

# WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No.

202201016 – 9

Originating Department:		85 Health	
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:	
(see Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)			
Is this a grant agreement?	If yes, grantor agency contract number(s):		
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	CLH31033		
Is this contract grant funded?	CFDA#: Various		
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		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Center: Various		
If yes, RFP and Bid number(s):			
Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If no, include Attachment D Contractor Declaration form.	
If YES, indicate exclusion(s) below:			
<input type="checkbox"/> Professional services agreement for certified/licensed professional.			
<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 <b>exceeding \$40,000</b> , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when:</b>	
\$	8,377,968	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, professional services, or other capital costs approved by council in a capital budget appropriation ordinance.	
\$	109,206	3. Bid or award is for supplies or equipment included approved in the budget.	
Total Amended Amount:		4. 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.	
\$	8,487,174		
Summary of Scope: 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: 10/31/2022
	2. Attorney signoff:	RB	Date: 11/22/2022
	3. AS Finance reviewed:	Bbennett	Date: 11/21/2022
	4. IT reviewed (if IT related):		Date:
	5. Contractor signed:		Date:
	6. Submitted to Exec.:		Date:
	7. Council approved (if necessary):	AB2022-700	Date:
	8. Executive signed:		Date:
	9. Original to Council:		Date:

## WHATCOM COUNTY HEALTH DEPARTMENT 2022-2024 CONSOLIDATED CONTRACT

**CONTRACT NUMBER: CLH31033**
**AMENDMENT NUMBER: 9**

**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:  
Healthcare Associated Infections & Antimicrobial Resistance (HAI&AR) - Effective September 1, 2022
  - ☒ Amends Statements of Work for the following programs:  
DCHS-ELC COVID-19 Response - Effective January 1, 2022  
Executive Office of Resiliency and Health Security-PHEP - Effective July 1, 2022  
Foundational Public Health Services (FPHS) - Effective July 1, 2022  
TB Program - Effective January 1, 2022  
Youth Cannabis & Commercial Tobacco Prevention Program - Effective July 1, 2022  
Zoonotic Disease Program - WNV Mosquito Surveillance - Effective June 1, 2022
  - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-9 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-8 Allocations as follows:
  - ☒ Increase of **\$109,206** for a revised maximum consideration of **\$8,487,174**.
  - ☐ 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 DEPARTMENT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY  
Assistant Attorney General

Satpal Singh Sidhu, County Executive

On this \_\_\_\_\_ day of \_\_\_\_\_, 2022, before me personally appeared Satpal Sidhu, to me known to be the Executive of Whatcom County and who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

My Commission expires:\_\_\_\_\_

Date \_\_\_\_\_

Indirect Rate January 1, 2022 through December 31, 2022: 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		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY22 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	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
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	\$218,593
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	
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
<b>FFY22 TB Uniting for Ukraine Supp</b>	<b>NGA Not Received</b>	<b>Amd 9</b>	<b>93.116</b>	<b>333.93.11</b>	<b>05/21/22</b>	<b>12/31/22</b>	<b>05/21/22</b>	<b>12/31/22</b>	<b>\$30,000</b>	<b>\$30,000</b>	<b>\$30,000</b>
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	
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$13,470	\$13,470	\$26,873
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$13,403	\$13,403	
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$45,830	\$45,830	\$45,830
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 4	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$147,919)	\$1	\$1
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$147,920		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 4, <b>9</b>	93.323	333.93.32	01/01/22	<b>07/31/23</b>	01/15/21	07/31/24	(\$410,548)	\$1,448,582	\$1,448,582
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, <b>9</b>	93.323	333.93.32	01/01/22	<b>07/31/23</b>	01/15/21	07/31/24	\$1,859,130		
<b>FFY21 NH &amp; LTC Strike Teams HAI ELC</b>	<b>NGA Not Received</b>	<b>Amd 9</b>	<b>93.323</b>	<b>333.93.32</b>	<b>09/01/22</b>	<b>07/31/24</b>	<b>08/01/21</b>	<b>07/31/24</b>	<b>\$14,750</b>	<b>\$14,750</b>	<b>\$14,750</b>
<b>FFY21 SHARP HAI ELC</b>	<b>NGA Not Received</b>	<b>Amd 9</b>	<b>93.323</b>	<b>333.93.32</b>	<b>09/01/22</b>	<b>07/31/24</b>	<b>08/01/21</b>	<b>07/31/24</b>	<b>\$12,500</b>	<b>\$12,500</b>	<b>\$12,500</b>
<b>FFY21 SNF Strike Teams HAI ELC</b>	<b>NGA Not Received</b>	<b>Amd 9</b>	<b>93.323</b>	<b>333.93.32</b>	<b>09/01/22</b>	<b>07/31/24</b>	<b>08/01/21</b>	<b>07/31/24</b>	<b>\$50,500</b>	<b>\$50,500</b>	<b>\$50,500</b>
<b>FFY22 Vector-borne T2&amp;3 Epi ELC FPH</b>	<b>NGA Not Received</b>	<b>Amd 9</b>	<b>93.323</b>	<b>333.93.32</b>	<b>08/01/22</b>	<b>09/30/22</b>	<b>08/01/22</b>	<b>07/31/23</b>	<b>\$1,456</b>	<b>\$2,856</b>	<b>\$4,256</b>
FFY22 Vector-borne T2&3 Epi ELC FPH	NGA Not Received	Amd 5	93.323	333.93.32	08/01/22	09/30/22	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	
FFY22 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 5, <b>9</b>	93.387	333.93.38	04/29/22	<b>04/28/23</b>	04/29/22	04/28/23	\$37,772	\$37,772	\$37,772
FFY23 MCHBG LHJ Contracts	NGA Not Received	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$142,176	\$142,176	\$142,176
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	(\$106,632)	\$0	
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		



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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work LHM 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 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 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$12,939	\$12,939	\$12,939
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	
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	\$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 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$18,000	\$18,000	\$18,000
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	\$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		
SFY23 Youth Tobacco Vapor Products		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$56,259	\$56,259	\$56,259
<b>SFY23 FPHS-LHJ-GFS</b>		Amd 6, 9	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,651,000	\$2,651,000	\$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	
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	\$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 (FO-NW) SS-State		Amd 5	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$400	\$400	\$3,400
Sanitary Survey Fees (FO-NW) SS-State		Amd 1	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$3,000	\$3,000	
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	\$2,000
<b>TOTAL</b>									<b>\$8,487,174</b>	<b>\$8,487,174</b>	
<b>Total consideration:</b>	<b>\$8,377,968</b>									<b>GRAND TOTAL</b>	<b>\$8,487,174</b>
	<b>\$109,206</b>										
<b>GRAND TOTAL</b>	<b>\$8,487,174</b>									<b>Total Fed</b>	<b>\$3,224,123</b>
										<b>Total State</b>	<b>\$5,263,051</b>

\*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:** DCHS - ELC COVID-19 Response -  
Effective January 1, 2022

**Local Health Jurisdiction Name:** Whatcom County Health Department

**Contract Number:** CLH31033

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2022 through July 31, 2023

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19.

**Revision Purpose:** Extend Period of Performance and ELC EDE LHJ Funding End Date from 12/31/22 to 07/31/23.

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 None	Total Allocation
FFY19 ELC COVID ED ALLOCATION	1897129G	93.323	333.93.32	01/01/22	10/18/22	1	0	1
FFY20 ELC EDE LHJ ALLOCATION	1897120E	93.323	333.93.32	01/01/22	07/31/23	1,448,582	0	1,448,582
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>1,448,583</b>	<b>0</b>	<b>1,448,583</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19.  Examples of key activities include: <ul style="list-style-type: none"> <li>• Incident management for the response</li> <li>• Testing</li> <li>• Case Investigation/Contact Tracing</li> <li>• Sustainable isolation and quarantine</li> <li>• Care coordination</li> <li>• Surge management</li> <li>• Data reporting</li> </ul>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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.				
<b>DCHS COVID-19 Response</b>				
1	Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the “Budget narrative Template”, “Budget Guidance” and any other applicable documents that may be identified.	Submit the budget plan and narrative using the template provided.	Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.	Reimbursement of actual costs incurred, not to exceed:  \$1 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022
2	<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"> <li>1. Strive to maintain the capacity to conduct targeted investigations as appropriate.</li> <li>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.</li> <li>3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols.</li> <li>4. Coordinate with Tribal partners in conducting contact tracing for Tribal members.</li> <li>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.)</li> </ol>	<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>	<p>\$1,448,582 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023</p>



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>reports to DOH on testing locations and volume as requested.</p> <p>c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.</p> <p>i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>e. Support Infection Prevention and control for high-risk populations</p> <p>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> <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</p>	<p>on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p> <p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks.</p> <ul style="list-style-type: none"> <li>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).</li> <li>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.</li> <li>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.</li> </ul> <p>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</p> <p>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine (I&amp;Q) measures in accordance with <b>WAC 246-100-045</b> (Conditions and principles for isolation or quarantine).</p> <ul style="list-style-type: none"> <li>i. Have at least one (1) location for conducting I&amp;Q operations identified and confirmed. This location should be sufficient for supporting I&amp;Q services that are adequate for the population for your jurisdiction and have an ability to expand if</li> </ul>	<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>needed. This can be through contract/formal agreement; alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand.</p> <p>ii. Maintain ongoing census data for isolation and quarantine for your population.</p> <p>iii. Planning must incorporate transfer or receipt of people requiring I&amp;Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need.</p> <p>iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&amp;Q support, either through mobile teams or the state facility.</p>	Report census numbers to include historic total by month and monthly total for current quarter to date		

**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](mailto:finance@doh.wa.gov).

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

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

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

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

**Program Specific Requirements**

**All work will be performed in accordance with the revised and approved project plans to be submitted to DOH.**

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

CDC Funding Regulations and Policies

<https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>

**Monitoring Visits (frequency, type)**

The DOH program contact may conduct monitoring visits during the life of this project. The type, duration, and timing of visit will be determined and scheduled in cooperation with the subawardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project

**Special Billing Requirements**

**Payment:** Upon approval of deliverables and receipt of an invoice voucher, DOH will reimburse for actual allowable costs incurred. Billings for services on a monthly fraction of the budget will not be accepted or approved.

**Submission of Invoice Vouchers:** The LHJ shall submit correct monthly A19-1A invoice vouchers for amounts billable under this statement of work to DOH by the 25th of the following month or on a frequency no less often than quarterly.

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



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

**DOH Program Name or Title:** Executive Office of Resiliency and Health Security-  
PHEP - Effective July 1, 2022

**Local Health Jurisdiction Name:** Whatcom County Health Department

**Contract Number:** CLH31033

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

**Period of Performance:** July 1, 2022 through June 30, 2023

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness, resilience and response.

Notes: Regional Emergency Response Coordinator LHJs (RERCs): Benton-Franklin, Chelan-Douglas, Clark, Kitsap, Seattle-King, Snohomish, Spokane, Tacoma-Pierce, and Thurston

Local Emergency Response Coordinator LHJs (LERCs): Adams, Asotin, Clallam, Columbia, Cowlitz, Garfield, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, NE Tri-County, Okanogan, Pacific, San Juan, Skagit, Skamania, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima

**Revision Purpose:** The purpose of this revision is to update the name of our Office, add, revise, and delete activities and deliverables.

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 None	Total Allocation
FFY22 PHEP BP4 LHJ Funding	31102480	93.069	333.93.06	07/01/22 06/30/23	156,138	0	156,138
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
<b>TOTALS</b>					<b>156,138</b>	<b>0</b>	<b>156,138</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>PHEP BP4 LHJ Funding</b>				Reimbursement for actual costs not to exceed total funding consideration amount.
1  All LHJs	Across Domains and Capabilities  Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.	Mid- and end-of-year reports on template provided by DOH.  Additional reporting may be required if federal requirements change.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2  All LHJs	Across Domains and Capabilities  Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.	Submit information by August 1, 2022, and any changes within 30 days of the change.  Mid- and end-of-year reports on template provided by DOH. Note any changes or no change.	August 1, 2022  Within 30 days of the change.  December 31, 2022 June 30, 2023	
3  All LHJs	Across Domains and Capabilities  Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.	Mid- and end-of-year reports on templates provided by DOH.  Input provided to DOH upon request from DOH.	December 31, 2022 June 30, 2023	
4  All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness  Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness.  Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
5  All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness  Coordinate with DOH to complete a jurisdictional public health and medical hazard risk assessment	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
6  All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness  DOH/ <del>EPHR</del> Executive Office of Resiliency and Health Security (ORHS) anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ <b>may</b> use PHEP funding to participate in training and/or learning discussions in the following areas: <ul style="list-style-type: none"> <li>Adaptive Leadership</li> <li>Change Management</li> <li>Trauma-Informed Change Management</li> </ul>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>Trauma-Informed Systems</li> <li>Trauma-Informed Practice</li> <li>Outward Mindset</li> <li>Growth Mindset</li> <li>Racial Equity and/or Social Justice</li> <li>Community Resilience</li> <li>Climate Change and Health Equity</li> <li>Related topics – prior approval from <del>EPRR</del> ORHS required for training topics other than those listed above.</li> </ul> <p>Note: Prior approval from DOH/<del>EPRR</del> ORHS is required for any out-of-state travel.</p>			
7 <b>All LHJs</b>  <b>Note for RERCs</b>	<p>Domain 1 Community Resilience Capability 1 Community Preparedness</p> <p>Connect with new and/or existing partners to develop working relationships that promote capabilities, capacity, and community resilience, including, but not limited to:</p> <ul style="list-style-type: none"> <li>Local and/or regional Emergency Manager(s).</li> <li>Local and/or regional hospitals.</li> <li>Local and/or regional elected officials.</li> <li>Local and/or regional Community Health Workers (CHWs).</li> <li>Local and/or regional organizations that work with groups disproportionately impacted by public health emergencies or incidents. (<b>For RERCs</b>, this may include some or all the groups identified in Activity 8)</li> </ul>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
8 <b>RERCs for their LHJ</b>	<p>Domain 1 Community Resilience Capability 1 Community Preparedness – Disproportionately Impacted Populations</p> <p>Update and maintain LHJ plan(s) to mitigate barriers and other issues facing populations at risk of experiencing disproportionate impacts of public health emergencies or incidents.</p>	Mid- and end-of-year reports on templates provided by DOH.  Plans available upon request.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>8.1 Identify populations in the LHJ at risk of experiencing disproportionate impacts of public health emergencies or incidents. Populations may include race/ethnicity, disability, age, geography, and other factors as appropriate for LHJ.</p> <ul style="list-style-type: none"> <li>Use Washington Tracking Network to identify social vulnerability to hazards - <a href="#">Information by Location   Washington Tracking Network (WTN)</a>.</li> </ul> <p>8.2 Develop or update an LHJ engagement plan that outlines how you will engage directly with the populations identified in 8.1 before, during and after an emergency or incident.</p> <p>8.3 With the identified populations in the LHJ, describe the populations and identify barriers and other issues they may face before, during and after an emergency or incident.</p> <p>8.4 Develop or update a document (procedure, checklist, job action sheet, or other) that describes LHJ plans to mitigate barriers and other issues identified in 8.2 before, during and after an emergency or incident.</p>			
<b>9</b> <b>All LHJs</b>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>“Mobilize a response” is defined as the first verbal briefing of the response team from the initial notification to the public health responders in the area.</li> <li>The target is to mobilize a response within 45 minutes.</li> <li>DOH will provide additional guidance about submitting performance measure data.</li> </ul>	LHJ performance measure data (PM 1)	June 30, 2023	
<b>10</b> <b>All LHJs</b>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training &amp; Exercise</p> <p>Gather and submit data for LHJ performance measure 2: Percent of public health and medical responders who are trained on their role during a public health response.</p>	LHJ performance measure data (PM 2)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Note: DOH will provide additional guidance about submitting performance measure data.			
11 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Gather and submit data for LHJ performance measure 3: Percent of Corrective Action Plan items completed by due date.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>Develop corrective action plans following the Homeland Security Exercise and Evaluation Program (HSEEP).</li> <li>DOH will provide additional guidance about submitting performance measure data.</li> </ul>	LHJ performance measure data (PM 3)	June 30, 2023	
12 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training &amp; Exercise</p> <p><del>Based on availability of training, participate in at least one Public Health Emergency Preparedness Training provided by region, DOH, DOH contracted partner, or DOH approved trainer in person or via webinar.</del></p> <p><del>Participate in at least one public health emergency preparedness, response, or recovery training provided or approved by DOH. Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement.</del></p> <p>Notes:</p> <ul style="list-style-type: none"> <li><del>Prior approval from DOH is required for any out-of-state travel.</del></li> <li><del>DOH will work with regions and LHJs to customize and schedule training(s).</del></li> <li>Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above.</li> <li><del>For Seattle King County and Tacoma-Pierce County, the LHJ is the region</del></li> </ul>	Mid- and end-of-year reports on templates provided by DOH, <i>including title, date(s), sponsor of the training or conference, and brief summary of what you learned.</i>	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>Participation in the optional trainings listed in #6 and the communication drill (#22) <b>does not</b> meet the requirement for this activity.</li> </ul>			
<b>13</b> <del>RERCs for their PHEP region</del> <b>All LHJs</b>	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise  Participate in quarterly DOH Training & Exercise Call (unless cancelled). Call topics may include, but not limited to: <ul style="list-style-type: none"> <li>Training and exercise opportunities.</li> <li>Delivery of training and exercises.</li> <li>Training and exercise opportunities.</li> </ul> <del>Note: For Seattle King County and Tacoma Pierce County, the LHJ is the PHEP region.</del>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
<b>14</b> <del>LERCs</del> <b>All LHJs</b>	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise  14.1 Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.  <del>14.2 Provide input to Regional Emergency Response Coordinators (RERCs) for Integrated Preparedness Planning Workshop Guide.</del> 14.2 Complete Integrated Preparedness Planning Workshop (IPPW) Worksheets.  14.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.	<del>14.2 Input to RERCs</del> 14.2 IPPW Worksheets  Mid-year report on template provided by DOH  14.3 Participation in IPPW.  <del>End-of-year report on template provided by DOH.</del>	<del>14.2 As requested by RERCs.</del> 14.2 December 31, 2022  December 31, 2022  14.3 As requested by DOH.  June 30, 2023	
<b>15</b> <del>RERCs with their PHEP region except Seattle-King and</del>	<del>Domain 2 Incident Management</del> <del>Capability 3 Emergency Operations Coordination—Training &amp; Exercise</del>  <del>15.1 Work with Local Emergency Response Coordinators (LERCs) in region to review regional public health preparedness and response capabilities and identify gaps, priorities, and training needs.</del>	<del>Mid year report on template provided by DOH.</del> <del>15.2 Completed Integrated Preparedness Planning Workshop Guide.</del> <del>15.3 Participation in IPPW.</del>	<del>December 31, 2022</del> <del>15.3 As requested by DOH.</del>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<del>Tacoma-Pierce</del>	<del>15.2 Complete Integrated Preparedness Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH.</del>  <del>15.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</del>			
<del>16 Seattle-King and Tacoma-Pierce</del>	<del>Domain 2 Incident Management</del> <del>Capability 3 Emergency Operations Coordination Training &amp; Exercise</del>  <del>16.1 Review LHH preparedness and response capabilities and identify gaps, priorities, and training needs.</del>  <del>16.2 Complete Integrated Preparedness Planning Workshop Guide. Guide will be provided by DOH.</del> <del>16.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</del>	<del>Mid-year report on template provided by DOH.</del>  <del>16.2 Completed Integrated Preparedness Planning Workshop Guide.</del>  <del>16.3 Participation in IPPW.</del>	<del>December 31, 2022</del>  <del>16.3 As requested by DOH.</del>	
<del>17</del> <b>15 RERCs for their LHH</b>	Domain 2 Incident Management Capability 3 Emergency Operations Coordination  Participate in one or more exercises or real-world incidents testing each of the following: <ul style="list-style-type: none"> <li>The process for requesting and receiving resource support</li> <li>The process for gaining, maintaining, and sharing situational awareness of, as applicable: <ul style="list-style-type: none"> <li>The functionality of critical public health operations</li> <li>The functionality of critical healthcare facilities and the services they provide</li> <li>The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications)</li> <li>Number of disease cases</li> <li>Number of fatalities attributed to an incident</li> <li>Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report</li> <li>Emergency Operations Center (EOC) or Incident Command System (ICS) activation</li> </ul> </li> </ul>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Note: The communication drill (Activity <del>22</del> 20) does not meet the requirement for participation in an exercise or real world event.			
<del>18</del> <b>16</b> All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p><del>18.1</del> 16.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or <a href="mailto:hanalert@doh.wa.gov">hanalert@doh.wa.gov</a> for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p><del>18.2</del> 16.2 Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.</p>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
<del>19</del> <b>17</b> All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Complete or participate in After Action Reports (AARs) after each incident or exercise.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>• An AAR may be completed part-way through an extended response, for example, COVID-19.</li> <li>• Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation.</li> <li>• Include name, title, and organization of each participant in documentation (AAR).</li> <li>• Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting.</li> </ul>	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After-Action Report(s)/Improvement Plan(s)</p>	December 31, 2022 June 30, 2023	
<del>20</del> <b>18</b> All LHJs <i>except</i> Seattle-King	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Coordinate or participate in a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to:</p> <ul style="list-style-type: none"> <li>• Local Health Officer</li> </ul>	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After-Action Report/Improvement Plan</p>	December 31, 2022 June 30, 2023	



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>Public Health Official(s)</li> <li>Emergency Manager</li> <li>Regional Health Care Coalition</li> <li>Local and regional hospitals, if in your county</li> <li>Federally Qualified Health Center(s), if in your county</li> <li>Accountable Community of Health</li> <li>Emergency Medical Services Medical Program Director</li> <li>County Coroner or Medical Examiner</li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation.</li> <li>Include name, title, and organization of each participant in documentation (AAR).</li> <li>Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting.</li> <li>This may be completed part-way through the COVID-19 response.</li> <li>This AAR may be used to meet the requirement above as well (Activity <del>19</del> 17).</li> </ul>			
<del>24</del> 19 Seattle-King	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p><del>24.1</del> 19.1 Participate in and contribute to AAR(s) convened by ESF 8 partners and stakeholders such as emergency management and healthcare coalitions.</p> <p><del>24.2</del> 19.2 Compile key themes from partners' AARs into an ESF 8 AAR. The ESF 8 AAR should also include corrective actions gathered by reviewing documents and conducting hotwashes, interviews, and surveys of ESF 8 partners and stakeholders that did not conduct or were not included in other regional AARs</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After-Action Report/Improvement Plan</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Notes:</p> <ul style="list-style-type: none"> <li>Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation.</li> <li>Include organization of each participant in documentation (AAR).</li> <li>Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting.</li> <li>This may be completed part-way through the COVID-19 response</li> <li>This AAR may be used to meet the requirement above as well (Task #<del>19</del> 18).</li> </ul>			
<p><del>22</del> <del>20</del> All LHJs</p>	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p><del>22-1</del> 20.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (for example, Basecamp).</p> <p><del>22-2</del> 20.2 Participate in at least one risk communication drill offered by DOH between July 1, 2022, and June 30, 2023. Drill will occur via webinar, phone, and email. DOH will offer one July 1 – December 31, 2022, and one drill between January 31 – June 30, 2023.</p> <p><del>22-3</del> 20.3 Conduct a hot wash evaluating LHJ participation in the drill (<del>22-2</del> 20.2).</p> <p><del>22-4</del> 20.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After Action Review (AAR) evaluating LHJ participation in communication strategies during the incident.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>Participation in a real world event may meet the requirement for <del>22-2</del> 20.2, <del>22-3</del> 20.3, and <del>22-4</del> 20.4.</li> <li>If the real-world event response is ongoing, LHJ may opt to conduct a hot wash or AAR evaluating communication</li> </ul>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>If you use a real-world event to meet <del>22-2</del> 20.2, <del>22-3</del> 20.3, and <del>22-4</del> 20.4, submit hotwash or AAR with report.</p> <p>If the real-world event is ongoing, submit hotwash or AAR, <b>or</b> brief summary of communication activities <b>and</b> one sample of communication with report.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	strategies to date <b>or</b> include a summary of communication activities <b>and</b> one sample of communication in mid-year or end-of year report.			
<del>23</del> <b>21</b> All LHJs	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning</p> <p>Gather and submit data for LHJ performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>The target is within the first six hours.</li> <li>DOH will provide additional guidance about submitting performance measure data.</li> </ul>	LHJ performance measure data (PM 7)	June 30, 2023	
<del>24</del> <b>22</b> All LHJs	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p><del>24.1</del> <b>22.1</b> Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system.</p> <p><del>24.2</del> <b>22.2</b> Participate in DOH-led notification drills.</p> <p><del>24.3</del> <b>22.3</b> Conduct at least one LHJ drill using LHJ-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>Registered users must log in quarterly at a minimum.</li> <li>DOH will provide technical assistance to LHJs on using WASECURES.</li> <li>LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents.</li> </ul>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
<del>25</del> <b>23</b> RERCs for their PHEP region	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p><del>25.1</del> <b>23.1</b> Participate in quarterly DOH-led WASECURES Users Group,</p>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<del>25.2</del> 23.2 Provide technical assistance to LHJs in PHEP region as needed. ( <i>Except Seattle-King and Tacoma-Pierce, for these LHJs, the LHJ is the PHEP region.</i> )			
<del>26</del> 24 All LHJs	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EIs) during incident response upon request from DOH.</p> <p>Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.</p>	Mid- and end-of-year reports on template provided by DOH.	<p>December 31, 2022 June 30, 2023</p>	
<del>27</del> 25 All LHJs RERCs additional activity  Note for CRI LHJs	<p>Domain 4 Countermeasures and Mitigation Capability 8 Medical Countermeasures Dispensing Capability 9 Medical Countermeasures Management and Distribution</p> <p>Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or PHEP Region.</p> <p><b>RERCs</b> – Gather input and provide technical assistance to LERCs in PHEP region, as needed.</p> <p>MCM plans include:</p> <ul style="list-style-type: none"> <li>Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy). (LHJ PM 5, see activity #<del>28</del> 26).</li> </ul> <p>Notes</p> <ul style="list-style-type: none"> <li>DOH will provide technical assistance to LHJs on core elements of an MCM plan, including hosting MCM planning sessions.</li> <li>LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize</li> </ul>	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>Updated MCM plan.</p>	<p>December 31, 2022 June 30, 2023</p> <p>June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan.</p> <ul style="list-style-type: none"> <li>LHJ Performance Measure data is due June 30, 2023. LHJs will report data for LHJ PM 5, see activity #28 26).</li> <li>CRI LHJs – See also CRI activity #4.</li> </ul>			
<del>28</del> 26  All LHJs	<p>Domain 4 Countermeasures and Mitigation Capability 9 Medical Countermeasures Management and Distribution</p> <p>Gather and submit data for LHJ performance measure 5: Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy).</p>	LHJ performance measure data (PM 5)	June 30, 2023	
27  All LHJs	<p><i>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</i></p> <p><i>Begin to update public health emergency preparedness plan to include capability to isolate or quarantine people suspected of, or confirmed to have an infectious disease, who cannot isolate or quarantine safely within the confines of their current living arrangements.</i></p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li><i>This update doesn't need to be completed until the next contract period (6/30/24).</i></li> <li><i>This can be accomplished with Memorandums of Understanding (MOUs) or agreements with neighboring jurisdictions for a regionalized approach to ease potential funding and/or staffing constraints.</i></li> </ul>	<i>Mid- and end-of-year reports on templates provided by DOH, including progress on updating plan (meetings, draft, etc.).</i>	<i>December 31, 2022 June 30, 2023</i>	
<del>29</del> 28 RERCs for their LHJs	<p>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</p> <p>Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities).</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>Plans available upon request.</p>	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Notes: <ul style="list-style-type: none"> <li>Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045.</li> <li>LHJ may also conduct a drill or tabletop exercise to exercise plans.</li> </ul>			
<del>30</del> 29 RERCs for their LHJs	Domain 4 Countermeasures and Mitigation <del>Domain</del> Capability 14 Responder Safety and Health  Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.	Mid- and end-of-year reports on templates provided by DOH.  Plan available upon request.	December 31, 2022 June 30, 2023	
<del>31</del> 30 All LHJs	Domain 5 Surge Management Capability 10 Medical Surge  Engagement with regional Health Care Coalition (HCC) or Healthcare Alliance: <ul style="list-style-type: none"> <li>Northwest Healthcare Response Network (Network)</li> <li>Regional Emergency and Disaster (REDi) Healthcare Coalition</li> <li>Healthcare Alliance (Alliance)</li> </ul> During each reporting period (see notes below), participate in <b>one or more</b> of the following activities: <ul style="list-style-type: none"> <li>Meetings - Communication <ul style="list-style-type: none"> <li>Regional meeting, in person or virtually.</li> <li>Subgroup (catchment area, committee, district, etc. (meeting in person or virtually)</li> <li>Discussions pertaining to ESF8 and HCC or Alliance roles and responsibilities.</li> <li>Development of Disaster Clinical Advisory Committee (DCAC) meetings. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts.</li> </ul> </li> <li>Planning <ul style="list-style-type: none"> <li>Planning process to inform on the roles and responsibilities of public health, including reviewing HCC or Alliance plans for alignment with local ESF8 plans.</li> </ul> </li> </ul>	Briefly describe engagement in mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>Drills and Exercises               <ul style="list-style-type: none"> <li>Drill or exercise, including redundant communications, WATrac, Medical Response Surge Exercise (MRSE), or other drills and exercises to support planning and response efforts.</li> </ul> </li> <li>Response               <ul style="list-style-type: none"> <li>Information sharing process during incidents.</li> <li>Coordination with HCC or Alliance during responses involving healthcare organizations within your jurisdiction.</li> </ul> </li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>Reporting periods are July 1 – December 31, 2022 and January 1 – June 30, 2023</li> <li>LHJs in HCC or Alliance regions:               <ul style="list-style-type: none"> <li>Alliance: Clark, Cowlitz, Klickitat, Skamania and Wahkiakum.</li> <li>Network: Clallam, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, San Juan, Seattle-King, Skagit, Snohomish, Tacoma-Pierce, Thurston, and Whatcom.</li> <li>REDi: Adams, Asotin, Benton-Franklin, Chelan-Douglas, Columbia, Garfield, Grant, Kittitas, Lincoln, NE Tri, Okanogan, Spokane, Walla Walla, Whitman, and Yakima.</li> </ul> </li> </ul>			
<del>32</del> <b>31</b> <b>All LHJs</b>	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Gather and submit data for LHJ performance measure 8: Percent of Critical Healthcare Facilities whose functional status can be assessed by the local health jurisdiction in an emergency.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>“Critical Healthcare Facilities” are hospitals, skilled nursing facilities, blood centers, and dialysis centers.</li> <li>DOH will provide additional guidance about submitting performance measure data.</li> </ul>	LHJ performance measure data (PM 8)	June 30, 2023	

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Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<del>33</del> 32 RERCs for their LHJ	Domain 5 Surge Management Capability 10 Medical Surge  Develop and maintain agreements with facilities that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).	Mid- and end-of-year reports on templates provided by DOH.  Agreements available upon request.	December 31, 2022 June 30, 2023	
<del>34</del> 33 RERCs for their LHJ	Domain 5 Surge Management Capability 10 Medical Surge  Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum: <ul style="list-style-type: none"><li>• Biohazard/Waste Management</li><li>• Feeding</li><li>• Laundry</li><li>• Communications</li><li>• Sanitation</li></ul>	Mid- and end-of-year reports on templates provided by DOH.  Lists available upon request.	December 31, 2022 June 30, 2023	
Additional activities as requested by the LHJ:				
LHJ Request Clark 1	Provide volunteer opportunities and trainings to enhance volunteer skills and maintain interest in PHEP Region 4 Medical Volunteer Corps.  Note: PHEP Region 4: Clark, Cowlitz, Skamania, and Wahkiakum LHJs.	Mid- and end-of-year reports on templates provided by DOH.  Sign in sheets and agendas for trainings conducted by Clark County available upon request.	December 31, 2022 June 30, 2023	
LHJ Request Kitsap 1	Provide information and warnings to community and response partners.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Kitsap 2	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Kitsap 3	3.1 Compile regional data on notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap, Clallam, and Jefferson LHJ websites.	Mid- and end-of-year reports on templates provided by DOH.  Website screenshots available upon request.	December 31, 2022 June 30, 2023	



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	3.2 Compile and distribute data on Populations with Access and Functional Needs for Kitsap, Jefferson, and Clallam to support equitable emergency preparedness and response work.			
<b>LHJ Request Spokane 1</b>	Maintain Medical Reserve Corp (MRC) program coordination activities including recruitment, registration, training, engagement, meetings, and documentation.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
<b>LHJ Request Spokane 2</b>	As the Region 9 lead, provide support, resources, and assistance to Region 9 LHJs and tribes.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
<b>LHJ Request Spokane 3</b>	Update and maintain agreements and/or subcontracts with partners to provide needed services and resources for incident response.	Mid- and end-of-year reports on templates provided by DOH.  Agreements and subcontracts available upon request.	December 31, 2022 June 30, 2023	
<b><i>LHJ Request Tacoma-Pierce 1</i></b>	<i>1.1 Maintain and update policies and procedures to recruit, train, mobilize and deploy volunteers registered by the local health jurisdiction to support health and medical response operations.</i>  <i>1.2 Identify the priority capabilities volunteers will support, and how volunteers are trained.</i>  <i>1.3 Support COVID-19 volunteer response.</i>	<i>Mid- and end-of-year reports on templates provided by DOH.</i>	<i>December 31, 2022 June 30, 2023</i>	
<b>LHJ Request Tacoma-Pierce 2</b>	Participate in planning with local healthcare partners and community stakeholders to support local emergency preparedness on tasks not led by HCCs.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
<b>LHJ Request Tacoma-Pierce 3</b>	Participate in planning with Environmental Health partners and community stakeholders to support local emergency preparedness tasks.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
<b>LHJ Request Tacoma-Pierce 4</b>	Participate in alternate care system planning lead by regional partners and the healthcare coalition to inform a coordinated operational multi-regional response plan.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>LHJ Request Thurston 1</b>	Domain 5 Surge Management Capability 15 Volunteer Management  1.1 Maintain a Medical Reserve Corps (MRC) unit.  1.2 Maintain and update policies and procedures to recruit, training, mobilize and deploy volunteers registered by the local jurisdiction to support health and medical response operations.  1.3 Identify target mission sets for development within the MRC unit.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

**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](mailto:finance@doh.wa.gov).

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

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

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

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

**Program Specific Requirements**

**Special Requirements:**

Any subcontract/s must be approved by DOH prior to executing the contract/s.

Submit deliverables to the ~~Emergency Preparedness, Resilience & Response~~ *Executive Office of Resiliency and Health Security* ConCon deliverables mailbox at [concondeliverables@doh.wa.gov](mailto:concondeliverables@doh.wa.gov), unless otherwise specified.

**Restrictions on Funds:**

Please reference the Code of Federal Regulations:

[https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12cccc462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200\\_1439](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12cccc462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439)

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

**DOH Program Name or Title:** Foundational Public Health Services (FPHS) - Effective July 1, 2022

**Local Health Jurisdiction Name:** Whatcom County Health Department

**Contract Number:** CLH31033

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

**Period of Performance:** July 1, 2022 through June 30, 2023

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution
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**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:** Revise language under Safe and Healthy Communities task to be not so prescriptive for SEPA work, and to explicitly allow further explorations, while retaining the SEPA piece. Revise language under Core Team: Homelessness task. Update the DOH Chart of Accounts Master Index Title for YR2 funding to match the COA.

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 None	Total Allocation
SFY23 FPHS-LHJ-GFS	99202112	N/A	336.04.25	07/01/22 06/30/23	2,651,000	0	2,651,000
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
<b>TOTALS</b>					<b>2,651,000</b>	<b>0</b>	<b>2,651,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>FPHS funds to each LHJ</b> – 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	<b>Assessment funds to each LHJ</b> – 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	<b>Assessment funds to each LHJ – CHA/CHIP</b> – 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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	<b>Assessment – Shared Epidemiology</b> – 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
5	<b>CD – Hepatitis C</b> – 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
6	<b>CD – Case Investigation Capacity</b> – 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
7	<b>CD – TB – Part 2</b> – 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
8	<b>EPH – Safe and Healthy Communities</b> – 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
9	<b>EPH – Climate Change Response</b> – 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
10	<b>EPH – Toxicology and Environmental Epidemiology</b> – 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
11	<b>EPH – Water System Capacity</b> – 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
12	<b>EPH – Core Team: Homelessness</b> – 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
13	<b>Lifecourse – Infrastructure &amp; Workforce Capacity</b> – 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>	\$487,000

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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](mailto:cgoodwin@wsac.org), 564-200-3166
  - Brianna Steere, FPHS Policy Advisor, WSALPHO – [bsteere@wsac.org](mailto:bsteere@wsac.org), 564-200-3171
- For other questions:
  - Marie Flake, FPHS Lead, DOH – [marie.flake@doh.wa.gov](mailto:marie.flake@doh.wa.gov), 360-951-7566

### **Program Specific Requirements**

The Steering Committee is engaged in a long-term, multi-biennial, phased, building-block approach to full funding and implementation of FPBS statewide that includes:

- Full funding of FPBS with adequate, dedicated, stable funding that keeps pace with inflation and demand for services
- Full implementation of FPBS that includes system transformation and modernization to deliver services in the most equitable, effective, and efficient manner possible for the funds available

Foundational Public Health Services Definitions and related information can be found here: [www.doh.wa.gov/fpbs](http://www.doh.wa.gov/fpbs) or [FPBS | Powered by Box](#).

**Stable funding and an iterative decision-making process** – The FPBS Steering Committee is the decision making body for FPBS. The Steering Committee provides oversight including determination of goals, priorities, budget request, funding allocation and accountability metrics. The Steering Committee relies on FPBS Subject Matter Expert (SME) Workgroups and other FPBS workgroups to ensure a collaborative, systemwide, decision making process. The Steering Committee use an iterative approach to decision making. This means that additional tasks and/or funds may be added to a local health jurisdiction's (LHJ) FPBS Statement of Work (SOW) as funding decisions are made.

**Annual Allocations** – The legislature appropriates FPBS funding on an annual basis and the FPBS Steering Committee allocates funds annually through the FPBS Concurrence Process for the State Fiscal Year (SFY): July - June. FPBS funds can be applied retroactively to expenditures within the SFY for which they were allocated even if the expenditure occurred before the Steering Committee made the allocation decision or the agency contract was signed.

SFYs are named for the year in which they end. The state biennium is named for the year in which it begins and ends.

- SFY22 (July 1, 2021 – June 30, 2022); half of annual FPBS allocation disbursed July 1, 2021 and January 1, 2022
- SFY23 (July 1, 2022 – June 30, 2023); half of annual FPBS allocation disbursed July 1, 2022 and January 1, 2023
- SFY 22 & 23 comprise the 2021 – 2023 Biennium (21-23)

The Legislature appropriates FPBS 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 30<sup>th</sup> 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).

The Consolidated Contract (ConCon) is based on the calendar year and renewed every 3 years. FPBS statements of work may include reference information such as allocations, fund disbursement schedules, deliverable due dates, etc. that fall outside of the current 3-year contract period if they are part of the same state fiscal year. The purpose for including this information in the ConCon is to provide a) historical information from the previous ConCon cycle; and/or b) prospective information about future ConCon cycle, if they are part of the same SFY.

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

**Spending of FPBS funds** – The FPBS funds are for assuring FPBS services are available, and as reflected in the SOW. Each agency is responsible for deciding how to spend their funds within the parameters established by the FPBS Steering Committee and the SOW contract. Assurance includes providing the FPBS 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.

**Deliverables** – FPBS funds are to be used to increase the availability of FPBS services statewide. The FPBS accountability process measures how funds are sent, along with changes in system capacity through the FPBS Annual Assessment, system performance indicators, and other data. Each part of the governmental public health system that receives FPBS funds must complete:

1. Routine reporting of spending and spending projections. Process and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff.

Unspent or projected unspent funds may be reallocated by the Steering Committee to other FPHS activities in order to fully utilize funds within the state fiscal year timeframe to deliver services to Washington communities. Any FPHS funds unspent at the end of the state fiscal year (ending June 30) revert to the state treasury. Because LHJs receive funds up front, prospectively, any unspent funds must be returned to DOH by end of July of each year for DOH to return to the Office of Financial Management.

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](http://www.doh.wa.gov/fphs).

**BARS Revenue Code:** 336.04.25

**BARS Expenditure Coding** – provided for your reference

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

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

There are two different BARS Revenue Codes for “state flexible funds” to be tracked separately and reported separately on your annual BARS report. These two BARS Revenue Codes and definitions from the State Auditor’s Office (SAO’s) are listed below along with a link to the BARS Manual. 336.04.25 is the new BARS Revenue Code to use for the Foundational Public Health Services (FPHS) funds included in this statement of work.

### **336.04.24 – County Public Health Assistance**

Use this account for the state distribution authorized by the 2013 2ESSB 5034, section 710. The local health jurisdictions are required to provide reports regarding expenditures to the legislature from this revenue source.

### **336.04.25 – Foundational Public Health Services**

Use this account for the funding designated for the local health jurisdictions to provide a set of core services that government is responsible for in all communities in the WA state. This set of core services provides the foundation to support the work of the broader public health system and community partners. At this time the funding from this account is for delivering ANY or all of the FPHS communicable disease services (listed above) and can also be used for the FPHS capabilities that support FPHS communicable disease services as defined in the most current version of FPHS Definitions.

Public Health Budgeting, Accounting and Reporting System (BARS) Resources: [www.doh.wa.gov/lhjfunding](http://www.doh.wa.gov/lhjfunding)

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

Link to RCW 43.70.512 – [RCW 43.70.512: Public health system—Foundational public health services—Intent. \(wa.gov\)](http://www.wa.gov/legislation/rcw/43.70.512)

Link to RCW 43.70.515 – [RCW 43.70.515: Foundational public health services—Funding. \(wa.gov\)](http://www.wa.gov/legislation/rcw/43.70.515)

### **Activity Special Instructions:**

#### **1. FPHS funds to each LHJ**

These funds are allocated to each Local Health Jurisdiction to assure FPHS are available in their own jurisdiction. In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, these funds may be used to provide any of the activities described in the most current version of FPHS definitions for foundational programs and foundational capabilities. 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.

Even if FPHS services are provided by another agency through a contract, new service delivery model, or centralized service delivery model (such as the State Public Health Lab), all agencies that receive FPHS funds are responsible for reporting progress on the availability and implementation within their jurisdiction using the FPHS Annual Assessment.

These funds are not intended for fee-based services such as selected environmental public health services, licensing of healthcare facilities, screening of newborn babies for congenital disorders, etc. 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.

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

**Pandemic Response** – These FPHS funds are to be used as directed and allocated by the FPHS Steering Committee to deliver FPHS services. As the global COVID-19 pandemic and the public health response to it continues to wane, these FPHS funds can be braided with and used to supplement other short-term



pandemic response funding as needed for FPHS activities during this period of performance through 6/30/23. Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

**2. Assessment funds to each LHJ – (FPHS definition G.2)**

These funds are allocated to each Local Health Jurisdiction to assure FPHS are available in their own jurisdiction - Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

**3. Assessment funds to each LHJ – CHA/CHIP (FPHS definitions G.3)**

These funds are allocated to each LHJ to assure FPHS are available in their own jurisdiction -

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. Assessment – Shared Epidemiology – General (Assessment/Surveillance, CHA/CHIP) (FPHS definitions G.1, 2)**

These funds are to select LHJs to assure FPHS are available in their own jurisdiction - Provide general assessment epidemiology focused on COVID, CHAs/CHIPs and/or local public health assessment needs. Use BARS expenditure codes: 562.10

- Whatcom
- Yakima

**5. CD – Hepatitis C (FPHS definitions C.4.o-p)**

These funds are to select LHJs to assure FPHS are available in their own jurisdictions – Address Hepatitis C cases per guidance developed by the statewide FPHS Communicable Disease Workgroup, including, but not limited to: shared priorities, standardized surveillance, minimum standards of practice, common metrics and staffing models. Use BARS expenditure codes: 562.24.

The priorities for the 2021-2023 biennium (July 2021 – June 2023):

- Surveillance – entering labs into Washington Disease Reporting System (WDRS), enter acute cases into WDRS.
- Investigation – focus on acute cases: people aged 35 or younger, newly diagnosed, pregnant women, people seen in the ED/inpatient, Black, Indigenous and People of Color or other historically marginalized population and incorporate Hepatitis B work.

**6. CD – Case investigation Capacity (FPHS definitions C.2, C. 4)**

These funds are to select LHJs to assure FPHS are available in their own jurisdictions - 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.

**7. CD – TB – Part 2 (FPHS definition C.4.q-v)**

Funding allocated to LHJs with high Tuberculosis (TB) burden - 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. Use BARS expenditure codes: 562.23.

**8. EPH – Safe and Healthy Communities (FPHS definitions B.1, B.2, B.3, B.6, B.7)**

~~Establish model program for State Environmental Policy Act (SEPA) reviews—policy work related to environmental and health impacts. Initial staffing will develop a process for receiving, prioritizing, and completing SEPA reviews and Health Impact Assessments. A key aspect of year one will be building relationships within the selected region with LHJs, Tribes, community partners, and academic institutions. Use BARS expenditure code: 562.40~~

*This funding is for LHJ staff to participate in a cross-jurisdictional Core Team. The Core Team will develop one or more model program(s) for State Environmental Policy Act (SEPA) reviews, and/or other scalable environmental public health approaches to safe and healthy communities. Other topics may include (but are not limited to): Waste water treatment planning; PFAS contamination; seawater infusion in drinking water; funding staff to provide public health perspectives towards SEPA work. Use BARS expenditure code: 562.40.*



Anticipated expenses include, but are not limited to:

- Staffing

**9. EPH – Climate Change Response** (FPHS definitions B.1, B.2, B.3, B.6, B.7)

The goal of this investment is to fund education, communications, and response needs for wildfire smoke and harmful algal blooms. These funds should be used to establish sufficient capacity to contribute to the public health education, communication, and response efforts necessary to reduce the public health impacts of wildfire smoke exposure, as well as the capacity to help communities prepare for wildfire smoke events through education, community engagement, guidance development, and emergency response. These activities should reduce LHJ reliance on DOH toxicology capacity to help them determine appropriate and consistent messaging and next steps, in addition to providing adequate funding to collect necessary samples or pay for laboratory costs. Use BARS expenditure code: 562.40

Anticipated expenses include, but are not limited to:

- Staffing
- Sampling and laboratory costs

**10. 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. Use BARS expenditure code: 562.50.

Anticipated expenses include, but are not limited to:

- Staffing
- Travel

**11. EPH – Water System Capacity** (FPHS Definitions B.3, B.6, B.7)

The goal of this investment is to increase LHJ capacity for water resource management and planning. This request was funded in 2022 as a "core team" and this new request is for LHJ capacity to engage in key issues related to water resources management, planning, etc. Use BARS expenditure code: 562.43 or 53.

Anticipated expenses include, but are not limited to:

- Staffing

**12. EPH – Core Team: Homelessness** (FPHS definitions B.2, B.6, B.7)

~~Develop model program for chief health strategists for homelessness and community engagement strategies. In 2022, a core team will consist of a Community Health Strategist for Homelessness (1 FTE) and a Community Engagement Specialist (1 FTE). This team will spend time connecting with Local and Urban Indian Health partners to better understand their needs and what support is required from DOH. They will use this learning to determine the remaining 4.0 FTE that need to be hired, with the goal of opening these roles in late 2022 and hiring throughout 2023. Included in this FTE will be a manager that all FPHS Homelessness roles will report to. This team will eventually select one or two regions in the state to work with to develop a model program that can be adapted, extended, and adopted in other parts of the state as needed over time. Use BARS expenditure code: 562.40~~

*This funding is for LHJ staff to participate in a cross-jurisdictional Core Team. The Core Team will develop one or more model program(s) for a scalable environmental public health response to homelessness. A key aspect of the first year will be building relationships between state, local, community and tribal partners to address this public health issue Use BARS expenditure code: 562.40.*

Anticipated expenses include, but are not limited to:

- Staffing

**13. Lifecourse – Infrastructure & Workforce Capacity** (FPHS definitions D, E, F)

These funds are to each LHJ to assure FPHS are available in their own jurisdictions - 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 or 70 or 80.

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

**DOH Program Name or Title:** Healthcare Associated Infections & Antimicrobial Resistance (HAI&AR) - Effective September 1, 2022

**Local Health Jurisdiction Name:** Whatcom County Health Department

**Contract Number:** CLH31033

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

**Period of Performance:** September 1, 2022 through July 31, 2024

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide funding to the Whatcom County Health Department (WCHD) for staff and activities pertaining to the maintenance of established healthcare associated infections & antimicrobial resistance (HAI&AR) programmatic work and COVID-19 prevention and outbreak response through technical assistance to long term care facilities (LTCF) in the WCHD jurisdiction.

**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 End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY21 SHARP HAI ELC	1831321R	93.323	333.93.32	09/01/22 07/31/24	0	12,500	12,500
FFY21 SNF STRIKE TEAMS HAI ELC	1831421T	93.323	333.93.32	09/01/22 07/31/24	0	50,500	50,500
FFY21 NH & LTC STRIKE TEAMS HAI ELC	1831521U	93.323	333.93.23	09/01/22 07/31/24	0	14,750	14,750
					0	0	0
					0	0	0
					0	0	0
<b>TOTALS</b>					<b>0</b>	<b>77,750</b>	<b>77,750</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Provide infection control assessment and response (ICAR) services in collaboration with the Washington State Department of Health's (DOH) Healthcare-Associated Infections & Antimicrobial Resistance (HAI&AR) section: <ul style="list-style-type: none"> <li>In collaboration with the DOH HAI&amp;AR Section <i>designate</i> at least one (1) qualified infection preventionist (IP) or equivalent (IP or equivalent must be or actively pursuing Certified in Infection Control (CIC) within two (2) years or Associate in Infection Prevention Control [A-IPC] within one (1) year of hire).</li> </ul>	Written communication to the DOH HAI&AR LHJ Coordinator on the designation of a qualified IP or equivalent	9/1/22 – Designation of IP or equivalent	Payment for tasks 1-8 will be reimbursed for actual expenses up to the maximum available within the FFY21 SHARP HAI ELC funding period described in the Funding Table above.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>Using Centers for Disease Control and Prevention (CDC) guidance, collaborate with the DOH HAI&amp;AR Program to prioritize and conduct healthcare facility site visits, which may include:               <ul style="list-style-type: none"> <li>Long-term care facilities</li> <li>Skilled nursing facilities</li> <li>Dialysis centers</li> <li>Acute care hospitals</li> <li>Ambulatory Care</li> <li>Dental clinics</li> </ul> </li> </ul>			
2.	Provide necessary supplies, infrastructure, and equipment to conduct ICARs, may include: <ul style="list-style-type: none"> <li>DOH-provided Go Bag (gowns, masks, eye protection, N-95s, hand sanitizer, trash bags, travel bag to store supplies)</li> <li>Transportation cost</li> <li>Translation and interpretation services</li> <li>Other equipment as needed to conduct ICARs</li> </ul>	Provide documentation of presence of infrastructure in first submitted quarterly email and as needed.	1 <sup>st</sup> quarterly report	
3.	Participate in regular conference calls with the DOH ICAR lead to discuss ICAR successes and challenges.	Attend conference calls	Monthly	
4.	For outbreak investigations and detections, the PHN/designated IP or equivalent will facilitate regular (i.e., weekly) communications (i.e., site visit, via phone, email) with facility to determine status of identified gaps.	Share gap mitigation findings in quarterly email check-in	Quarterly	
5.	Regularly report all ICAR site visits within two (2) weeks of the visit in DOH ICAR REDcap and email findings within five (5) business days of site visit to facility	ICARs reported to REDcap Project  ICAR findings reported to facility	Within 2 business weeks of site visit  Within 5 business days of site visit	
6.	PHNs/Designated IP or equivalent shall attend regional, state, and national infection prevention meetings and other IP professional development activities (e.g., Association for Professionals in Infection Control and Epidemiology [APIC] Chapter meeting, or IP Champions) <ul style="list-style-type: none"> <li>Trainings and/or meetings will occur at least four (4) times during the grant period.</li> <li>Shadow a DOH IP during a healthcare facility site visit as needed</li> </ul>	Report attendance of trainings/meetings in quarterly email check-in	Quarterly	
7.	PHN/Designated IP or equivalent will initiate partnership development through outreach and identification of the local healthcare network, build knowledge related to local issues and	Share findings with DOH HAI&AR LHJ Coordinator at quarterly check-ins.	Quarterly and as needed during funding period	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	data availability regarding antibiotic-resistant organisms and other pathogens of concern			
8.	PHN/IP or equivalent will help develop IP tools/resources for healthcare facilities and act as a reviewer for other statewide tools developed by the DOH HAI&AR Program.	At quarterly check-ins with WA DOH HAI&AR LHI Coordinator report out on tools/resources that have been created and share tools with WA DOH upon request.  On an as needed basis, the IP will develop tools based on their healthcare facility site visit findings.	Quarterly and as needed during funding period	
9.	Support respiratory protection program (RPP) in skilled nursing facilities (SNF) in WCHD: <ul style="list-style-type: none"> <li>Quantitative Fit Testing: <ul style="list-style-type: none"> <li>Purchase one (1) quantitative fit test machine (TSI 8048) including 5-year “bumper-to-bumper” coverage</li> <li>Maintain quantitative fit test machine via annual calibration, additional supplies (i.e., particle generator, adapters, N95 grommets, etc.), and proper usage training for fit testing staff.</li> <li>Ensure proper use by properly training WCHD and SNF fit testing staff (training must follow Labor &amp; Industries [L&amp;I] rules and regulations)</li> <li>Provide no-cost qualitative fit testing services to SNFs when necessary.</li> </ul> </li> <li>Qualitative Fit Testing: <ul style="list-style-type: none"> <li>Train WCHD and SNF fit testers to perform qualitative fit testing</li> <li>Provide no-cost qualitative fit testing services to SNFs when necessary.</li> </ul> </li> </ul>	In quarterly check-in email to WA DOH HAI&AR LHI Coordinator, report out on: <ul style="list-style-type: none"> <li>Number of staff trained on quantitative fit test machine + training provided</li> <li>How quantitative fit testing services are advertised to SNFs</li> <li>How many facilities solicited and how many accepted</li> </ul>	Quarterly	Payment for tasks 9-15 will be reimbursed for actual expenses up to the maximum available within the FFY21 SNF STRIKE TEAMS HAI ELC funding period described in the Funding Table above.
10.	Provide proactive and COVID-19 outbreak reactive infection control assessment and response (ICAR) to SNFs: <ul style="list-style-type: none"> <li>In collaboration with the Washington State Department of Health’s Healthcare-Associated Infections &amp; Antimicrobial Resistance (HAI&amp;AR) Section <i>designate</i> at least one (1) qualified infection preventionist (IP) or equivalent (IP or equivalent must be or actively pursuing Certified in Infection Control (CIC) within two (2) years or Associate in Infection Prevention Control [A-IPC] within one (1) year of hire).</li> </ul>	In quarterly email to DOH HAI&AR LHI Coordinator report on the designation of a qualified IP or equivalent	1 <sup>st</sup> quarterly report	

<b>Task #</b>	<b>Activity</b>	<b>Deliverables/Outcomes</b>	<b>Due Date/Time Frame</b>	<b>Payment Information and/or Amount</b>
11.	Provide necessary supplies, infrastructure, and equipment to conduct ICARs, may include: <ul style="list-style-type: none"> <li>DOH-provided Go Bag (gowns, masks, eye protection, N-95s, hand sanitizer, trash bags, travel bag to store supplies)</li> <li>Transportation cost</li> <li>Translation and interpretation services</li> <li>Other equipment as needed to conduct ICARs</li> </ul>	Provide documentation of the presence of an infrastructure in first quarterly report submission (template provided by DOH)	1 <sup>st</sup> quarterly report	
12.	Participate in regular conference calls with the DOH ICAR lead to discuss ICAR successes and challenges.	Attend conference calls	Monthly	
13.	PHNs/Designated IP or equivalent shall attend regional, state, and national infection prevention meetings and other IP professional development activities (e.g., Association for Professionals in Infection Control and Epidemiology [APIC] Chapter meeting, or IP Champions) <ul style="list-style-type: none"> <li>Trainings and/or meetings will occur at least four (4) times during the grant period.</li> <li>Shadow a DOH IP during a healthcare facility site visit as needed.</li> </ul>	Report attendance of trainings/meetings at quarterly email check-in	As trainings and/or meetings are provided by the DOH HAI&AR Program.	
14.	Regularly report all proactive and COVID-19 reactive ICAR site visits within two (2) weeks of the visit in DOH ICAR REDcap and email findings within five (5) business days of site visit to facility	ICARs reported to REDcap Project  ICAR findings reported to facility	Within 2 business weeks of site visit  Within 5 business days of site visit	
15.	PHN/designated IP or equivalent will help develop IP tools/resources for SNFs and act as a reviewer for other statewide tools developed by the DOH HAI&AR Program.  On an as needed basis, the PHN/designated IP or equivalent will develop tools based on their healthcare facility site visit findings.	At quarterly check-ins with WA DOH HAI&AR LHJ Coordinator report out on tools/resources that have been created and share tools with WA DOH upon request.	Quarterly and as needed during funding period	
16.	Support RPP in long-term care facilities (LTCF): <ul style="list-style-type: none"> <li>Quantitative Fit Testing: <ul style="list-style-type: none"> <li>Train WCHD and LTCF fit testers to perform quantitative fit testing</li> <li>Provide no-cost quantitative fit testing services to LTCFs when necessary.</li> </ul> </li> <li>Qualitative Fit Testing: <ul style="list-style-type: none"> <li>Train WCHD and LTCF fit testers to perform qualitative fit testing</li> <li>Provide no-cost qualitative fit testing services to LTCFs when necessary.</li> </ul> </li> </ul>	In quarterly check-in email to WA DOH HAI&AR LHJ Coordinator, report out on: <ul style="list-style-type: none"> <li>How quantitative fit testing services are advertised to LTCFs</li> <li>How many facilities solicited and how many accepted</li> </ul>	Quarterly	Payment for tasks 16-24 will be reimbursed for actual expenses up to the maximum available within the FFY21 NH & LTC STRIKE TEAMS HAI ELC funding period described in the Funding Table above.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
17.	Provide proactive and COVID-19 outbreak reactive infection control assessment and response (ICAR) to LTCFs: <ul style="list-style-type: none"> <li>In collaboration with the Washington State Department of Health's Healthcare-Associated Infections &amp; Antimicrobial Resistance (HAI&amp;AR) Section <i>designate</i> at least one (1) qualified infection preventionist (IP) or equivalent (IP or equivalent must be or actively pursuing Certified in Infection Control (CIC) within 2 years or Associate in Infection Prevention Control [A-IPC] within 1 year of hire).</li> </ul>	In quarterly email to DOH HAI&AR LHJ Coordinator report on the designation of a qualified IP or equivalent	1 <sup>st</sup> quarterly report	
18.	Provide necessary supplies, infrastructure, and equipment to conduct ICARs, may include: <ul style="list-style-type: none"> <li>DOH-provided Go Bag (gowns, masks, eye protection, N-95s, hand sanitizer, trash bags, travel bag to store supplies)</li> <li>Transportation cost</li> <li>Translation and interpretation services</li> <li>Other equipment as needed to conduct ICARs</li> </ul>	Provide documentation of the presence of an infrastructure in first quarterly report submission (template provided by DOH)	1 <sup>st</sup> quarterly report	
19.	Participate in regular conference calls with the DOH ICAR lead to discuss ICAR successes and challenges.	Attend conference calls	Monthly	
20.	PHNs/Designated IP or equivalent shall attend regional, state, and national infection prevention meetings and other IP professional development activities (e.g., Association for Professionals in Infection Control and Epidemiology [APIC] Chapter meeting, or IP Champions) <ul style="list-style-type: none"> <li>Trainings and/or meetings will occur at least four (4) times during the grant period.</li> <li>Shadow a DOH IP during a healthcare facility site visit as needed.</li> </ul>	Report attendance of trainings/meetings in quarterly email check-in	As trainings and/or meetings are provided by the DOH HAI&AR Program.	
21.	Regularly report all proactive and COVID-19 reactive ICAR site visits within two (2) weeks of the visit in DOH ICAR REDcap and email findings within five (5) business days of site visit to facility	ICARs reported to REDcap Project  ICAR findings reported to facility	Within two (2) business weeks of site visit  Within five (5) business days of site visit	
22.	The PHN/designated IP or equivalent will disseminate COVID-19 vaccine and outbreak IP tools/resources for healthcare facilities.  On an as needed basis, the PHN/designated IP or equivalent will develop tools based on their healthcare facility site visit findings.	At quarterly check-ins with WA DOH HAI&AR LHJ Coordinator report out on tools/resources that have been created and share tools with WA DOH upon request.	Quarterly and as needed during funding period	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
23.	For COVID-19 outbreak investigations and detections, the PHN/designated IP or equivalent will facilitate regular (i.e., weekly) communications (i.e., site visit, via phone, email) with facility to determine status of identified gaps.	Share gap mitigation findings in quarterly email check-in	Quarterly	
24.	Other LHJs and healthcare staff will benefit from learning about infection control assessment and response (ICAR) and COVID-19 response activities. To ensure knowledge and experiences are shared, a designated WCHD HAIAR staff will participate in a webinar outreach led by the DOH HAI&AR Program.  Participation is defined as webinar attendance and availability to answer general questions about the ICAR project as it pertains to WCHD.	Participation in at least one (1) webinar hosted by DOH	7/31/2024	

**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](mailto:finance@doh.wa.gov).

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

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

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

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

**Program Specific Requirements**

**Program Manual, Handbook, Policy References:** [Infection Control Assessment and Response \(ICAR\) | Washington State Department of Health](#)

**Staffing Requirements:** (Supported by: MI1831321R; MI1831421T; 1831521U) At least one qualified IP or equivalent (CIC or A-PIC certified) must be employed in the program.

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

- CDC Funding Regulations and Policies: <https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>
- Nursing Home Strike Teams funds are not interchangeable. All COVID-19 activities pertaining to skilled nursing facilities must be billed to FFY21 SNF STRIKE TEAMS HAI ELC (Supported by: MI1831421T) and all COVID-19 activities pertaining to non-skilled nursing facilities must be billed to FFY21 NH & LTC STRIKE TEAMS HAI ELC (Supported by: MI1831521U).

**Special References (i.e., RCWs, WACs, etc.):** (Supported by: MI1831421T; MI1831521U) The respiratory fit testing program must adhere by [WAC 296-842 Safety Standard For Respirators](#) and L&I rules and regulations [L&I | Respirators \(wa.gov\)](#).



**Monitoring Visits (i.e., frequency, type, etc.):** (Supported by: MI1831321R; MI1831421T; MI1831521U) The DOH program contact may conduct monitoring visits during the life of this project. The type, duration, and timing of visit will be determined and scheduled in cooperation with the sub-awardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project.

**Definitions:**

**Assurances/Certifications:** (Supported by: MI1831321R; MI1831421T; MI1831521U) IP or equivalent must be or actively pursuing Certified in Infection Control (CIC) within 2 years or Associate in Infection Prevention Control [A-IPC] within 1 year of hire

**Billing Requirements:** A19-1A invoices are required to be submitted at least quarterly.

**Special Instructions:** (Supported by: MI1831321R; MI1831421T; MI1831521U) Quarterly reporting will be due by as follows:

- December 31, 2022
- March 31, 2023
- June 30, 2023
- September 30, 2023
- December 31, 2023
- March 31, 2024
- June 30, 2024

**Other:** (Supported by: MI1831421T; MI1831521U) Other conditions may be included to the extent that they are in support of or related to work to control the spread of SARS-CoV-2.

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

**DOH Program Name or Title:** TB Program - Effective January 1, 2022

**Local Health Jurisdiction Name:** Whatcom County Health Department

**Contract Number:** CLH31033

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

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

**Statement of Work Purpose:** This statement of work is providing funding for 2022 from the State TB Program for tuberculosis (TB) prevention and control activities

**Revision Purpose:** The purpose of this revision is to increase allocation of funds, add an additional activity, and update deliverables, due dates, and payment information.

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 Increase (+)	Total Allocation
FFY22 TB ELIMINATION-FPH	18402203	93.116	333.93.11	01/01/22	12/31/22	20,827	0	20,827
FFY22 TB UNITING FOR UKRAINE SUPP	18402204	93.116	333.93.11	05/21/22	12/31/22	0	30,000	30,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>20,827</b>	<b>30,000</b>	<b>50,827</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>Case Management and Treatment:</b> (1) Increase percentage of TB cases meeting the National TB Indicators Project (NTIP) targets for objectives on case management and treatment. a. Performance-based focus area improve Completion of Therapy (COT) (2) Comply with American Thoracic Society, Centers for Disease Control and Prevention (CDC) and the Infectious Diseases Society of America Clinical Practice Guidelines.	Summary of task outcome including any implemented strategies to improve in COT and related results/findings in the Consolidated Contract "TB Deliverables Report" <i>for 2022.</i>	<del>Report due December 31, 2022 for 2022 activities; to be received by DOH by January 31, 2023.</del>	<i>Payment for tasks 1-7 will be reimbursement for actual expenses up to the maximum available within the FFY22 TB ELIMINATION-FPH funding period described in the Funding Table above.</i>
2	Provide DOH with complete TB case, contact and infection data. <ul style="list-style-type: none"> <li>After initial notifiable conditions TB case report (within 3 business days) through the Washington Disease Reporting System (WDRS), more detailed data for confirmed or suspected cases are to be entered into WDRS within 2 weeks of receipt by the LHJ.</li> </ul>	Summary of task outcome on the Consolidated Contract "Deliverables Report" <i>for 2022</i>	<del>Report due December 31, 2022 for 2022 activities; to be received by DOH by January 31, 2023.</del>	<i>See below <b>Restrictions on Funds.</b></i>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>Contact (Active Disease and Targeted Testing) and subsequent infection data (if applicable) to be provided electronically (e.g. WDRS or .xls or .csv) to DOH by the first week of February for the two previous calendar years.</li> </ul>			<del>Reimbursement for actual costs. See below Restrictions on Funds.</del>
3	<b>Contact Investigations:</b> <ul style="list-style-type: none"> <li>Increase percentage of TB cases and contacts meeting NTIP targets for objectives on contact investigations.</li> <li>Comply with National TB Controllers Association and CDC guidelines</li> </ul>	Summary of task outcome on the Consolidated Contract "Deliverables Report" <i>for 2022</i>	<del>Report due December 31, 2022 for 2022 activities; to be received by DOH by</del> January 31, 2023.	<del>Reimbursement for actual costs.</del>
4	<b>Directly Observed Therapy (DOT):</b> Provide DOT for all cases of infectious TB disease, this includes VDOT for qualifying patients.	Summary of task outcome on the Consolidated Contract "Deliverables Report" <i>for 2022</i>	<del>Report due December 31, 2022 for 2022 activities; to be received by DOH by</del> January 31, 2023.	<del>Reimbursement for actual costs.</del>
5	<b>Examination and Appropriate Treatment of Immigrants and Refugees:</b> <ul style="list-style-type: none"> <li>Increase percentage of immigrants and refugees meeting NTIP targets.</li> <li>Completed TB Follow-up worksheets are sent to DOH via secure tool which protects patient information.</li> </ul>	Summary of task outcome on the Consolidated Contract "Deliverables Report" <i>for 2022</i>	<del>Report due December 31, 2022 for 2022 activities; to be received by DOH by</del> January 31, 2023.	<del>Reimbursement for actual costs.</del>
6	<b>Cohort Review</b> At least one (1) appropriate staff member will participate in cohort reviews in 2022.  <b>TB Case Consultation:</b> Appropriate LHJ TB staff attend as requested.	Summary of task outcome on the Consolidated Contract "Deliverables Report" <i>for 2022</i>	<del>Report due December 31, 2022 for 2022 activities; to be received by DOH by</del> January 31, 2023.	
7	For any 340B medication received the LHJ agrees to: <ul style="list-style-type: none"> <li>Maintain auditable records for a minimum of 3 years including a separate medication inventory tracking system with records tied to patients receiving the medication.</li> <li>Store 340B separately from non-340B medications.</li> <li>Conduct regular annual internal audits of inventory and patient records to maintain HRSA standards and compliance regarding diversion and patient eligibility.</li> <li>Participate in audits by DOH or HRSA of TB-related 340B practices and provide access to records demonstrating compliance with HRSA 340B regulations.</li> <li>Will not bill Medicaid for any 340B TB medications provided by DOH TB Program.</li> <li>Notify DOH TB Program of any medication loss or</li> </ul>	Summary of task outcome on the Consolidated Contract "Deliverables Report" <i>for 2022</i>	<del>Report due December 31, 2022 for 2022 activities; to be received by DOH by</del> January 31, 2023.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	expiration of medications including any breach of 340B regulations. <ul style="list-style-type: none"> <li>Notify DOH TB Program of changes regarding the prescribing provider within 10 days. And the prescribing provider must be either employed by or under contract with the LHJ.</li> </ul>			
8	<i>Provide TB screening, evaluation, Interferon-Gamma Release Assay (IGRA), chest x-rays, and other clinical services as indicated, including treatment* for latent or active TB disease for newcomers from Ukraine. (*These federal dollars can be used to provide TB medications to TB patients)</i>	<i>Consolidated Contract "TB Deliverables Report" include aggregate information for all Ukrainians directly clinically served with these funds for 2022. This includes the number: evaluated, diagnosed with TB infection, started treatment, and completed treatment.</i>	<i>January 31, 2023</i>	<i>Payment for task 8 will be reimbursement for actual expenses up to the maximum available within the FFY22 TB UNITING FOR UKRAINE SUPP funding period described in the Funding Table above.</i>

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

TB Manual: Link to be provided on DOH Website ([www.doh.wa.gov/tb](http://www.doh.wa.gov/tb)) when revision is completed.

LHJ TB SharePoint pages: [TB LHJ Home \(sharepoint.com\)](#)

Health Officer Handbook: [Washington State Tuberculosis Law Manual for Health Officers](#)

**Restrictions on Funds:**

1. Emphasis must be given to directing the majority of funds to core TB control activities.
2. Federal Funds may not be used *except where noted*:
  - To supplant State or LHJ funds;
  - For inpatient care or construction or renovation of facilities;
  - To purchase treatment medications.

**Special References:**

TB Laws and Regulations: (<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis/LawsGuidelines.aspx>)

Health Officer Handbook: [Washington State Tuberculosis Law Manual for Health Officers](#)

**Monitoring Visits:**

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

**Billing Requirements:**

~~Monthly billing is preferred, and all 2022 invoices received at DOH by January 16<sup>th</sup>, 2023. LHH may bill monthly. Invoices must be received no more than 60 days after billing period.~~

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

**DOH Program Name or Title:** Youth Cannabis & Commercial Tobacco Prevention Program - Effective July 1, 2022

**Local Health Jurisdiction Name:** Whatcom County Health Department

**Contract Number:** CLH31033

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

**Period of Performance:** July 1, 2022 through December 31, 2022

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to provide funding for cannabis & commercial tobacco (including vaping products) prevention and control activities as a regional contractor for the Youth Cannabis and Commercial Tobacco Prevention Program through four sources of funding: SFY23 Dedicated Cannabis Account, SFY23 Tobacco Prevention, SFY23 Youth Tobacco Vapor Products, and FFY22 Tobacco-Vap Prevention Component 1.

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

**\*\* PLEASE NOTE:** Due dates and allocations are for purposes of reflecting the total annual allocation and reporting for FFY22 and SFY23.

**Revision Purpose:** The purpose of this revision is to extend the period of performance from December 31, 2022 to June 30, 2023 and change the LHJ Funding Period to reflect an end date of 06/30/23 for funding that has started on 07/01/22 and an end date of 04/28/23 for funding that has started on 04/29/22.

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 None	Total Allocation
SFY23 YOUTH TOBACCO VAPOR PRODUCTS	77410893	N/A	334.04.93	07/01/22	06/30/23	56,259	0	56,259
FFY22 TOBACCO-VAPE PREV COMP 1	77410212	93.387	333.93.38	04/29/22	04/28/23	37,772	0	37,772
SFY23 TOBACCO PREVENTION PROVISO	77410823	N/A	334.04.93	07/01/22	06/30/23	240,000	0	240,000
SFY23 DEDICATED CANNABIS ACCOUNT	77420823	N/A	334.04.93	07/01/22	06/30/23	409,588	0	409,588
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>743,619</b>	<b>0</b>	<b>743,619</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	DEVELOP NETWORK ANNUAL WORK PLAN	Contractor will submit a work plan for 2022-2023 utilizing the template provided by YCCTPP that addresses the four goals of the program and includes: <ul style="list-style-type: none"> <li>Performance-based objectives that will be defined by the contractor and YCCTPP contract manager.</li> </ul>	45 days of contract execution	Funding utilized: State (YTVP, Tobacco Prevention, Marijuana Prevention and Education)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> <li>Activities that utilize program strategies (defined into the YCCTPP implementation guide), that will address the defined performance-based objectives and overarching goals, tied to a specific timeframe with identified timeline goals.</li> <li><b>Funding must be dedicated to equitable policy, systems, environmental change in communities of higher need within the contractor's specified region, and if it is unclear a justification must be provided.</b></li> <li>The workplan must have a designated equity framework that will be utilized in <b>all</b> prevention efforts.</li> <li>This workplan will be created in collaboration with and approved by the YCCTPP Contract Manager.</li> <li>More details regarding the workplan requirements including the goals of the YCCTPP program, objectives, and strategies can be found in the YCCTPP Implementation guide.</li> </ul> <p>Note: Activities can be added to the tasks after workplan approval, the contractor should speak with their contract manager for approval.</p>		<p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the YCCTPP budget workbook must be completed by the 30<sup>th</sup> of the month following the month in which costs were incurred.</p>
2	NETWORK EQUITY ASSESSMENT	Contractor will complete an <u>initial</u> equity assessment provided by YCCTPP within their regional network that will be submitted to the YCCTPP contract manager <b><u>within 90 days of the workplan being completed.</u></b> The assessment will be continuously revised throughout the year based on the network's needs.	Within 90 days of the workplan being completed	
3	ORGANIZATION AND NETWORK ADMINISTRATIVE PLAN	<p>Contractor will complete an administrative plan within <b><u>90 days of contract execution</u></b> and submit any updates or changes on a quarterly basis, which will include:</p> <ul style="list-style-type: none"> <li>Most current job descriptions and contact information of the program facilitator that is responsible for the performance of the statement of work and relevant staff.</li> <li>Calendar of meetings, trainings, and professional development opportunities that the program administrator and relevant staff will participate in. All relevant staff are expected to participate in required conference calls (including kick off training, monthly check ins, YCCTPP program all contractors calls), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH. <b>This is subject to change based on trainings and professional opportunities available.</b></li> <li>A list of all individuals/organizations that participate in the regional network that including contact information, a copy of a Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), or membership agreement, and the justification of their participation in the network.</li> <li><b><u>Required network sectors must have a representative for the grant to be considered in compliance.</u></b> Sectors chosen and their levels of engagement will be determined with the contract manager and tailored to the region's needs. A complete list of network sectors will be provided in the implementation guide.</li> </ul>	90 days of contract execution	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> <li>Network meeting schedule and supporting documentation regarding membership participation/engagement.</li> <li>A list of organizations and the contact information for the point person that are considered subcontractors.</li> </ul>		
4	IMPLEMENT ANNUAL WORK PLAN AND REPORT PROGRESS	<p>Based on the specific timeline developed by the YCCTPP contract manager and the contractor, they will report on activities progress and data by the <b>20<sup>th</sup> of each month.</b></p> <p>Contractor will share network process on a quarterly basis through electronic survey that focuses on successes and challenges of their network and the YCCTPP program.</p>	20 <sup>th</sup> of each month	
5	ASSESS PROGRAM IMPLEMENTATION	<p>Contractor will create annual report based on monthly and quarterly reporting for their regional network due <b>30 days after the period of performance.</b> Report guidelines and expectations will be provided by DOH for more information.</p> <p>Contractor will participate in state evaluation of YCCTPP, their networks, and the Practice Collaborative.</p> <p>Contractor will participate in region or population needs assessment every 2 years to update community/population data and needs.</p> <p>Contractor will participate in creation and updating of the 5-year strategic plan for the YCCTPP Program.</p>	<p>Annual Report due 30 days after the period of performance</p> <p>Needs assessment due every 2 years.</p>	
6	PREPARE AND MANAGE WORK PLAN	<p>Contractor will submit work plan for 2022-2023 for all required tasks (listed in more detail within the table below) for commercial tobacco prevention within <b>45 days of the state contract execution (estimated start date of 7/1/22)</b>, utilizing template provided by YCCTPP that addresses the goals of the program as well as CDC grant requirements, which includes:</p> <ul style="list-style-type: none"> <li>A minimum of one activity per required task with performance-based objective that will be defined by the contractor and the YCCTPP Contract Manager during workplan development.</li> <li>The workplan plan must have a designated equity framework that will be utilized in <b>all</b> prevention efforts.</li> <li>Funding must be dedicated to supporting the regional/priority population through equitable policy, systems, and environmental change and if it is unclear, a justification must be provided.</li> </ul> <p>This workplan will be created in collaboration with and approved by the YCCTPP Contract Manager. Note: Activities can be added after workplan approval, the contractor should speak with their YCCTPP contract manager for approval.</p>	<b>45 days of the state contract execution</b>	<p>Funding utilized: CDC</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>



<b>Task #</b>	<b>Activity</b>	<b>Deliverables/Outcomes</b>	<b>Due Date/Time Frame</b>	<b>Payment Information and/or Amount</b>
	IMPLEMENT WORK PLAN AND REPORT PROGRESS	Based on the specific timeline developed by the YCCTPP contract manager and the contractor, they will report on activities progress and data by the <b>20<sup>th</sup> of each month.</b>  Contractor will share network process on quarterly basis through electronic survey that focuses on successes and challenges of their organization and YCCTPP program.	<b>20<sup>th</sup> of each month</b>	
	ASSESS PROGRAM IMPLEMENTATION	Contractor will participate in statewide evaluation of YCCTPP, Practice Collaborative, and CDC-funded programs.  Contractor will participate in creation and updating of the 5-year strategic plan for the YCCTPP Program.  Contractor will participate in community or population needs assessment every 2 years to update community/population data and needs.	Annual Report- 30 days after the period of performance Needs assessment due every 2 years	
7	<b>Policies, Systems &amp; Environmental Work</b>	Contractor will work to strengthen or defend existing policy, systems, or environmental change (ex: SIPP and VIPP laws).  Contractor will educate private and public organizations of current policies in place.  Contractor will work to establish new policy, systems or environmental change that is equitable.  Contractor will ensure that an existing policy, systems, or environmental change is properly implemented (including funding) and evaluated/monitored.	04/28/22 – 04/29/23	
	<b>Education &amp; Technical Assistance</b>	Contractor will provide technical assistance regarding commercial tobacco (including e-cigarettes/vapor products) to community partners, and decision makers.  Contractor will host or speak at trainings or community events to education others regarding prevention and education for commercial tobacco to increase the knowledge skills, and abilities of network members, community partners, and other community stakeholders.  Contractor will disseminate resources (ex: TUDT) provided by YCCTPP and/or developed local to CBOs, centers, and networks supporting disparately affected communities that address emerging commercial tobacco/e-cigarettes and are culturally & linguistically appropriate, trauma-informed & equity-based.	04/28/22 – 04/29/23	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<b>Collaboration &amp; Engagement</b>	<p>Contractor will collaborate with YCCTPP program partners and external organizations (CBOs, CPWI, TPWI, ACH, DFC, etc.) to support prevention efforts for the youth and their community.</p> <p>Contractor will educate individuals, public and private organizations on the value of YCCTPP, utilizing material provided by DOH or created by their own organization network or another YCCTPP contractor/network.</p> <p>Contractor will educate adults who influence youth, such as parents, other family members, educators, clergy, coaches, etc.</p> <p>Contractor will build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.</p> <p>Contractor will implement activities designed to prepare young people to make informed decisions, and lead change in their community.</p>	04/28/22 – 04/29/23	
	<b>Media &amp; Communication</b>	<p>Contractor will plan and implement public relations/earned media efforts (i.e. press releases, social media) utilizing national (ex: CDC Tips Campaign), statewide, and tailored media campaigns to prevent youth commercial tobacco initiation, and support cessation.</p> <p>Contractor will promote Washington State Quitline and self-help options for TUDT, including 2Morrow Health App (<a href="https://doh.wa.gov/quit">doh.wa.gov/quit</a>) and This is Quitting (<a href="https://doh.wa.gov/vapefreewa">doh.wa.gov/vapefreewa</a>), to people who use commercial tobacco.</p> <p>Contractor will prepare (design, research, write, edit), get approval for, or distribute informational/educational materials in hard copy or online.</p> <p>Contractor will plan, conduct, and document reach of various campaigns on various platforms (e.g., social media, point of purchase, movie theaters, radio, etc.).</p>	04/28/22 – 04/29/23	
8	<b>Synar Coverage Study</b>	<p>Contractor will attend trainings hosted by Washington State Health Care Authority regarding the Coverage Study. The training schedule will be announced by August 15, 2022.</p> <p>Contractor will utilize the designated amount of funds (\$10,000) to pay for staff time, travel-related costs, and other relevant costs to the completion of the Coverage Study in their assigned census tract(s) by October 31, 2022.</p> <p>Contractor may use any funds not utilized in the designated amount for the coverage study for other commercial tobacco-related activities that focus on prevention, control, and/or cessation.</p>	October 31, 2022	<p>Funding Utilized: SFY23 Tobacco Prevention</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				budget workbook must be completed by the 30th of the month following the month in which costs were incurred.

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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.

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**Program Specific Requirements**

**A. For MI Codes 77410893, 77410823 & 77420823**

**To be in compliance with grant requirements, contractor will:**

1. Hire and maintain program staff, which includes a minimum of one person (1.0 FTE) who is designated as the YCCTPP Region Network Facilitator. Additional staff to support workplan activities and completion of deliverables is allowed with approval of YCCTPP contract manager. See YCCTPP implementation guide for more information. The contractor shall ensure that DOH has the most current contact information of the person that is responsible for the performance of this statement of work.
2. Participate in required conference calls (including kick off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.
3. Submit an Annual Implementation Plan and Budget according to the deadlines in Section E below.
4. Submit an Organization and Network Equity Assessment according to the deadlines in Section E below.
5. Submit an Organization and Network Administrative Plan according to the deadlines in Section E below.
6. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
7. Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
8. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
9. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

**For MI Codes: 77410212,**

**To be in compliance with grant requirements, the contractor will:**

1. Hire and maintain program staff, which includes at least .25 FTE (that can be split among two people). They shall ensure that DOH has the most current contact information of the local program administrator that is responsible for the performance of this statement of work.

2. Participate in required conference calls (including kick off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.
3. Submit an Annual Budget according to the deadlines in Section E below.
4. Submit an Annual Workplan that is supplemental to the state contract, according to the deadlines in Section E below.
5. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
6. Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
7. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
8. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

**B. DOH will support Contractor by providing:**

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

**C. Program Administration:**

1. The contractor shall perform the requirements and activities defined in this agreement and the YCCTPP Implementation Guide. At a minimum, program and fiscal performance will be monitored and evaluated monthly by the assigned DOH staff based on each contractor's Monthly Progress Report, and Monthly Expenditure Worksheet and A19 invoice. YCCTPP staff will also monitor and evaluate program performance during on-site visits [minimum one (1) per biennium] following requirements and protocols provided by YCCTPP.
2. The contractor shall provide DOH with the program administrator's name, address, telephone number, and any subsequent changes. This contract information will be kept in an internal DOH database, along with the same information of all staff supported in part/full with YCCTPP funds. Failure of the contractor to perform activities (including those subcontracted to other agencies or organizations) as described in the DOH-approved SOW included herein and subsequent amendments, and in accordance with DOH administrative and Contract Performance Policies, and with any applicable local, state, or federal law or regulation, may result in the reduction of funds, suspension of services, or the termination of this statement of work.
3. DOH reserves the right to determine the amount of any reduction, based on contractor's performance, and to unilaterally amend the contract to affect any reduction. Any reduction shall be based on a review of the contractor's expenditure patterns and actual performance.
4. Make reasonable efforts throughout the period of performance, to identify and leverage resources from private or public entities to support costs under this program.
5. The contractor's annual workplan and budget must be approved by YCCTPP contract manager prior to implementation. This includes execution of subcontracts within the community. Any changes to either the workplan or budget, must also be approved by the DOH contract manager prior to implementation.

**D. Subcontractor Requirements:**

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

**E. Required Plans and Reports**

The contractor shall submit required reports by the date due using required forms according to procedures issued by DOH. These reports and their due dates shall include, but not be limited to:

<u><b>Report</b></u>	<u><b>Date Due</b></u>
1. Submit an annual workplan and budget	Annually, no later than 45 calendar days after state contract execution (07/01/22). DOH approval will occur no later than two weeks after submission. Update as needed with contract manager approval.
2. Expenditure Report and Request for Reimbursement (A19)	A19s and updated budget workbook due the 30 <sup>th</sup> of the month following the month in which costs are incurred.  Non-health departments (non-consolidated contracts): A-19 documents (PDFs) must be saved, signed and emailed with the following title format: <i><b>A-19-Contract #-organization name-month-year.</b></i>
3. Final Expenditure Projections, Report and Request for Reimbursement (FY Closeout)	Year-end projections are due as follows: SFY23: May 10, 2023. An invoice must be submitted market FINAL INVOICE PROJECTION  Final Expenditure Reports and invoices are due no later than July 14, 2023 for SFY and June 13, 2023 for FFY and must be marked FINAL INVOICE.
4. Monthly Progress Report	The 20 <sup>th</sup> of the month following the month in which activities were performed. Monthly reports of work will report on overall progress of activities in a monthly survey provided by YCCTPP. All documents related to task activities will be attached. Subcontractor reporting should be submitted to the YCCTPP contractor by the 15 <sup>th</sup> of each month.
5. Quarterly Progress Report	The 20 <sup>th</sup> of the of each month on a quarterly basis, starting September 2022 that focuses on narrative successes and challenges for each contractor. This report will be submitted in a survey provided by YCCTPP.
6. SFY Only: Network Equity Assessment	Completed annually, no later than 90 calendar days after workplan approval.
7. SFY Only: Organization and Network Administrative Plan	Completed no later than 90 calendar days after contract execution and updated quarterly after the fact.
8. SFY Only: Annual Report	Completed no later than 30 calendar days after period of performance, utilizing a template provided by YCCTPP that includes data from monthly and quarterly reports.
9. Assessment and Evaluation	Using a template provided by YCCTPP, complete project evaluation activities developed and coordinated by YCCTPP as requested. Additionally, utilizing data in monthly and quarterly progress reports, participate and support statewide evaluation efforts of CDC funds.
10. Synar Coverage Study	Attend the required trainings hosted by the Washington State Health Care Authority (schedule will be released by August 15, 2022) and complete the coverage study in the assigned census tract(s) by October 31, 2022.

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

#### **F. Payment**

1. All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs in accordance with the YCCTPP Implementation Guide.
2. DOH will reimburse the contractor for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.
3. DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments.
4. DOH shall pay for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: SFY July 1, 2022 – June 30, 2023 & FFY April 29, 2022 – April 28, 2023
5. Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and Request for Reimbursement form (A19) according to Section E of this contract. If the Monthly Progress Report, Expenditure Report and/or Request for Reimbursement form (A19) are not completed within 60 days of the month when expenditures were incurred, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
6. Final expenditure projections must be submitted by the 14<sup>th</sup> of July for state funds and 13<sup>th</sup> of June for federal funds to allow DOH to appropriately accrue funds to make final payments.
7. The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year in order to assure reimbursement of approved costs.
8. Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
9. Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

#### **G. Evaluation of YCCTPP Contractor's Performance**

The YCCTPP Contractor performance will be evaluated on the following:

1. Timely completion, submission and YCCTPP approval of proposed annual workplan and Annual Budget Tracking Tool (Budget Line Items, Summary Budget Projections, Budget Narrative) to their designated contract manager in accordance with YCCTPP guidance and requirements.
2. Submittal of an organizational and network equity assessment with YCCTPP guidance, requirements, and timelines.
3. Submittal of an organizational and network administrative plan with YCCTPP guidance, requirements, and timelines.
4. Submission of Electronic A19 Invoice and Financial Back-up Document to DOH Grants Management and the YCCTPP SharePoint by the due dates listed above.
5. Submission of monthly progress reports and quarterly reports by the due dates listed above.
6. Submission of annual report with YCCTPP guidance, requirements, and timelines.
7. Site visits per requirements and protocols provided by DOH/YCCTPP.

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

##### **Federal Funding Restrictions and Limitations:**

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Recipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Recipients may not use funds for tobacco compliance check inspections.
- Recipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.

- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
  - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See [Additional Requirements \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

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

#### **Dedicated Cannabis Account Restrictions:**

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

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

#### **I. Program Manual, Handbook, Policy References**

Meet requirements outlined in the Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP) Implementation Guide.

#### **Special References**

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

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

As a provision of the 2022 Operating Budget, ([ESSB5693](#)) funds are provided solely for tobacco, vapor product, and nicotine control, cessation, treatment and prevention, and other substance use prevention and education, with an emphasis on community-based strategies. These strategies must include programs that consider the disparate impacts of nicotine addiction on specific populations, including youth and racial or other disparities.



**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)** 1

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** June 1, 2022 through September 30, 2022

**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:** Increase allocation amount.

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 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 09/30/22	1,400	1,456	2,856
					0	0	0
					0	0	0
					0	0	0
					0	0	0
<b>TOTALS</b>					<b>2,800</b>	<b>1,456</b>	<b>4,256</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Conduct weekly mosquito trapping at two (2) site locations in Whatcom County. · Purchase of dry ice, 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 all tasks will be reimbursed for actual expenses up to the maximum available within the funding periods for each source described in the Funding Table above.

**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](mailto: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](https://USASpending.gov) by DOH as required by P.L. 109-282.