 25.22%

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	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
SFY24 Dedicated Cannabis Account		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$409,588	\$409,588	\$819,176
SFY23 Dedicated Cannabis Account		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$409,588	\$409,588	
SFY22 Marijuana Education		Amd 4	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/22	\$294,228	\$294,228	\$294,228
Rec Shellfish/Biotoxin		Amd 13	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$16,500	\$16,500	\$34,500
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$18,000	\$18,000	
SFY24 Tobacco Prevention Proviso		Amd 14	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/24	\$121,694	\$121,694	\$361,694
SFY23 Tobacco Prevention Proviso		Amd 7, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$10,000	\$240,000	
SFY23 Tobacco Prevention Proviso		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$230,000		
SFY24 Youth Tobacco Vapor Products		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$56,259	\$56,259	\$112,518
SFY23 Youth Tobacco Vapor Products		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$56,259		
Managed Care Org		Amd 10, 14	N/A	334.04.98	01/01/23	06/30/24	07/01/21	06/30/25	\$52,000	\$52,000	\$52,000
SFY23 FPHS-LHJ-GFS		Amd 12	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$350,000	\$3,001,000	\$3,001,000
SFY23 FPHS-LHJ-GFS		Amd 6, 9	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,651,000		
SFY24 FPHS-LHJ Funds-GFS		Amd 15	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	(\$150,000)	\$3,843,000	\$3,843,000
SFY24 FPHS-LHJ Funds-GFS		Amd 14	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$1,342,000		
SFY24 FPHS-LHJ Funds-GFS		Amd 13	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$2,651,000		
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$1,362,000)	\$0	\$1,362,000
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,362,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,362,000	\$1,362,000	
YR 25 SRF - Local Asst (15%) SS		Amd 15	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$1,800	\$1,800	\$9,600
YR 25 SRF - Local Asst (15%) SS		Amd 12	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$2,800	\$4,400	
YR 25 SRF - Local Asst (15%) SS		Amd 11	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$1,600		
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 5	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$400	\$3,400	
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$3,000		
Sanitary Survey Fees SS-State		Amd 15	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$1,800	\$9,600	\$9,600
Sanitary Survey Fees SS-State		Amd 12, 15	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$2,800		
Sanitary Survey Fees SS-State		Amd 11, 15	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$1,600		
Sanitary Survey Fees SS-State		Amd 5, 11, 15	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$400		
Sanitary Survey Fees SS-State		Amd 1, 11, 15	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$3,000		
YR25 SRF - Local Asst (15%) TA		Amd 11	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$4,000	\$4,000	\$6,000
YR24 SRF - Local Asst (15%) (FO-NW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$2,000	\$2,000	

Indirect Rate January 1, 2022 through December 31, 2023: 25.22%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**		Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Funding Period Sub Total	Chart of Accounts Total
				Start Date	End Date	Start Date	End Date	Start Date	End Date		
TOTAL										\$14,142,658	\$14,142,658
Total consideration:											GRAND TOTAL
	\$14,071,769										\$14,142,658
	\$70,889										Total Fed
GRAND TOTAL	\$14,142,658										Total State
											\$10,069,333

*Catalog of Federal Domestic Assistance

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

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

DOH Program Name or Title: COVID-19 LHJ Gap Funding - Effective July 1, 2023

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

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

Period of Performance: July 1, 2023 through June 30, 2024

Statement of Work Purpose: The purpose of this statement of work is to support LHJ COVID-19 work utilizing American Rescue Plan Act (ARPA) funding.

Revision Purpose: The purpose of this revision is to add language under Special Requirements to address use of these funds for COVID-19 vaccine purchases.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
FY24 LHJ COVID-19 ARPA	926C0240	21.027	333.21.02	07/01/23	06/30/24	105,900	None	105,900
						0		0
						0		0
						0		0
						0		0
TOTALS						105,900		105,900

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Provide vaccination services to increase COVID-19 vaccine availability in the community. Vaccination services are defined as those outside the usual healthcare delivery method, such as pop-up clinics, mobile clinics, non-clinical facilities and may be conducted during non-traditional hours such as evenings and weekends. Activities may include vaccine strike teams, mobile vaccine clinics,	Vaccine availability to the community and prioritized in your jurisdiction's community.	July 1, 2023 – June 30, 2024	Reimbursement for actual costs incurred, not to exceed total funding allocation. Duc date: Every 60 days as specified in the ConCon billing instructions.
	Task 1, 2, and 3 Activities Supported by LHJ COVID-19 Gap Supplemental			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1A.	<p>satellite clinics, temporary or off-site clinics to travel and provide vaccination services in non-traditional settings, community outreach/messaging or to supplement the work of other community partners in underserved communities and may include administration costs for COVID-19 vaccine.</p> <p>Vaccination data – will be maintained according to current state and federal requirements.</p> <p>Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) then include internet based, phone option and other methods to ensure equitable registration. The state PrepMod system and tools will be available for use.</p>	<p>Submission of vaccine use into WA IIS database within 48 hours of use.</p> <p>Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.</p>	<p>Within two (2) days of vaccine use</p>	
1B.	<p>Specific itemized breakdown of activities and costs from our partners for vaccine efforts and keeping Washington safe.</p>	<p>Final written report including activities completed and how LHJ addressed equitable distribution of the vaccine, community outreach and messaging.</p>	<p>Report due within 30 days of the end of each quarter listed below: Year 1 Quarter 1 July 1, 2023-September 30, 2023 Year 1 Quarter 2 October 1, 2023-December 31, 2023 Year 1 Quarter 3 January 1, 2024-March 31, 2024 Year 1 Quarter 4 April 1, 2024-June 30, 2024</p>	
1C.	<p><i>COVID-19 vaccine purchase</i></p>	<p><i>See Special Requirements Below</i></p>	<p><i>See reporting requirements in 1A and 1B</i></p>	
2.	<p>Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19.</p> <p>Examples of key activities include:</p> <ul style="list-style-type: none"> • Incident management for the response • Testing • Case Investigation/Contact Tracing 	<p>See Special Requirements below.</p>	<p>See Special Requirements below.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.	<ul style="list-style-type: none"> • Sustainable isolation and quarantine • Care coordination • Surge management • Data reporting <p>NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</p> <p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 	<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics.</p> <p>ii. Case investigation</p> <ol style="list-style-type: none"> 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. Enter all case investigation and outbreak data in WDRS following DOH guidance. <ol style="list-style-type: none"> a) Strive to enter all case investigation and outbreak data into CREST as directed by DOH. b) Ensure all staff designated to utilize WDRS have access and are trained in the system. c) Include if new positive cases are tied to a known existing positive case or indicate community spread. d) Conduct targeted case investigation and monitor outbreaks. e) Coordinate with Tribal partners in conducting case investigations for tribal members. 3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. <p>b. Testing</p> <ol style="list-style-type: none"> i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs. ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to 	<p>Enter all case investigation data in WDRS following guidance from DOH.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy.</p> <ul style="list-style-type: none"> iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested. <ul style="list-style-type: none"> c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs <ul style="list-style-type: none"> i. Ensure all COVID positive lab results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission. ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH. iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry. d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe. c. Support Infection Prevention and control for high-risk populations <ul style="list-style-type: none"> i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers. 	<p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p> <p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing, infection control and isolation and quarantine protocols in congregate care facilities.</p> <p>iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks.</p> <p>iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis).</p> <p>v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations.</p> <p>vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings.</p> <p>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</p>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with WAC 246-100-045 (Conditions and principles for isolation or quarantine).</p> <ul style="list-style-type: none"> i. Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal agreement; alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand. ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need. <p>Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility.</p>	<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p> <p>Report census numbers to include historic total by month and monthly total for current quarter to date</p>		

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

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

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

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

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

Exhibit A, Statement of Work

Program Specific Requirements

Special Requirements:

A report on the specific areas the LHJ partners have spent the ARPA vaccine dollars if the legislature requests this information.

The funds from the American Rescue Plan Act are not available for the purchase of vaccines when the federal government is already making COVID-19 vaccines available to certain populations. The Department of Health Office of Immunization, is using a combination of federal and state funds to supply COVID-19 vaccines for the following groups:

- *All children less than 19 years of age.*
- *Adults 19 years of age and older who are:*
 - *Uninsured.*
 - *Underinsured – lacks cost-free coverage for COVID-19 vaccines.*

To access these vaccines, healthcare providers must be enrolled in the Childhood Vaccine Program and/or the Adult Vaccine Program.

In order for LHJs to utilize the American Rescue Plan Act (FY24 LHJ COVID-19 ARPA) funding as listed on the LHJ con-con to purchase COVID-19 vaccines beyond what is currently available as stated above for administration in their jurisdiction, the LHJ must follow the guidance provided. In this guidance, it specifically asks that this funding is targeted to disproportionately impacted, underserved populations and communities having COVID-19 impacts that are documented and the response must be tailored to benefit this impacted class.

DOH has received the following guidance: to (1) identify and respond to other pandemic impacts and (2) serve other populations that experienced pandemic impacts, beyond the enumerated uses and presumed eligible populations. Recipients can also identify groups or 'classes' of beneficiaries that experienced pandemic impacts and provide services to those classes. You should refer to pages 32 and 33 of the Overview of the Final Rule for (1) identifying impacts to a specific household or class of households and (2) tailoring the response to benefit this impacted class.

If LHJs identify a disproportionately impacted underserved population in their LHJ COVID-19 vaccination plan that would benefit from expanded access to COVID-19 vaccines and is not already served by another state program, they may use this funding to purchase COVID-19 vaccines in support of a documented mission.

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

DOH Program Name or Title: Executive Office of Resiliency & Health Security- WFD LHJ - Effective July 1, 2023 **Local Health Jurisdiction Name:** Whatcom County Health Department **Contract Number:** CLH31033

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

SOW Type: Revision **Revision # (for this SOW)** 1
Period of Performance: July 1, 2023 through July 31, 2024

Statement of Work Purpose: The purpose of this statement of work is to provide funding to establish, expand, train, and sustain the LHJ public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, in accordance with the CDC Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce Development (WFD).

Note: Program does not expect to be able to extend funding beyond June 30, 2024. LHJs will not be provided a fund allocation. Program will review invoices and manage use of funds across all LHJs who want to access these funds. Timely invoicing of costs by LHJs to DOH is essential. The program also asks LHJs to inform DOH as soon as possible if they do not plan to invoice for any of these funds.

Revision Purpose: The purpose of this revision is to add funds to the statement of work. There was a change to the process described in the Note above. The Program decided to add funds to these statements of work.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY21 CDC COVID-19 PHWFD-LHJ	3192621G	93.354	333.93.35	07/01/23	06/30/24	0	200,000	200,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	200,000	200,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff.	Submit information by September 15, 2023, and any changes within 30 days of the change.	September 15, 2023 Within 30 days of the change.	Reimbursement for actual costs not to exceed total funding allocation amount.
2	Develop a plan to use these funds for one or more of the allowable costs listed below.	Implementation Plan	December 31, 2023, or sooner.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<p>Submit plan to the DOH Program Contact for review and prior approval as soon as possible. We want to be sure your planned activities are allowable, and we will be able to reimburse you for the expenses.</p> <p>Funding is intended to establish, expand, train, and sustain public health staff to support LHH COVID-19 prevention, preparedness, response, and recovery initiatives.</p> <p>Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees.</p> <p>Allowable costs include:</p> <ul style="list-style-type: none"> • Costs including, wages and benefits, related to recruiting, hiring, and training of new or existing public health staff. • Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment. • Training and education (and related travel) for new and existing staff on topics such as incident management training, health equity issues, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHH. • Costs of contractors and contracted staff. <p>Notes:</p> <ul style="list-style-type: none"> • Preapproval from DOH is required to contract with these funds. • Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.) 	<p>Implementation Plan</p> <p>Data on form provided by DOH.</p>	<p>December 31, 2023, or sooner.</p> <p>January 10, 2024 July 10, 2024</p>	
4	<p>Data collection, as applicable, based on activities LHH has completed during the reporting period.</p> <p>Data collection includes:</p> <ul style="list-style-type: none"> • Total new hires • Describe challenges or experiences that have impacted progress toward achieving set hiring goals. 	<p>Data on form provided by DOH.</p>	<p>January 10, 2024 July 10, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Activity</p> <ul style="list-style-type: none"> • Describe promising practices or activities that should be considered for sustained funding. • Explain your approach and mitigation plans to address challenges in meeting these hiring goals. • Health Equity – Identify metrics to address Diversity, Equity, and Inclusion (DEI) in hiring. • Administrative Support Staff – New Hires • Professional or Clinical Staff – New Hires • Disease Investigation Staff – New Hires • Program Management Staff – New Hires • Existing Staff budget for this funding. <p>Note: Reporting periods are July 1 – December 31, 2023, and January 1 – June 30, 2024.</p>			

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

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

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

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

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

Program Specific Requirements

Follow all Federal requirements for use of Federal funds:

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200
 Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards
[eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

The following expenses are not allowable with these funds:

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

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Disposition of equipment with a current value of \$5,000 or more.
(Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Leasing vehicles.
- Out of state travel.

Note: Preapproval is no longer required for paying overtime.
See also DOH *A19 Documentation Matrix* for additional expenses that may require preapproval.

BILLING

All expenses on invoices must be related to statement of work tasks.

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

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this contract for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective July 1, 2023 **Local Health Jurisdiction Name:** Whatcom County Health Department **Contract Number:** CLH31033

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

Period of Performance: July 1, 2023 through June 30, 2024

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

Statement of Work Purpose: Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system's capacity and increase the availability of FPHS services statewide.

Revision Purpose: Removing task Assessment Shared Regional Epi, decreasing allocation by \$150,000, correcting BARS expenditure code typo for tasks 7 and 8, and updating Master Index Code Chart of Accounts Title to match the title in the new 2025 biennium chart of accounts.

Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Decrease (-)	Total Allocation
99210840	N/A	336.04.25	07/01/23	06/30/24	3,993,000	-150,000	3,843,000
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					3,993,000	-150,000	3,843,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<u>FPHS funds to each LHJ</u> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements – Deliverables</u>	See below in <u>Program Specific Requirements – Deliverables</u>	\$1,141,000
2	<u>Assessment Reinforcing Capacity</u> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements – Deliverables</u>	See below in <u>Program Specific Requirements – Deliverables</u>	\$60,000
3	<u>Assessment – CHA/CHIP</u> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements – Deliverables</u>	See below in <u>Program Specific Requirements – Deliverables</u>	\$30,000
4	<u>Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity</u> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements – Deliverables</u>	See below in <u>Program Specific Requirements – Deliverables</u>	\$687,000

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
20	<p>EPH Core Team – Homelessness Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u></p>	See below in Program Specific Requirements – Deliverables	See below in Program Specific Requirements – Deliverables	\$150,000

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

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

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

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

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

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

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

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

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

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

This Statement of Work is for the period of July 1, 2023-June 30, 2024 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

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

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

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

BARS Revenue Code: 336.04.25

BARS Expenditure Coding – provided for your reference.

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

51	FPIS Zoonotics (includes vectors)
52	FPHS Radiation
53	FPHS Land Use Planning
60	FPHS MCH Data & Planning
70	FPHS Chronic Disease, Injury & Violence Prevention Data & Planning
80	FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning
90	FPHS Vital Records
91	FPHS Laboratory – Centralized (PHSKC Only)
92	FPHS Laboratory

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

[FPHS Intent – RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)

[FPHS Committee & Workgroup Charter](#)

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

Activity Special Instructions:

Investments to Each LHJ:

1. FPHS Funds to Each LHJ

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

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

Targeted Investments to Each LHJ:

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

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

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

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

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

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

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

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

6. EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity (FPHS definitions B.2, A.C, J.1-3, K.1-2, L.1)

These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded

roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53

7. **FC – NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)**
Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: ~~526-16-562.16~~
8. **FC – NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)**
Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: ~~526-13-562.13~~
9. **Lifecourse – NEW SFY 24 Illicit Substance Use and Overdose Response (FPHS definitions D.1-2, D.4, F.1-3, G.1-3, I.1-2, J.1-J.3, K.1-2)**
Capacity and infrastructure related to addressing overdose crisis. This includes but is not limited to: Overdose response trainings, convening stakeholders or coordination groups, data analysis, and community education. Use BARS expenditure codes: 562.13, 562.14, 562.15, 562.60, 562.70, 562.80
10. **EPR – NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)**
Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12

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

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

Targeted Investments to Select LHJs – Assuring FPHS Available for/in Multiple Jurisdictions:

- ~~16. Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) (FPHS definitions G.1,2)~~

~~Increase assessment and epidemiology capacity via regional/shared epidemiologist model to meet locally identified needs. Use BARS expenditure codes: 562.10 or 11~~

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

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

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

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

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

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

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

17. EPH Core Team – Safe & Healthy Communities

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

- Use BARS expenditure code: 562.40

18. EPH Core Team – Climate-Change Response

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

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

19. EPH Core Team – Water System Capacity

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

- Use BARS expenditure code: 562.43 or 53.

20. EPH Core Team – Homelessness Response

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

- Use BARS expenditure code: 562.40

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

DOH Program Name or Title: Infectious Disease-Mpox Prevention & Response - Effective July 1, 2023

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

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

Period of Performance: July 1, 2023 through January 31, 2024

Statement of Work Purpose: The purpose of this statement of work (SOW) is to contract with local health jurisdictions to implement mpox prevention and response activities.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY23 OID CRISIS COAG-MPOX CDC	12408231	93.354	333.93.35	07/01/23	01/31/24	0	15,000	15,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	15,000	15,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Conduct mpox case surveillance and investigation: <ul style="list-style-type: none"> Monitor mpox cases and labs as they are reported. Respond to suspect and confirmed cases of mpox. Implement timely, effective case and cluster investigation, including interviews with cases, outreach to contacts and sociosexual networks of people with mpox. Refer exposed contacts and cluster contacts for examination, if symptomatic, or for vaccination, if not yet vaccinated. Coordinate investigations with disease intervention specialists (DIS) working with STIs, HIV, and viral hepatitis as appropriate. 	Complete progress report summarizing progress within 30 days after period of performance ends.	Submit progress report quarterly	Reimbursement for actual costs incurred, not to exceed \$15,000.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<ul style="list-style-type: none"> o Use STI/HIV data to enhance investigations and avoid duplicate public health work with community members. o Implement referral of HIV/STI cases and contacts in eligible populations for vaccination. • Use information from investigations to enhance and direct community vaccine events as feasible. Maintain capacity for outbreak response. <p>Assure JYNNEOS vaccine availability and accessibility by implementing one or more of the following:</p> <ul style="list-style-type: none"> • Assure vaccination locations exist in jurisdiction for referral, • Conduct mpox vaccination clinics or outreach events, • Facilitate vaccination in HIV, STI, and other clinics serving individuals at high-risk for mpox, and • Store and redistribute vaccine in smaller quantities, as needed. 	<p>Complete progress report summarizing progress within 30 days after period of performance ends.</p>	<p>Submit progress report by January 31, 2024</p>	
3	<p>Collaborate with community to enhance acceptability of vaccine to communities.</p> <ul style="list-style-type: none"> • Strengthen community engagement and partner relationships. • Identify, document, and implement ways increase education and prevention, and reduce vaccine hesitancy. • Collaborate with community partners to offer vaccine and disease information and education. <p>Collaborate with community partners to offer vaccination events, especially targeted to disparately affected communities</p>	<p>Complete progress report summarizing progress within 30 days after period of performance ends.</p>	<p>Submit progress report by January 31, 2024</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 LHH must have a Unique Entity Identifier (UEI) generated by SAM.gov.

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

Program Specific Requirements

I. Contract Management –

a. Fiscal Guidance

- i) **Funding**—The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by February 28, 2024. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) 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.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19 invoice vouchers amounts billable to DOH under this statement of work and Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month.
 - The CONTRACTOR must provide all backup documentation as required based on the assigned risk level. DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
- iv) **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.
- v) **Emergency Financial Assistance** –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.
- vi) **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 voucher programs to assure that recipients cannot readily convert vouchers into cash.
- vii) **Funds for Needle Exchange Programs Not Allowed** – CONTRACTOR shall not expend contract federal funds to support needle exchange programs using funds from HIV Community Services Tasks.
- viii) 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.
- ix) **Small and Attractive items** – Each agency 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. Agency shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the Office of the Chief Information Officer (OCIO) IT Security Standard 141 Section 5.8 Mobile Computing and Section 8.3 Media Handling and Disposal at <https://ocio.wa.gov/policies>. The agency shall implement specific measures to control small and attractive assets in order to minimize identified risks. Periodically, the agency should perform a follow up risk assessment to determine if the additional controls implemented are effective in managing the identified risks. Agency 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)
- x) **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 in order to receive reimbursement for these charges.

Food for staff meetings/trainings is not allowable.

PLEASE NOTE: If meals/refreshments are purchased for lunch and learns or other allowable meetings, food can only be purchased for the clients only at per diem. Any expenses over per diem will be denied.

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.

c. Subcontracting

- i. This statement of work does not allow a CONTRACTOR to subcontract for services.

2. 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:
 - c. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;
 - d. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,
 - e. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

3. 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: 2022-2024**

DOH Program Name or Title: Office of Drinking Water Group A Program -
Effective January 1, 2022.

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

SOW Type: Revision **Revision # (for this SOW)** 5

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

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

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: The purpose of this revision is to extend the period of performance from December 31, 2023 to December 31, 2024, provide additional Sanitary Survey funding and extend Sanitary Survey State funding from 12/31/23 to 12/31/24. In addition, this revision updates the Master Index Title removing (FO-NW) from YR 25 SRF and Sanitary Survey Fees-Static lines and updates the Master Index codes from 24222522 to 24112522 and 24229225 to 24119225.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SANITARY SURVEY FEES SS-STATE	24112522	N/A	346.26.65	01/01/22	12/31/24	7,800	1,800	9,600
YR 24 SRF - LOCAL ASST (15%) (FO-NW) SS	24229224	N/A	346.26.64	01/01/22	12/31/22	3,400	0	3,400
YR 24 SRF - LOCAL ASST (15%) (FO-NW) TA	24229224	N/A	346.26.66	01/01/22	12/31/22	2,000	0	2,000
YR 25 SRF - LOCAL ASST (15%) SS	24119225	N/A	346.26.64	01/01/23	12/31/23	4,400	0	4,400
YR 25 SRF - LOCAL ASST (15%) TA	24119225	N/A	346.26.66	01/01/23	12/31/23	4,000	0	4,000
YR 25 SRF - LOCAL ASST (15%) SS	24119225	N/A	346.26.64	01/01/24	12/31/24	0	1,800	1,800
TOTALS						21,600	3,600	25,200

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	Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. 2. Completed Small Water System checklist.	Final Sanitary Survey Reports must be received by the ODW Regional Office within 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. 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.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.</p>	<ol style="list-style-type: none"> 3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features 5. Any other supporting documents. <p>*Final Reports reviewed and accepted by the ODW Regional Office.</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	<p>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.</p> <p>See Special Instructions for task activity.</p>	<p>Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.</p>	<p>Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.</p>	<p>Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI.</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 completed SPI Report within the 2-working day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
3	<p>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.</p> <p>See Special Instructions for task activity.</p>	<p>Provide completed TA Report and any supporting documents and photos to ODW Regional Office.</p>	<p>Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.</p>	<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>Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.</p> <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>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH. See Special Instructions for task activity.	For training attended in person, prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact for approval (to ensure enough funds are available).	Annually	For training attended in person, LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp

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

Data Sharing

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

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

Special References:

Chapter 246-290 WAC is the set of rules that regulate Group A water systems. By this statement of work, ODW contracts with the LHJ to conduct sanitary surveys (and SPIs and provide technical assistance) for small community and non-community water systems with groundwater sources. ODW retains responsibility for conducting sanitary surveys (and SPIs and provide technical assistance) for small community and non-community water systems with surface water sources, large water systems, and systems with complex treatment.

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. See special instructions under Task 4, below.

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$5,600~~ **\$19,200** for Task 1, and **\$6,000** 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 Exhibit A, Statement of Work

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 5 surveys of non-community systems with three or fewer connections be completed between January 1, 2022 and December 31, 2022.
- No more than 6 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2022 and December 31, 2022.
- No more than 4 surveys of non-community systems with three or fewer connections be completed between January 1, 2023 and December 31, 2023.
- No more than 9 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2023 and December 31, 2023.
- *No more than 3 surveys of non-community systems with three or fewer connections be completed between January 1, 2024 and December 31, 2024.*
- *No more than 3 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2024 and December 31, 2024.*

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

Task 2

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

Task 3

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

Task 4

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work.

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

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

DOH Program Name or Title: Office of Immunization COVID-19 Vaccine - Effective January 1, 2022

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

SOW Type: Revision **Revision # (for this SOW)** 5

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

Period of Performance: January 1, 2022 through June 30, 2024

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

Revision Purpose: The purpose of this revision is to remove tasks.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change	Total Allocation
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22 06/30/24	853,429	0	853,429
COVID 19 CDC Vaccines	74310229	93.268	333.93.26	01/01/22 06/30/24	285,867	0	285,867
					0	0	0
					0	0	0
					0	0	0
TOTALS					1,139,296	0	1,139,296

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. Example 1: Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.	Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.	January 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Example 2: Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services</p>			
3.B	<p>Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.</p>	<p>Written report describing activity/activities and progress made to-date and strategies used (template to be provided)</p>	<p>June 30, Annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.C	<p>Catalog activities and conduct an evaluation of the strategies used</p>	<p>Written report, showing the strategies used and the final progress of the reach (template to be provided)</p>	<p>June 30, annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.D	<p>As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends) or adjust vaccine delivery approaches to optimize access. Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below)</p>	<p>Reports summarizing quantity, type, and frequency of activities</p>	<p>December 31 and June 30, annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.E	<p><i>At the LHH discretion, provide incentives to persons receiving COVID vaccine, adhering to LHH Guidance for COVID Initiatives Application requirements and allowable/unallowable use of federal funds.</i></p>	<p><i>a. LHH Incentive Plan Proposal b. Report that summarizes quantity of incentives purchased and distributed</i></p>	<p><i>a. Prior to implementing b. June 30, Annually</i></p>	<p><i>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</i></p>
3.F	<p><i>As needed to meet community needs, perform as a vaccine depot to provide COVID-19 vaccine. Duties include ordering and redistributing of COVID-19 vaccine; assure storage space for minimum order sizes; initiating transfer in the Immunization Information System (IIS); coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.</i></p>	<p><i>a. Complete a redistribution agreement. b. Report inventory reconciliation page. c. Report lost expired, spoiled, wasted vaccine to the IIS. d. Report transfer doses in the IIS and VaccineFinder. e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.</i></p>	<p><i>a. Submit upon completion b. Reconcile and submit inventory once monthly in the IIS. c. Report lost vaccine within 72 hours in the IIS. d. Update within 24 hours from when transfers occur.</i></p>	<p><i>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</i></p>
	<p><i>Immunization COVID-19 funding is specifically required to address COVID-19 vaccination activities. However, the funding can be leveraged to also address and incorporate other</i></p>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	non-COVID vaccination activities concurrent to COVID-19 vaccination activities. For example, COVID vaccine storage and distribution may also support monkeypox vaccine storage and distribution, concurrently.		e. Download as needed (retain temperature data on site for 3 years)	

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

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Specific Requirements

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

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Zoonotic Disease Program-WNV Mosquito Surveillance - Effective June 1, 2022

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

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

Period of Performance: June 1, 2022 through September 30, 2023

Statement of Work Purpose: The purpose of this statement of work is for Whatcom County Health Department to conduct weekly mosquito surveillance for West Nile virus (WNV) in Whatcom County during mosquito season, June through September. The detection of the virus in mosquito populations serves as an early warning of disease risk in the localized area. It alerts the local health department to strengthen educational outreach and mosquito control to minimize the health impact of mosquito-borne disease on communities. In addition, data generated by surveillance advances our understanding of the emergence and spread of vector mosquitoes and pathogens in western Washington.

Revision Purpose: Add additional funding for FFY22 and FFY23 activities.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY21 Vector-borne T2&3 Epi ELC FPH	1882121B	93.323	333.93.32	06/01/22	07/31/22	1,400	0	1,400
FFY22 Vector-borne T2&3 Epi ELC FPH	1882122B	93.323	333.93.32	08/01/22	07/31/23	4,536	1,346	5,882
FFY23 Vector-borne T2&3 Epi ELC FPH	1882123B	93.323	333.93.32	08/01/23	09/30/23	1,120	943	2,063
						0	0	0
						0	0	0
						0	0	0
TOTALS						7,056	2,289	9,345

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
I.	Conduct weekly mosquito trapping at two (2) site locations in Whatcom County. · Purchase of dry ice and CO2 canisters, as needed · Set and collect traps Record field data on DOH-provided reporting forms, including zero catch information.	Submit two weekly collections of mosquitoes along with complete corresponding data on reporting forms for trapping events to DOH. Should no mosquitoes be collected during a trapping event, the data reporting form documenting the effort is to be emailed to the DOH Program Contact.	Weekly by Thursday during mosquito season, June through September	Payment for task will be reimbursed for actual expenses up to the maximum available within the funding periods described in the Funding Table above. See below Restrictions on Funds.

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

Federal Funding Accountability and Transparency Act (FFATA)

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

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

The current project period is **June 1, 2023 – September 30, 2023**. Billing outside this date range will be provided to DOH at no cost.

CDC Funding Regulations and Policies: <https://www.edc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>

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