

BOH AGENDA ITEM SUMMARY

(Revised 09-16-08)

AGENDA ITEM # 1 RESOLUTION # 031422.1 BOH MEETING DATE: March 14, 2022

SUGGESTED WORDING FOR AGENDA ITEM:

Notice

☒ Consent

Hearing

Approve Consolidated Contract Amendment #2 between Lewis County and Washington State Department of Health January 1, 2022 through December 31, 2024.

BRIEF REASON FOR BOH ACTION:

Increases amount by \$1,366,626 for a revised maximum consideration of \$3,792,503 adds six (6) Statements of Work, and amends one (1) Statement of Work. Effective January 1, 2022.

SUBMITTED BY: JP Anderson PHONE: #2787 DATE SUBMITTED: 02/01/2022

CONTACT PERSON WHO WILL ATTEND BOH MEETING: JP Anderson

TYPE OF ACTION NEEDED:

☒ Approve Resolution

Approve Ordinance (traffic or other)

Execute Contract/Agreement

Other (please describe): _____

Call for Bids/Proposals

Bid Opening

Notice for Public Hearing *(see publication requirements)

*PUBLICATION REQUIREMENTS:

Notice emailed to Clerk

Not applicable

Hearing Date: _____ (Must be at least 10 days after 1st publication date)

(2 weeks for routine budget, property disposal/ auction or vacations)

Publish Date(s): _____ (3 weeks for property lease)

Publications(s): EAST COUNTY JOURNAL CHRONICLE OTHER _____

ALL AGENDA ITEMS:

Department Director/Head: _____

Prosecuting Attorney: _____

Accounting/Budget & Payroll Items

Budget/Fiscal Director: _____

Chief Accountant: _____

HR Policy/Personnel Items

HR Administrator: _____

Banking or Revenue Items

Treasurer: _____

Fund: 1900

Department: 621

Total Amount: \$3,792,503 total contract

***APPROVALS
MUST BE
OBTAINED
BEFORE
SUBMITTING
ITEM TO BOH**

CLERK'S DISTRIBUTION OF SIGNED DOCUMENTS:

Send cover letter: Brenda Henrikson, CC Spec.

Address of recipient: Department of Health

Contracts & Procurement

PO Box 47905

Olympia, WA 98504-7905

File Original BOH File

Additional copies:

Tailor Arrington

Bryan Hall

JP Anderson

Jill Nielson

Grace Jimenez

Kendra Garrison

Melissa Ross

Michelle Sauter

**BEFORE THE BOARD OF HEALTH (BOH)
OF LEWIS COUNTY, WASHINGTON**

IN RE:

**Approve Amendment #2 to the Consolidated
Contract #CLH31017, between Lewis County and
WA State Department of Health (DOH)**

)
)
) **Resolution No. 031422.3**
)

WHEREAS, the Consolidated Contract requires further amendment; AND

WHEREAS, Amendment #2 **adds** Statements of Work for DCHS-ELS COVID19 Response, ELC COVID19, Emergency Preparedness, Resilience, and Response, Office of Immunization Perinatal Hepatitis B, Promotion of Immunization to Improve Vaccination Rates, Office of Immunization Regional Representatives and **amends** Statements of Work for WIC Nutritional Program; AND

WHEREAS, this amendment increases the Contract by \$1,366,626 which shows a revised maximum consideration of \$3,792,503; AND

WHEREAS, this amendment is effective January 1, 2022; AND

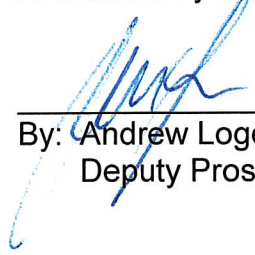
WHEREAS, it appears to be in the best public interest to authorize the execution of said contract for Lewis County;

NOW, THEREFORE BE IT RESOLVED that Amendment #2 to the Consolidated Contract #CLH31017, between Lewis County and DOH, adds and amends Statements of Work which provides for an increase of \$1,366,626 for a total maximum of \$3,792,503, is hereby approved and the Director of Public Health & Social Services is authorized to sign the same.

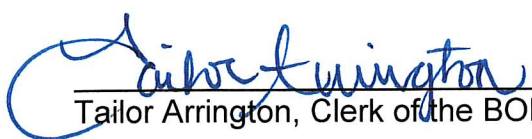
DONE IN OPEN SESSION this 14th day of March, 2022.

APPROVED AS TO FORM:

Jonathan Meyer, Prosecuting Attorney


By: Andrew Logerwell
Deputy Prosecuting Attorney

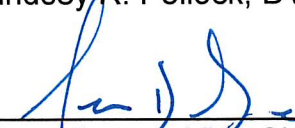
ATTEST:


Tailor Arrington, Clerk of the BOH

BOARD OF HEALTH

LEWIS COUNTY, WASHINGTON


Lindsey R. Pollock, DVM, Chair


Sean Swope, Vice Chair


F. Lee Grose, Member

EXECUTIVE SUMMARY
For
2022-2024 Consolidated Contract Amendment #2
Between
Washington State Department of Health & Lewis County

Amount of Total Contract for 2022-2024: \$3,792,503

Increase from last contract: \$1,366,626

Fund Number: 190

Program/Division Affected:

This amendment affects seven (7) areas of the Consolidated Contract #CLH31017.

Purpose:

This amendment **adds** the Statements of Work in the following areas:

DCHS-ELS COVID19 Response, ELC COVID19, Emergency Preparedness, Resilience, and Response, Office of Immunization Perinatal Hepatitis B, Promotion of Immunization to Improve Vaccination Rates, Office of Immunization Regional Representatives

This amendments **amends** the Statements of Work in the following areas:

WIC Nutritional Program

See the attached table for fund allocation reference.

Background Information:

- The **Consolidated Contract** is the primary vehicle for transferring federal and state funding to Local Health Jurisdictions (LHJs) for planning and local implementation of public health prevention and early intervention programs and activities.
- Funding is effective for four years and is allocated annually with amendments throughout the year.

Lewis County Public Health & Social Services Department ALLOCATIONS

Contract Number: CLH31017

Contract Term: 2022-2024

Date: January 1, 2022
Latest Amendment # 2

Indirect Rate as of January 2018: 28.28%
Indirect Rate as of July 2018: 27.26%
Indirect Rate as of July 2019: 27.91%
Indirect Rate as of July 2020: 27.48%
Indirect Rate as of January 2022: 22.48%

Report Inquiry

Amendment
#2 only

1,366,626.00

Contract Total

3,792,503.00

State \$ 1,489,877.00
Federal \$ 2,302,626.00

filter NAME here

filter FY here

filter NAME/ CFDA here

Sum of Amount	Fiscal Year	Type	BARS Code	Start Date	End Date	2	Grand Total
COVID-19 Mass Vaccination - FEMA	FFY22	COVID					
		93.268	333.93.26	1/1/2022	6/30/2024		362,090.00
COVID-19 Mass Vaccination - FEMA Total							362,090.00
DCHS-ELC COVID-19 Response	FFY19	ELC					
		93.323	333.93.32	1/1/2022	10/18/2022	138,413.00	138,413.00
	FFY20	ELC					
		93.323	333.93.32	1/1/2022	12/31/2022	1,181,096.00	1,181,096.00
DCHS-ELC COVID-19 Response Total						1,319,509.00	1,319,509.00
ELC COVID-19	FFY19	COVID CARES					
		93.323	333.93.32	1/1/2022	4/22/2022	12,420.00	12,420.00
ELC COVID-19 Total						12,420.00	12,420.00
Emergency Preparedness, Resilience & Response-PHEP	FFY21	EPR PHEP BP3					
		93.069	333.93.06	1/1/2022	6/30/2022	24,495.00	24,495.00
Emergency Preparedness, Resilience & Response-PHEP Total						24,495.00	24,495.00
Foundational Public Health Services (FPHS)	FFY22	FPHS-LHJ-Proviso					
		N/A	336.04.25	1/1/2022	6/30/2022		727,000.00
	FFY23	FPHS-LHJ-Proviso					
		N/A	336.04.25	7/1/2022	6/30/2023		727,000.00
Foundational Public Health Services (FPHS) Total							1,454,000.00
Maternal & Child Health Block Grant	FFY22	MCHBG					
		93.994	333.93.99	1/1/2022	9/30/2022		63,163.00
Maternal & Child Health Block Grant Total							63,163.00
Office of Drinking Water Group A Program	YR24	SRF					
		N/A	346.26.64	1/1/2022	12/31/2022		8,000.00
			346.26.66	1/1/2022	12/31/2022		2,000.00
Office of Drinking Water Group A Program Total							10,000.00
Office of Drinking Water Group B Program	YR23	GFS-Group B					
		N/A	334.04.90	1/1/2022	6/30/2022		25,877.00
Office of Drinking Water Group B Program Total							25,877.00
Office of Immunization Perinatal Hepatitis B	FFY22	PPHF OPS					
		93.268	333.93.26	1/1/2022	6/30/2022	0.00	0.00
Office of Immunization Perinatal Hepatitis B Total						0.00	0.00
Office of Immunization Regional Representatives	FFY22	VFC IQIP					
		93.268	333.93.26	1/1/2022	6/30/2022	0.00	0.00
Office of Immunization Regional Representatives Total						0.00	0.00
OI-Promotion of Immunizations to Improve Vaccine Rate	FFY22	VFC Ops					
		93.268	333.93.26	1/1/2022	6/30/2022	5,715.00	5,715.00
OI-Promotion of Immunizations to Improve Vaccine Rates Total						5,715.00	5,715.00
Supplemental Nutrition Assistance Program-Education	FFY22	IAR					
		10.561	333.10.56	1/1/2022	9/30/2022		38,506.00
Supplemental Nutrition Assistance Program-Education Total							38,506.00
WIC Nutrition Program	FFY22	USDA					
		10.557	333.10.55	1/1/2022	9/30/2022	4,487.00	369,078.00
	FFY23	USDA					
		10.557	333.10.55	10/1/2022	9/30/2023		107,650.00
WIC Nutrition Program Total						4,487.00	476,728.00
Grand Total						1,366,626.00	3,792,503.00

**LEWIS COUNTY PUBLIC HEALTH & SOCIAL SERVICES DEPARTMENT
2022-2024 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH31017

AMENDMENT NUMBER: 2

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and LEWIS COUNTY PUBLIC HEALTH & SOCIAL SERVICES 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:
 - DCHS-ELC COVID-19 Response - Effective January 1, 2022
 - ELC COVID-19 - Effective January 1, 2022
 - Emergency Preparedness, Resilience & Response-PHEP - Effective January 1, 2022
 - Office of Immunization Perinatal Hepatitis B - Effective January 1, 2022
 - OI-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2022
 - Office of Immunization Regional Representatives - Effective January 1, 2022
 - ☒ Amends Statements of Work for the following programs:
 - WIC Nutrition Program - Effective January 1, 2022
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-2 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-1 Allocations as follows:
 - ☒ Increase of **\$1,366,626** for a revised maximum consideration of **\$3,792,503**.
 - ☐ 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.

LEWIS COUNTY PUBLIC HEALTH & SOCIAL
SERVICES DEPARTMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

JP Anderson, MSW
JP Anderson, MSW (Mar 17, 2022 08:38 PDT)

Brenda Henrikson, Contracts Specialist
Brenda Henrikson, Contracts Specialist (Mar 17, 2022 09:06 PDT)

Date

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

**EXHIBIT B-2
ALLOCATIONS**

Contract Number: CLH31017
Date: February 1, 2022

Lewis County Public Health & Social Services Department

Contract Term: 2022-2024

Indirect Rate as of January 1, 2022: 27.48%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	DOH Use Only			Amount	Funding Period Sub Total	Chart of Accounts Total
					Statement of Work LHJ Funding Period Start Date	End Date	Funding Period Start Date			
FFY22 USDA BFPC Prog Mgmt	NGA Not Received	Amd 2	10.557	333.10.55	01/01/22	09/30/22	10/01/21	\$4,487	\$43,678	\$43,678
FFY22 USDA BFPC Prog Mgmt	NGA Not Received	Amd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	\$39,191		
FFY23 USDA WIC Client Svs Contracts	NGA Not Received	Amd 1	10.557	333.10.55	10/01/22	09/30/23	10/01/22	\$107,650	\$107,650	\$433,050
FFY22 USDA WIC Client Svs Contracts	202222W100347	Amd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	\$325,400	\$325,400	
FFY22 IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	\$38,506	\$38,506	\$38,506
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	\$24,495	\$24,495	\$24,495
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	\$362,090	\$362,090	\$362,090
FFY22 VFC Ops	NH23IP922619	Amd 2	93.268	333.93.26	01/01/22	06/30/22	07/01/21	\$5,715	\$5,715	\$5,715
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	07/31/24	\$12,420	\$12,420	\$12,420
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	\$138,413	\$138,413	\$138,413
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	\$1,181,096	\$1,181,096	\$1,181,096
FFY22 MCHBG LHJ Contracts	B0445251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	\$63,163	\$63,163	\$63,163
GFS-Group B (FO-SW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	\$25,877	\$25,877	\$25,877
FPHS-LHJ-Propviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	\$727,000	\$727,000	\$1,454,000
FPHS-LHJ-Propviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	\$727,000	\$727,000	
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	\$8,000	\$8,000	\$8,000
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	\$2,000	\$2,000	\$2,000
TOTAL								\$3,792,503	\$3,792,503	
Total consideration:	\$2,425,877									\$3,792,503
	\$1,366,626									\$2,302,626
GRAND TOTAL	\$3,792,503									\$1,489,877

TOTAL

Total consideration:

GRAND TOTAL

*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: Lewis County Public Health & Social Services
Department
Contract Number: CLH31017

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

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Period of Performance: January 1, 2022 through December 31, 2022

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. This funding is the estimated carryforward amount.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY19 ELC COVID ED ALLOCATION	1897129G	93.323	333.93.32	01/01/22	10/18/22	0	138,413	138,413
FFY20 ELC EDE LHJ ALLOCATION	1897120E	93.323	333.93.32	01/01/22	12/31/22	0	1,181,096	1,181,096
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	1,319,509	1,319,509

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: - Incident management for the response - Testing - Case Investigation/Contact Tracing - Sustainable isolation and quarantine - Care coordination - Surge management - Data reporting			

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.				
DCHS COVID-19 Response				
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: \$138,413 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022
2	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. 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. i. Contact tracing 1. Strive to maintain the capacity to surge a minimum of five (5) contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigations will count towards this minimum. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members.	Data collected and reported into DOH systems daily. Enter all contact tracing data in CREST following guidance from-DOH.	Enter performance metrics daily into DOH identified systems Quarterly performance reporting updates	\$1,181,096 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. 6. Perform daily monitoring for symptoms during quarantine period of contacts ii. Case investigation 1. Strive to maintain the capacity to surge a minimum of five (5) case investigators and contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigation will count toward this minimum. 2. Enter all case investigation and outbreak data in WDRS following DOH guidance. a) Strive to enter all case investigation and outbreak data into <i>CREST</i> as directed by DOH. b) Ensure all staff designated to utilize WDRS have access and are trained in the system. c) Include if new positive cases are tied to a known existing positive case or indicate community spread. d) Conduct case investigation and monitor outbreaks. e) Coordinate with Tribal partners in conducting case investigations for tribal members. 3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. b. Testing i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs.	Enter all case investigation data in WDRS following guidance from-DOH.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy. iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested. c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below. 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. ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH. iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry. d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe. e. Support Infection Prevention and control for high-risk populations 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.	Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested. Ensure all COVID positive test results are entered into WDRS within 2 days of receipt 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.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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. iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks. 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). 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. 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. 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. g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	h. Establish sustainable isolation and quarantine measures. i. Have at least one (1) location identified and confirmed through contract/formal agreement that can support isolation and quarantine adequate to the population for your jurisdiction with the ability to expand; alternatively, establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand. ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of isolation and quarantine patients to from adjacent jurisdictions or state facilities in the event of localized increased need. Planning must incorporate triggers and coordination to request state isolation and quarantine support either through mobile teams or the state facility to include site identification and access	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. 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.

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 Data Universal Numbering System (DUNS®) number.

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.

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

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

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: ELC COVID-19 - Effective January 1, 2022

Local Health Jurisdiction Name: Lewis County Public Health & Social Services Department

Contract Number: CLH31017

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

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Period of Performance: January 1, 2022 through April 22, 2022

Statement of Work Purpose: The purpose of this statement of work is to build and strengthen epidemiology, laboratory and health information systems capacity in local health jurisdictions. The funding allocation is the estimated carryforward amount.

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	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY19 COVID CARES	1891029B	93.323	333.93.32	01/01/22 04/22/22	0	12,420	12,420
						0	0
						0	0
						0	0
						0	0
						0	0
						0	0
TOTALS					0	12,420	12,420

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Establish a spending plan and staffing proposal to support the work of COVID-19 case investigation and contact tracing. The spending plan and staffing proposal should include proposed positions and define roles.	Submit spending plan and staffing proposal summary to the DOH Contract Manager.	August 15, 2020 – update if necessary	Payment for all tasks will be reimbursement for actual expenses up to the maximum available within the funding periods for each source described in the Funding Table above.
2	Hire, orient and/or train staff based on the negotiated staffing proposal. Develop a training plan in consultation with DOH that is consistent with the DOH COVID-19 guideline. Training plan will be flexible depending on staff experience and based on for onboarding into new systems.	Staff summary and training plan	September 30, 2020	
3	Conduct case investigations, contact tracing and monitoring in accordance with DOH COVID-19 Infection Reporting and Surveillance Guidelines (DOH 420-107), Appendix 1: Case and Contact Investigation, pages 16-21: https://www.doh.wa.gov/Portals/1/Documents/5100/420-107-Guideline-COVID-19.pdf	Data collected and reported into DOH systems	Daily	

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

Federal Funding Accountability and Transparency Act (FFATA)

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

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.

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

Program Specific Requirements/Narrative

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

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: June 1, 2020 through April 22, 2022. 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: Emergency Preparedness, Resilience & Response - PHEP - Effective January 1, 2022 **Local Health Jurisdiction Name:** Lewis County Public Health & Social Services Department **Contract Number:** CLH31017

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

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

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

Revision Purpose: NA

NOTE: This statement of work (ending 06/30/22) includes 40% of the total allocation of these funds. Once all invoices have been submitted and balances are reconciled for the previous statement of work ending 12/31/21, any remaining funds will be added to a revised January - June 2022 statement of work.

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 PHEP BP3 LHJ Funding	31102380	93.069	333.93.06	01/01/22 06/30/22	0	24,495	24,495
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	24,495	24,495

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	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.	End-of-year report on template provided by DOH. Additional reporting may be required if federal requirements change.	June 30, 2022	Reimbursement for actual costs not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Across Domains and Capabilities 2.1 Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator, and accounting and/or financial staff. 2.2 Submit emergency contacts to be published in the confidential Yellow Book, including but not limited to Administrator, Health Officer, and Emergency Response Coordinator. For each contact include name, role, email, daytime phone number and after hours phone number.	Submit any changes to contact information (submitted in 2021) within 30 days of the change. End-of-year report on template provided by DOH. Note any changes or no change.	Within 30 days of the change. June 30, 2022	
3	Across Domains and Capabilities Participate in a site visit with DOH staff to discuss LHJ response capabilities, upon request from DOH. Site visit may be held virtually due to pandemic restrictions.	DOH will maintain documentation of site visit participation.	Upon request from DOH.	
4	Across Domains and Capabilities Develop a budget demonstrating how the LHJ plans to spend funds during this period of performance, using a budget template provided by DOH. Note: 20% of the LHJ's annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHJ.	Budget, using template provided by DOH.	Upon request from DOH.	
5	Across Domains and Capabilities Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.	End-of-year report on template provided by DOH. Input provided to DOH upon request from DOH.	June 30, 2022	
6	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.	End-of-year report on template provided by DOH. Documentation of training available upon request.	June 30, 2022	
7	Across Domains and Capabilities DOH/EPR 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 may use PHEP funding to participate in training and/or learning discussions in the following areas: • Adaptive Leadership • Change Management • Trauma-Informed Change Management	End-of-year report on template provided by DOH. Note training and briefly describe key learning and any resulting changes in practice and/or policy.	June 30, 2022	

Contract Number CLH

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	• Outward Mindset • Growth Mindset • Racial Equity and/or Social Justice • Community Resilience • Related topics – prior approval from EPR required. Note: Prior approval from DOH/EPR is required for any out-of-state travel. Domain 1 Community Resilience Capability 1 Community Preparedness Connect with new and/or existing partners in order to develop working relationships that promote capabilities, capacity and community resilience, including, but not limited to: • Local and/or regional Emergency Manager(s). • Local and/or regional hospitals. • Local and/or regional elected officials. • Local and/or regional organizations that work with vulnerable populations.	End-of-year report on template provided by DOH. Briefly describe connections, lessons learned, and any changes made.	June 30, 2022	
9	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Based on availability of training, participate in at least one Foundational Public Health Emergency Preparedness Training provided by region, DOH, DOH-contracted partner, or DOH-approved trainer in person or via webinar. Notes: • This is one or more specific trainings coordinated by DOH. DOH will work with LHJ to implement. • 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.	End-of-year report on template provided by DOH.	June 30, 2022	
10	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2022.	Participation in IPPW unless cancelled.	As requested by DOH.	
11	Domain 2 Incident Management Capability 3 Emergency Operations Coordination 11.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanaalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures. 11.2 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.	End-of-year report on template provided by DOH. Indicate that this was done or that no response incident occurred. 11.1 Notification to DOH Duty Officer within 60 minutes of activation.	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		11.2 Sitreps submitted to DOH Duty Officer		
12	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Complete or participate in After Action Reports (AARs) after each incident or exercise. Note: An AAR may be completed part-way through an extended response, for example, COVID-19.	End-of-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned – or note that no AARs were completed. Submit AAR(s).	June 30, 2022	
13	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Convene a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to: - Local Health Officer - Public Health Official(s) - Emergency Manager - Regional Health Care Coalition - Local and regional hospitals - Federally Qualified Health Center(s) if they are in your county - Accountable Community of Health - Emergency Medical Services Medical Program Director - County Coroner or Medical Examiner Notes: - Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. - Include name, title, and organization of each participant in documentation (AAR). - Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. - This may be completed part-way through the COVID-19 response - This AAR may be used to meet the requirement above as well (Task #12).	End-of-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned. Submit AAR(s).	June 30, 2022	
14	Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication 14.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (e.g. Basecamp).	End-of-year report on template provided by DOH. 14.3 and 14.4 Hotwash or After-Action Review (AAR) OR summary of communication	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	14.2 Participate in at least one risk communication drill offered by DOH between July 1, 2021 and June 30, 2022. Drill will occur via webinar, phone and email. DOH will offer one in July 1 – December 31, 2021 and one drill between January 1 – June 30, 2022. 14.3 Conduct a hot wash evaluating LHJ participation in the drill. 14.4 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. If, the real-world event response is ongoing, LHJ may opt to conduct a hot wash or AAR evaluating communication strategies to date OR include a summary of communication activities in mid-year and/or end-of year reports and one sample of communication. Note: Participation in a real-world event may meet the requirement for 14.2, 14.3 and 14.4.	activities and one sample.		
15	Domain 3 Information Management Capability 6 Information Sharing 15.1 Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system. 15.2 Participate in DOH-led notification drills. 15.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system. Notes: - Registered users must log in quarterly at a minimum. - DOH will provide technical assistance to LHJs on using WASECURES. - LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents.	End-of-year report on template provided by DOH.	June 30, 2022	
16	Domain 3 Information Management Capability 6 Information Sharing Provide Essential Elements of Information (EEIs) during incident response upon request from DOH. 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.	Provide EEIs upon request. Note in end-of-year report that EEIs were provided or none were requested.	Upon request. June 30, 2022	
17	Domain 4 Countermeasures and Mitigation Capability 8 Medical Countermeasures Dispensing Capability 9 Medical Countermeasures Management and Distribution Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or Region. Notes: MCM plans include number of local distribution sites and number for which a detailed point-to-point distribution plan from RSS to distribution site has been jointly confirmed by LHJ and DOH.	End-of-year report on template provided by DOH. If there is a regional plan, provide input to the RERC. Updated MCM plan	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	- MCM plans include number of local points of dispensing (PODs) and number for which a detailed point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (nursing home, local agency, public POD, and independent pharmacy). - LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan. - DOH will provide technical assistance to LHJs on core elements of an MCM plan.			
18	Domain 5 Surge Management Capability 10 Medical Surge Engagement with regional Health Care Coalition (HCC) Participate in: - Health Care Coalition (HCC) district meetings and/or inform RERC of jurisdictional input (district meetings can be attended via webinar or in person), as requested by HCC Lead and deemed appropriate by LHJ. - Information sharing process during incidents and at least one planning process or exercise conducted to inform on the roles and responsibilities of public health. - Development of Disaster Clinical Advisory Committee (DCAC) meetings as appropriate. - May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts. - Reviewing HCC plans for alignment with local ESF8 plans.	End-of-year report on template provided by DOH.	June 30, 2022	

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

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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 Data Universal Numbering System (DUNS®) number. 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 ConCon deliverables mailbox at 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=58ffddb5363a27f26e9d12ccec462549&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: Office of Immunization Perinatal Hepatitis B -
Effective January 1, 2022

Local Health Jurisdiction Name: Lewis County Public Health & Social Services
Department
Contract Number: CLH31017

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

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

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to define required Perinatal Hepatitis B activities, deliverables, and funding.

Revision Purpose: N/A

**** IMPORTANT:** It is inherent on the LHJ to have awareness of their respective 1/1/2022 carry-forward balance(s) based on expenditures through 12/31/2021 for continuing statements of work. The funding for this 2022-2024 contract statement of work (SOW) is to be determined (TBD) and currently shows "None" in the funding table – intended as a placeholder only. The total allocation was obligated in the 2018-2021 contract SOW and will be adjusted and added in the next 2022-2024 amendment cycle based on the actual amount of unspent funds after closeout of the contract ending 12/31/2021.

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
FY22 PPHF Ops	74310216	93.268	333.93.26	01/01/22 06/30/22	0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	0	0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following: - Identification of hepatitis B surface antigen (HBsAg)-positive pregnant women and pregnant women with unknown HBsAg status. - Reporting of HBsAg-positive women and their infants. - Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth,	Enter information for each case identified into the Perinatal Hepatitis B module of the Washington Immunization Information System	By the last day of each month	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing. 2. Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations. 3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.			

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

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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 Data Universal Numbering System (DUNS®) number.

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

Program Specific Requirements

Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunization.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization Regional Representatives -
Effective January 1, 2022

Local Health Jurisdiction Name: Lewis County Public Health & Social Services
Department

Contract Number: CLH31017

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

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Period of Performance: January 1, 2022 through June 30, 2022

Statement of Work Purpose: The purpose of this statement of work (SOW) is to define required Childhood Vaccine Program (CVP) activities for regional representatives and identify funding for the period January 1, 2022 through June 30, 2022.

Revision Purpose: N/A

**** IMPORTANT:** It is inherent on the LHJ to have awareness of their respective 1/1/2022 carry-forward balance(s) based on expenditures through 12/31/2021 for continuing statements of work. The funding for this 2022-2024 contract statement of work (SOW) is to be determined (TBD) and currently shows "None" in the funding table – intended as a placeholder only. The total allocation was obligated in the 2018-2021 contract SOW and will be adjusted and added in the next 2022-2024 amendment cycle based on the actual amount of unspent funds after closeout of the contract ending 12/31/2021.

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
FY22 VFC IQIP	74310214	93.268	333.93.26	01/01/22 06/30/22	0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	0	0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform as the regional representative for Region Three (Grays Harbor County, Lewis County, Mason County, Pacific County, and Thurston County) conducting activities in accordance with state and federal requirements for the Childhood Vaccine Program (CVP) and Immunization Quality Improvement for Providers as directed by the state administrators of the program.				
1	Enroll new health care providers into the Childhood Vaccine Program (CVP). Conduct an enrollment site visit to all new providers, and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with CVP Operations Guide.	Provider Agreement New Enrollment Packet with original signature – DOH 348-002 (NOTE: a photocopy will not be accepted)	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		New Enrollment Training Guide (CVP SharePoint Site) Information Sharing Agreement – DOH 348-576		
2	Process disenrollment paperwork and facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program. Transfers must be performed in accordance with CDC and CVP guidelines.	Submit a completed Provider Disenrollment form DOH 348-423 for providers who merge or dis-enroll from the Childhood Vaccine Program.	Within ten (10) days of provider disenrollment	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Conduct Unannounced Vaccine Storage and Handling visits at 5% of enrolled health care provider sites within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide. Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.	a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response. b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR. c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR	a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access. b) Within five (5) business days of the site visit. c) Within five (5) business days of receiving the document(s) follow-up action was completed.	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4	Complete the Compliance Site Visit Management Plan to ensure providers receive a site visit within 24 months of previous site visit and/or 12 months from new enrollment visit. Conduct Compliance Site Visits at enrolled health care provider site within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide. Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or	a) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.	a) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.	b) Upload the signed Acknowledgement of Receipt form and Chart Review Worksheet to the site visit in PEAR. c) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.	b) Within five (5) business days of the site visit. c) Within five (5) business days of receiving the document(s) follow-up action was completed.	
5	IQIP (Immunization Quality Improvement for Providers) a) Complete Project Management Scheduling Tool b) Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 15% of eligible enrolled health care providers within the assigned region. Visits must take place in person and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint site. c) Continue following up with provider sites at two (2,) six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider's Guide.	a) Copy of project management plan (template will be provided) b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted. c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up	a) Within five (5) business days of the IQIP Annual Training b) Within five (5) business days of visit c) Within five (5) business days of contact	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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 Data Universal Numbering System (DUNS®) number.

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

Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunization.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: 01-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2022

Local Health Jurisdiction Name: Lewis County Public Health & Social Services Department
Contract Number: CLH31017

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

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Period of Performance: January 1, 2022 through June 30, 2022

Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates.

Revision Purpose: N/A

**** IMPORTANT:** It is inherent on the LHJ to have awareness of their respective 1/1/2022 carry-forward balance(s) based on expenditures through 12/31/2021 for continuing statements of work. The funding for this 2022-2024 contract statement of work (SOW) is to be determined (TBD) and currently shows "None" in the funding table -- intended as a placeholder only. The total allocation was obligated in the 2018-2021 contract SOW and will be adjusted and added in the next 2022-2024 amendment cycle based on the actual amount of unspent funds after closeout of the contract ending 12/31/2021.

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 VFC Ops	74310212	93.268	333.93.26	01/01/22 06/30/22	0	5,715	5,715
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	5,715	5,715

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Conduct ongoing activities to increase immunization coverage rates as identified in the proposals submitted by community partners (from the July – December 2021 contract)	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	March 31	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	Conduct ongoing activities to increase immunization coverage rates as identified in the proposals submitted by community partners (from the July – December 2021 contract)	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	June 30	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount

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

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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Program Specific Requirements

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Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: WIC Nutrition Program - Effective January 1, 2022

Local Health Jurisdiction Name: Lewis County Public Health & Social Services Department

Contract Number: CLH31017

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

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

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose is to provide Women, Infants, and Children (WIC) Nutrition Program services by following WIC federal regulations, WIC state office policies and procedures, WIC directives, and other rules. Refer to the Program Specific Requirements section of this document.

Revision Purpose: To add FFY20 USDA BFPC Program Management funds.

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 USDA WIC CLIENT SVS CONTRACTS	76101234	10.557	333.10.55	01/01/22 09/30/22	325,400	0	325,400
FFY23 USDA WIC CLIENT SVS CONTRACTS	76101244	10.557	333.10.55	10/01/22 09/30/23	107,650	0	107,650
FFY22 USDA BFPC PROG MGMT	76214231	10.557	333.10.55	01/01/22 09/30/22	39,191	4,487	43,678
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					472,241	4,487	476,728

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	WIC Nutrition Program			See "Billing Requirements" below.
1.1	Maintain authorized participating caseload at 100% based on quarterly average as determined from monthly caseload management reports generated at state WIC office. The Department of Health (Department) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when: 1. Unanticipated funding situations occur. 2. Reallocations are necessary to redistribute caseload statewide. 3. Caseload declines.	Outcomes based on monthly participation data from state WIC caseload management reports.	Authorized participating caseload for January 2022 through December 2024 = <u>1,730</u>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.2	Submit the annual Nutrition Services Plan for each year of the contract.	Nutrition Services Plan	First year due 9/30/22 Second year due 9/30/23	Payment withheld if not received by due date.
1.3	Submit the annual Nutrition Services Expenditure Report for each year of the contract.	Nutrition Services Expenditure Report	11/30/22 11/30/23	Payment withheld if not received by due date.
1.4	Tell participants about other health services in the agency. If needed, develop written agreements with other health care agencies and refer participants to these services.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.5	Provide nutrition education services to participants and caregivers in accordance with federal and state requirements.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.6	Issue WIC benefits while assuring adequate WIC card security and reconciliation.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.7	Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.8a	Submit entire WIC and Breastfeeding Peer Counseling Budget Workbook for each year of the contract	Budget Workbook	First year due 9/30/22 Second year due 9/30/23	
1.8b	Submit Rev-Exp Report spreadsheet from the WIC Budget Workbook monthly with A-19	Revenue and Expense Report and A-19	First year due monthly through December 31, 2022 Second year due monthly through December 31, 2023	
2	Breastfeeding Promotion			See "Billing Requirements" below.
2.1	Provide breastfeeding promotion activities in accordance with federal and state requirements.	Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 11/30/22 Second year due 11/30/23 Biennial WIC Monitor	
2.2	Work with community partners to improve practices that affect breastfeeding. Choose one or more of the following projects: - Provide staff, health care providers and community partners virtual breastfeeding training resources. - Work with employers who likely employ low-income people to create worksite environments that support breastfeeding. - Work with birthing hospitals to improve maternity care practices that affect WIC participant breastfeeding rates. - Provide participants access to lactation consultants. Other projects will need pre-approval from the State WIC Office	Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 8/30/22 Second year due 8/30/23 Biennial WIC Monitor	
3	Breastfeeding Peer Counseling Program (BFPC)			See "Billing Requirements" below.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.1	Provide Breastfeeding Peer Counseling Program activities in accordance with federal and state requirements. The WIC Breastfeeding Peer Counseling Program is meant to enhance, not replace, WIC Breastfeeding promotion and support activities.	Breastfeeding Peer Counseling Annual Report and expenditures from the previous federal fiscal year. Documentation must be available for review by WIC monitor staff.	First year due 12/31/22 Second year due 12/31/23 Biennial WIC Monitor	
3.2	Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
4	Farmers Market Nutrition Program (FMNP)			See "Billing Requirements" below.
4.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC participants between June and September 30 of current year.	Send completed readable copy of FMNP check registers to State WIC office on a weekly basis following FMNP procedures. Documentation must be available for review by WIC monitor staff.	Weekly June-Sept. 2022 and June-Sept. 2023 All sent by Oct. 1, 2022 and by Oct. 1, 2023 Biennial WIC Monitor	

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

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Program Specific Requirements

Program Manual, Handbook, Policy References:

The LHJ shall be responsible for providing services according to rules, regulations and other information contained in the following:

- WIC Federal Regulations, USDA, and FNS 7CFR Part 246.
- Washington State WIC Nutrition Program Policy and Procedure Manual
- Office of Management and Budget, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR 200
- Farmers Market Nutrition Program Federal Regulations, USDA, FNS 7CFR Part 248
- Other directives issued during the term of the contract

Staffing Requirements:

The LHJ shall:

- Use Competent Professional Authority staff, as defined by WIC policy, to determine participant eligibility, prescribe an appropriate food package and offer nutrition education based on the participants' needs.
- Use a Registered Dietitian (RD) or other qualified nutritionist to provide nutrition services to high risk participants, to include development of a high-risk care plan. The RD is also responsible for quality assurance of WIC nutrition services. See WIC Policy for qualifications for a Registered Dietitian and other qualified nutritionist.

- Assign a qualified person to be the Breastfeeding Coordinator to organize and direct local agency efforts to meet federal and state policies regarding breastfeeding promotion and support. The Breastfeeding Coordinator must be an International Board-Certified Lactation Consultant or attend an intensive lactation management course, or other state approved training.

Restrictions on Funds:

The LHJ shall follow the instructions found in the Policy and Procedure Manual under WIC Allowable Costs and 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Special References:

What is the WIC program?

1. The WIC program in the state of Washington is administered by the Department of Health.
2. The WIC program is a federally funded program established in 1972 by an amendment to the Child Nutrition Act of 1966. The purpose of the program is to provide nutrition and health assessment; nutrition education; nutritious food; breastfeeding counseling; and referral services to pregnant, breastfeeding, and postpartum women, infants, and young children in specific risk categories.
3. Federal regulations governing the WIC program (7 CFR Part 246) require implementation of standards and procedures to guide the state's administration of the WIC program. These regulations define the rights, responsibilities, and legal procedures of WIC employees, participants, persons acting on behalf of a participant, and retailers. They are designed to promote:
 - a. High quality nutrition services;
 - b. Consistent application of policies and procedures for eligibility determination;
 - c. Consistent application of policies and procedures for food benefit issuance and delivery; and
 - d. WIC program compliance.
4. The WIC program implements policies and procedures stated in program manuals, handbooks, contracts, forms, and other program documents approved by the USDA Food and Nutrition Service.
5. The WIC program may impose sanctions against WIC participants for not following WIC program rules stated on the WIC rights and responsibilities.
6. The WIC program may impose monetary penalties against persons who misuse WIC benefits or WIC food but who are not WIC participants.

Monitoring Visits:

Program and fiscal monitoring are done on a biennial (every two years) basis and are conducted onsite.

The LHJ must maintain on file and have available for review, audit and evaluation:

- All criteria used for certification, including information on income, nutrition risk eligibility and referrals
- Program requirements
- Nutrition education
- All financial records

Assurances/Certifications:

1. Computer Equipment Loaned by the Department of Health WIC Nutrition Program

In order to perform WIC program activities, the Department requires computer equipment, such as computers, signature pads, document scanners, card readers and printers to be in local WIC clinics or to be transported to mobile clinics. This equipment ("Loaned Equipment") is owned by the Department and loaned to the local agency (Contractor). The Loaned Equipment is supported by the Department. This equipment shall be used for WIC business only or according to WIC Policy and Procedures.

An inventory of Loaned Equipment is kept by the Department. Each time Loaned Equipment is changed, the parties shall complete the Equipment Transfer Form and the Department updates the inventory. A copy of the Transfer Form will be provided to the contractor. Copies of the updated inventory list may be requested at any time.

The LHJ agrees to:

- a. Defend, protect and hold harmless the Department or any of its employees from any claims, suits or actions arising from the use of this Loaned Equipment.

- b. Assume responsibility for any loss or damage from abnormal wear or use, or from inappropriate storage or transportation. The Department may enforce this by:
- 1) Requiring reimbursement from the LHJ of the value of the Loaned Equipment at the time of the loss or damage.
 - 2) Requiring the LHJ to replace the Loaned Equipment with equipment of the same type, manufacturer, and capabilities (as pre-approved by the Department), or
 - 3) Assertion of a lien against the Contractor's property.
- c. Notify the Department immediately of any damage to Loaned Equipment.
- d. Notify the Department prior to moving or replacing any Loaned Equipment.
- The Department recommends Contractors carry insurance against possible loss or theft.
- 2. Civil Rights Assurance**
- a. The LHJ shall perform all services and duties necessary to comply with federal law in accordance with the following Civil Rights Assurance.
 - b. "The Program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR 50.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the ground of race, color, national origin, sex, age or handicap, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the Program applicant receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.
 - c. "By accepting this assurance, the Program applicant agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, Food and Nutrition Service, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Program applicant, its successors, transferees, and assignees, as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear on the contract are authorized to sign this assurance on behalf of the Program applicant."

3. 2CFR 200

The LHJ shall comply with all the fiscal and operations requirements prescribed by the state agency as directed by Federal WIC Regulations (7CFR part 246.6), 2CFR part 200, the debarment and suspension requirements of 2CFR part 200.213, if applicable, the lobbying restrictions of 2CFR part 200.245, and FNS guidelines and instructions and shall provide on a timely basis to the state agency all required information regarding fiscal and program information.

Billing Requirements:

1. Definitions

Contract Period: January 1, 2022 - December 31, 2024

Contract Budget Period: The time period for which the funding is budgeted.

- There are four federal budget periods

January 1, 2022 through September 30, 2022;
 October 1, 2022 through September 30, 2023;
 October 1, 2023 through September 30, 2024;
 October 1, 2024 through December 31, 2024.

2. Billing Information:

- a. Billings are submitted on an A-19-1A invoice. These invoices are provided by the Department in the WIC Budget Workbook and include accounting codes for different budget categories.
- b. A-19s are submitted monthly and must be received by the Department within 60 days following the close of each calendar month. Additional A-19s may be submitted at any time, but must be received within 90 days of the close of the federal budget period.
- c. Funds are allocated by budget categories and by federal budget periods (refer to the budget spreadsheet).
- d. Funds are encumbered or spent only during the budget period; no carry forward from previous time periods or borrowing from future time periods is allowed.

- e. Payments are limited to the amounts allocated for the budget period for each budget category.
- f. Billings are based on actual costs for completed activities. Advance payments are not allowed. Back up documentation must be retained by the LHJ and available for inspection by the Department or other appropriate authorities.
- g. Payments will be made only for WIC approved expenditures. Refer to the Washington State WIC Nutrition Program Policy and Procedure Manual Volume 2, Chapter 4 – Allowable Costs and 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- h. If billing for indirect costs, a Cost Allocation Plan or Federal Indirect Cost Agreement must be submitted prior to payment.

Special Instructions:

The LHJ shall:

1. Maintain complete, accurate, and current accounting of all local, state, and federal program funds received and expended.
2. Provide, as necessary, a single audit in accordance with the provisions of 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. This circular requires all recipients and sub-recipients of federal funds to have a single audit performed should they spend \$750,000 or more of federal grants or awards from all sources. Contractors spending less than \$750,000 in federal grants or awards may also be subject to audit.
3. Use Breastfeeding Peer Counseling (BFPC) Program funds only to support the peer counseling program. Once the program is established and peer counselors are trained, the majority of the salary costs must be paid to peer counselors to provide direct services to WIC participants. For a list of allowable costs see Volume 2, Chapter 4 – Allowable Costs. The priority use of BFPC funds is to hire and train peer counselors to provide breastfeeding peer counseling services to WIC participants.

SPECIAL REQUIREMENTS			
Contract Funding Period	Time Period special requirement funds are available	Amount	Special Requirement Description
January 2022 to September 2024	January 2022 to September 2022	\$2,450	Added in the USDA WIC Client Services Contracts category to cover training and travel expenses for all local WIC staff to participate in WIC-related trainings.

Other:

Any program requirements that are not followed may be subject to corrective action and may result in monetary fines or repayment of funds.