

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: COVID-19 Mass Vaccination-FEMA -
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)** 4

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

Funding Source ☒ Federal Contractor ☐ 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 the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

Revision Purpose: The purpose of this revision is to extend the period of performance from September 30, 2022 to June 30, 2023, add funding details for MASS VACCINATION CATZ 100%, add language to task 1, add a new task 2 for documentation, and add language to Program Specific Requirements.

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
*MASS VACCINATION FEMA 100%	934V0200	97.036	333.97.03	01/01/22 09/30/22	0	0	0
*MASS VACCINATION CATZ 100%	934G0200	97.036	333.97.03	07/02/22 06/30/23	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.	*NOTE: Task activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH. DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional Incident Management Team (IMT) to administer the vaccine efficiently, quickly, equitably, and safely in all regions of			*Reimbursement of eligible costs. MASS VACCINATION FEMA 100% Funding (MI 934V0200) (See Program Specific Requirements below)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Washington State. State Supported, Regionally Coordinated, Locally Implemented. The Local Health Jurisdiction submitted a Mass Vaccination plan to the Department of Health for approval. Definition: Mass vaccination clinics defined as those outside of the usual healthcare delivery method such as pop-up clinics, mobile clinics, non-clinical facility (fairgrounds, arenas, etc.). Guidance on vaccination protocols must be followed as provided by DOH and CDC. The Department of Health modeled the State of Washington State Patrol Fire Mobilization framework to quickly implement and carry out the Mass Vaccination effort as outlined by FEMA. This process specifically implements contracting with local jurisdictions once capacity is exceeded to effectively carry out the emergency mission as efficiently, equitably, and quickly as possible on a Statewide basis. <i>Contracted partners need to be prepared to receive direction and updates at least monthly from COVID-19 Vaccine Information for Healthcare Providers Washington State Department of Health on operational and regulatory guidance from CDC and DOH.</i>			
1A	The Department of Health contracted with regional incident management teams and/or regional incident management organizations and works in close coordination and cooperation with Local health jurisdiction (LHJ) to support the COVID-19 Mass Vaccination efforts. The LHJ meets with the contract manager at the department a minimum of once a month and has ongoing conversations around planning and scheduling of mass vaccination efforts as needed. DOH will coordinate with the LHJ and regional IMT/IMO around planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH.	Submit to DOH a mass vaccination plan including: • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, and to the extent possible a regional map of sites/locations.	Within 30 days of contract amendment execution.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Request for regional IMT should be submitted through the normal process through WebEOC. DOH will coordinate with the LHJ and regional IMT/IMO regarding carrying out the filed mass vaccination plan within the county. Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will maintain all decisional authority around vaccination planning and execution within their jurisdiction/district. Provide any information as requested by the regional IMT.			
1B	Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHJ and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance. Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by IMT/DOH if it exceeds \$5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT and DOH finance know what expenditures were necessary to carry out the mission.	Submit estimated budget for the mass vaccination plan. Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.	Within 30 days of contract amendment execution. Monthly	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1C	Vaccination data – will be maintained according to current state and federal requirements. Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.	Submission of vaccine use into WA IIS database within 24hrs of use. Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.	Daily	
1D	Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).	Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.	Monthly	
2	<i>Documentation for closeout: Provide backup documentation for the cost summary workbooks submitted for cost reimbursement. Staff time, supplies, and equipment purchases under \$5,000 (with written approval from the Department of Health FEMA team) will be allowed to provide the required documentation for project closeout with FEMA. Each employee will need to fill out a category Z workbook with their time worked on documentation daily and will be required to submit it to the DOH FEMA team monthly. Any costs incurred prior to January 21, 2021, will need to be identified and submitted on prior written approval by DOH FEMA team.</i>	<i>Payroll Policies</i> <i>Pull payroll documents from your system of record</i> <i>Time sheets</i> <i>Receipts/Invoices for any expenses that are not payroll related</i> <i>Executed Contract Documents with Sub-Contractors</i> <i>Equipment records of LHJ-owned equipment that are on the 2019 FEMA equipment rate list, otherwise they are supplies/commodity costs</i>	<i>Monthly</i>	<i>*Reimbursement of eligible costs.</i> MASS VACCINATION CATZ 100% Funding (MI 934G0200) <i>(See Program Specific Requirements below)</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.

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References

Emergency Response Plan (or equivalent)

Medical Countermeasure/Mass Vaccination Plan

Language Access Planning Tool

Billing Requirements:

Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.

Contract Master Index (MI) Code: 934V0200 General Mass Vaccination

BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement

Special Instructions:

The LHJ is considered a CONTRACTOR of DOH not a subrecipient for this portion of the statement of work. An allocation of funds is not provided as these FEMA funds are only available as reimbursement of costs associated with implementation of the mass vaccination plan.

Detailed documentation must be maintained as directed by the regional IMT/Organization and DOH to substantiate costs associated with these activities for submission to FEMA upon request by DOH *using CATZ funds for documentation from July 2, 2022 through June 30, 2023*.

Eligible costs from the timeframe of January 1, 2022 through September 30, 2022 include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed \$5,000 per piece. Equipment over \$5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

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

Period of Performance: January 1, 2022 through December 31, 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 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: Update ELC EDE allocation

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 Decrease (-)	Total Allocation
FFY19 ELC COVID ED ALLOCATION	1897129G	93.323	333.93.32	01/01/22 10/18/22	588	0	588
FFY20 ELC EDE LHJ ALLOCATION	1897120E	93.323	333.93.32	01/01/22 12/31/22	985,099	-31,273	953,826
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					985,687	-31,273	954,414

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: \$588 FFY19 ELC COVID ED LHJ ALLOCATION
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 conduct targeted investigations as appropriate. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 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.	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	Funding (MI 1897129G) Funding end date 10/18/2022 ~~\$953,826~~ ~~\$985,000~~ 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
	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 LHI 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. 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.	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
	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. h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with WAC 246-100-045 (Conditions and principles for isolation or quarantine). i. Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal agreement; alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand. ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need. iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility.	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		

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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.

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

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

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

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.

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: NA

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 PHEP BP4 LHJ Funding	31102480	93,069	333.93.06	07/01/22 06/30/23	0	61,237	61,237
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	61,237	61,237

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
PHEP BP4 LHJ Funding				
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	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 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/EPRR 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	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
	- Trauma-Informed Systems - Trauma-Informed Practice - Outward Mindset - Growth Mindset - Racial Equity and/or Social Justice - Community Resilience - Climate Change and Health Equity - Related topics – prior approval from EPRR required for training topics other than those listed above. Note: Prior approval from DOH/EPRR is required for any out-of-state travel.			
7 All LHJs Note for RERCs	Domain 1 Community Resilience Capability 1 Community Preparedness Connect with new and/or existing partners 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 Community Health Workers (CHWs). - Local and/or regional organizations that work with groups disproportionately impacted by public health emergencies or incidents. (For RERCs, this may include some or all the groups identified in Activity 8)	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
8 RERCs for their LHJ	Domain 1 Community Resilience Capability 1 Community Preparedness – Disproportionately Impacted Populations 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. 8.1 Identify populations in the LHJ at risk of experiencing disproportionate impacts of public health emergencies or	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
	incidents. Populations may include race/ethnicity, disability, age, geography, and other factors as appropriate for LHJ. Use Washington Tracking Network to identify social vulnerability to hazards - Information by Location Washington Tracking Network (WTN). 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. 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. 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.			
9 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response. Notes: “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. - The target is to mobilize a response within 45 minutes. - DOH will provide additional guidance about submitting performance measure data.	LHJ performance measure data (PM 1)	June 30, 2023	
10 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise 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.	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	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Gather and submit data for LHJ performance measure 3: Percent of Corrective Action Plan items completed by due date. Notes: - Develop corrective action plans following the Homeland Security Exercise and Evaluation Program (HSEEP). - DOH will provide additional guidance about submitting performance measure data.	LHJ performance measure data (PM 3)	June 30, 2023	
12 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise 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. Notes: - DOH will work with regions and LHJs to customize and schedule training(s). - 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. - 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	
13 RERCs for their PHEP region	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: Training and exercise opportunities.	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
	• Delivery of training and exercises. • Training and exercise opportunities. Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the PHEP region.			
14 LERCs	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. 14.2 Provide input to Regional Emergency Response Coordinators (RERCs) for Integrated Preparedness Planning Workshop Guide. 14.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.	14.2 Input to RERCs Mid-year report on template provided by DOH 14.3 Participation in IPPW.	14.2 As requested by RERCs December 31, 2022 14.3 As requested by DOH.	
15 RERCs with their PHEP region <i>except</i> Seattle-King and Tacoma-Pierce	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise 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. 15.2 Complete Integrated Preparedness Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH. 15.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.	Mid-year report on template provided by DOH. 15.2 Completed Integrated Preparedness Planning Workshop Guide. 15.3 Participation in IPPW.	December 31, 2022 15.3 As requested by DOH.	
16 Seattle-King and Tacoma-Pierce	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise 16.1 Review LHJ preparedness and response capabilities and identify gaps, priorities, and training needs.	Mid-year report on template provided by DOH. 16.2 Completed Integrated Preparedness Planning Workshop Guide.	December 31, 2022 16.3 As requested by DOH.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	16.2 Complete Integrated Preparedness Planning Workshop Guide. Guide will be provided by DOH. 16.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.	16.3 Participation in IPPW.		
17 RERCs for their LHJ	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Participate in one or more exercises or real-world incidents testing each of the following: • The process for requesting and receiving resource support • The process for gaining, maintaining, and sharing situational awareness of, as applicable: ○ The functionality of critical public health operations ○ The functionality of critical healthcare facilities and the services they provide ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) ○ Number of disease cases ○ Number of fatalities attributed to an incident ○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report ○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation Note: The communication drill (Activity 22) does not meet the requirement for participation in an exercise or real world event.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
18 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination 18.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.	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
	18.2 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.			
19 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Complete or participate in After Action Reports (AARs) after each incident or exercise. Notes: • An AAR may be completed part-way through an extended response, for example, COVID-19. • 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.	Mid- and end-of-year reports on template provided by DOH. After-Action Report(s)/Improvement Plan(s)	December 31, 2022 June 30, 2023	
20 All LHJs except Seattle-King	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Coordinate or participate in 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, if in your county • Federally Qualified Health Center(s), if in your county • Accountable Community of Health • Emergency Medical Services Medical Program Director • County Coroner or Medical Examiner Notes:	Mid- and end-of-year reports on template provided by DOH. After-Action Report/Improvement Plan	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	- 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 (Activity 19).			
21 Seattle-King	Domain 2 Incident Management Capability 3 Emergency Operations Coordination 21.1 Participate in and contribute to AAR(s) convened by ESF 8 partners and stakeholders such as emergency management and healthcare coalitions. 21.2 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 Notes: - Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. - Include 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 #19).	Mid- and end-of-year reports on template provided by DOH. After-Action Report/Improvement Plan	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
22 All LHJs	Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication 22.1 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). 22.2 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. 22.3 Conduct a hot wash evaluating LHJ participation in the drill (22.2). 22.4 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. Notes: • Participation in a real world event may meet the requirement for 22.2, 22.3, and 22.4. • 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 and one sample of communication in mid-year or end-of year report.	Mid- and end-of-year reports on templates provided by DOH. If you use a real-world event to meet 22.2, 22.3, and 22.4, submit hotwash or AAR with report. If the real-world event is ongoing, submit hotwash or AAR, or brief summary of communication activities and one sample of communication with report.	December 31, 2022 June 30, 2023	
23 All LHJs	Domain 3 Information Management Capability 4 Emergency Public Information and Warning Gather and submit data for LHJ performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise. Notes: • The target is within the first six hours.	LHJ performance measure data (PM 7)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	DOH will provide additional guidance about submitting performance measure data.			
24 All LHJs	Domain 3 Information Management Capability 6 Information Sharing 24.1 Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system. 24.2 Participate in DOH-led notification drills. 24.3 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 <u>in addition to</u> WASECURES to alert staff during incidents.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
25 RERCs for their PHEP region	Domain 3 Information Management Capability 6 Information Sharing 25.1 Participate in quarterly DOH-led WASECURES Users Group, 25.2 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>)	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
26 All LHJs	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.	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
27 All LHJs RERCs additional activity Note for CRI LHJs	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 PHEP Region. RERCs – Gather input and provide technical assistance to LERCs in PHEP region, as needed. MCM plans include: - 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 #28) Notes - DOH will provide technical assistance to LHJs on core elements of an MCM plan, including hosting MCM planning sessions. - 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. - LHJ Performance Measure data is due June 30, 2023. LHJs will report data for LHJ PM 5, see activity #28. - CRI LHJs – See also CRI activity #4.	Mid- and end-of-year reports on template provided by DOH. Updated MCM plan.	December 31, 2022 June 30, 2023 June 30, 2023	
28 All LHJs	Domain 4 Countermeasures and Mitigation Capability 9 Medical Countermeasures Management and Distribution 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	LHJ performance measure data (PM 5)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy).			
29 RERCs for their LHJs	Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities). Notes: - Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. - LHJ may also conduct a drill or tabletop exercise to exercise plans.	Mid- and end-of-year reports on template provided by DOH. Plans available upon request.	December 31, 2022 June 30, 2023	
30 RERCs for their LHJ	Domain 4 Countermeasures and Mitigation Domain 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	
31 All LHJs	Domain 5 Surge Management Capability 10 Medical Surge Engagement with regional Health Care Coalition (HCC) or Healthcare Alliance: - Northwest Healthcare Response Network (Network) - Regional Emergency and Disaster (REDi) Healthcare Coalition - Healthcare Alliance (Alliance) During each reporting period (see notes below), participate in one or more of the following activities: - Meetings - Communication - Regional meeting, in person or virtually. - Subgroup (catchment area, committee, district, etc. (meeting in person or virtually) - Discussions pertaining to ESF8 and HCC or Alliance roles and responsibilities.	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
	- Development of Disaster Clinical Advisory Committee (DCAC) meetings. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts. - Planning - Planning process to inform on the roles and responsibilities of public health, including reviewing HCC or Alliance plans for alignment with local ESF8 plans. - Drills and Exercises - Drill or exercise, including redundant communications, WATrac, Medical Response Surge Exercise (MRSE), or other drills and exercises to support planning and response efforts. - Response - Information sharing process during incidents. - Coordination with HCC or Alliance during responses involving healthcare organizations within your jurisdiction. Notes: - Reporting periods are July 1 – December 31, 2022 and January 1 – June 30, 2023 - LHJs in HCC or Alliance regions: - Alliance: Clark, Cowlitz, Klickitat, Skamania and Wahkiakum. - Network: Clallam, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, San Juan, Seattle-King, Skagit, Snohomish, Tacoma-Pierce, Thurston, and Whatcom. - REDi: Adams, Asotin, Benton-Franklin, Chelan-Douglas, Columbia, Garfield, Grant, Kittitas, Lincoln, NE Tri, Okanogan, Spokane, Walla Walla, Whitman, and Yakima.			
32 All LHJs	Domain 5 Surge Management Capability 10 Medical Surge Gather and submit data for LHJ performance measure 8: Percent of Critical Healthcare Facilities whose functional	LHJ performance measure data (PM 8)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	status can be assessed by the local health jurisdiction in an emergency. Notes: • “Critical Healthcare Facilities” are hospitals, skilled nursing facilities, blood centers, and dialysis centers. • DOH will provide additional guidance about submitting performance measure data.			
33 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	
34 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: • Biohazard/Waste Management • Feeding • Laundry • Communications • Sanitation	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	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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. 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.	Mid- and end-of-year reports on templates provided by DOH. Website screenshots available upon request.	December 31, 2022 June 30, 2023	
LHJ Request Spokane 1	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	
LHJ Request Spokane 2	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	
LHJ Request Spokane 3	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	
LHJ Request Tacoma-Pierce 2	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	
LHJ Request Tacoma-Pierce 3	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	
LHJ Request Tacoma-Pierce 4	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
LHJ Request Thurston 1	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.

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 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=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 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 June 30, 2022

Funding Source ☐ Federal <Select One> ☒ State ☐ Other	Federal Compliance (check if applicable) ☐ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☐ Reimbursement ☒ Periodic Distribution
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to specify how state funds for Foundational Public Health Services (FPHS) will be used for the period of performance. Per RCW 43.70.512, these funds are for the governmental public health system to deliver FPHS services statewide in the most effective, efficient and equitable manner possible with the funds available.

The FPHS Steering Committee with input from FPHS Subject Matter Expert (SME) Workgroups and the Tribal Technical Workgroup is the decision making body for FPHS. For SFY22, the Steering Committee is using an iterative approach to decision making. Determining investments for SFY22 (July 1, 2021 – June 30, 2022). This means that additional tasks and/or funds may be added to an LHJ's FPHS SOW as these decisions are made.

These funds are to be used as directed and allocated by the FPHS Steering Committee. As the global COVID-19 pandemic and the public health response to it continues and begins to abate, 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 06/30/22. Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

Note:

The total SFY22 funding allocation is for the period of July 1, 2021 through June 30, 2022. The funding allocations will be divided into two six-month lump sum amounts that will be disbursed at the beginning of each six month period as follows: July 1, 2021; January 1, 2022. The July payment will be disbursed upon completion of the FPHS Annual Report.

The SFY22 July 1, 2021 disbursement of funds was completed in the 2018-2021 consolidated contract and is included in this statement of work for informational purposes only. FPHS funds must be spent in the state fiscal year (SFY) in which they are appropriated by the legislature, allocated, and disbursed. Legislative appropriations lapse at the end of each state fiscal year. (RCW 43.88.140)

Spending and spending projections must be reported as required by the FPHS Steering Committee. Funds that are projected to be unspent by the close of the state fiscal year must be reallocated per the process developed by the FPHS Steering Committee to assure that all funds appropriated by the legislature can be spent by the governmental public health system to deliver FPHS within the year that the funds are appropriated. Unspent funds revert to the state treasury and must be returned to DOH by July 15th of each year for return to the Office of Financial Management.

Revision Purpose: Changing Period of Performance end date to June 30, 2022 to reflect this work and funding associated to SFY22. Also removing the funds associated with FPHS-LHJ-PROVISO (YR2) as it's now reflected in the Statement of Work effective July 1, 2022.

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 Decrease (-)	Total Allocation
FPHS-LHJ-PROVISO (YR1)		99202111	N/A	336.04.25	01/01/22 06/30/22	727,000	0	727,000
Note: Total YR1 allocation is for SFY22 (07/01/21-06/30/22)								
FPHS-LHJ-PROVISO (YR2)		99202112	N/A	336.04.25	07/01/22 06/30/23	727,000	-727,000	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						1,454,000	-727,000	727,000

BARS Expenditure Code 562.xx	FPHS	Tasks / Activities / Short Description	Funds to provide FPHS in:		SFY22	SFY23	21-23 BIEANHUA
			Your jurisdiction	Other jurisdictions			
10-17, 20, 21, 23-29, 40-53, 93	All - CD, EPH, CCC, Assessment	Reinforcing Capacity (Assessment, CD, EPH, CCC)	X		254,000	254,000	508,000
10	Assessment	CHA/CHIP	X		30,000	30,000	60,000
20, 21, 23-29, 93	CD	Communicable Disease (CD)	X		166,000	166,000	332,000
24	CD	Hepatitis C	X		27,000	27,000	54,000
40-53, 93	EPH	Environmental Public Health (EPH)	X		250,000	250,000	500,000
TOTAL					\$727,000	\$727,000	\$1,454,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	In coordination with FPHS Steering Committee and Subject Matter Expert (SME) workgroups FPHS funds are to be used to increase delivery of FPHS services statewide as measured through FPHS annual reporting, indicators, metrics and other data compiled and analyzed by contractors, DOH and Subject Matter Expert (SME) Workgroups. Results are published in the annual FPHS Investment Report. FPHS indicator metrics available here .	Routine reporting of spending and spending projections. Process and reporting template TBD and provided by the FPHS Steering Committee via DOH. FPHS annual reporting (template provided by the FPHS Steering Committee via DOH).	TBD For SFY22 (07/01/21 – 06/30/22) due by 08/15/22 ~~For SFY23 (07/01/22 – 06/30/23) due by 08/15/23~~	Each year, the July payment will be disbursed upon completion of the FPHS Annual Report.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Reinforcing Capacity – These funds are to each LHJ to deliver FP~~PHS~~ in their own jurisdiction – In coordination with the FP~~PHS~~ Steering Committee and Subject Matter Expert (SME) Workgroups, provide FP~~PHS~~ Communicable Disease (CD), Environmental Public Health (EPH), Assessment (Surveillance & Epidemiology) and / or any or all of the other FP~~PHS~~ Cross-cutting Capabilities (CCC) as defined in the most current version of the FP~~PHS~~ definitions. Suggested BARS expenditure codes: 652.xx - 10-17, 20, 21, 23-29, 40-53.			
2	Assessment – CHA/CHIP (FP~~PHS~~ definitions G.3) – <u>These funds are to each LHJ to deliver FP~~PHS~~ in their own jurisdiction</u> – In coordination with the FP~~PHS~~ Steering Committee and Subject Matter Expert (SME) Workgroups, conduct and complete a comprehensive community health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health as defined in the most current version of the FP~~PHS~~ definitions. • Conduct a local and/or regional comprehensive community health assessment (CHA) every three to five years in conjunction with community partners. • Develop a local and/or regional community health improvement plan (CHIP) in conjunction with community partners. These funds can be used for any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other LHJs for staff time or services. Coordinate with the Spokane Regional Health District to participate in County Health Insights. Suggested BARS expenditure codes: 562.11.			
3	Communicable Disease (CD) (FP~~PHS~~ definitions C.1, 2, 3, 4, 6) – These funds are to each LHJ to deliver FP~~PHS~~ in their own jurisdiction – In coordination with the FP~~PHS~~ Steering Committee and Subject Matter Expert (SME) Workgroups, provide FP~~PHS~~ CD services as defined in the most current version of the FP~~PHS~~ definitions. These funds can (and actually are intended to) be braided with temporary pandemic emergency funding such that when those funds run out, FP~~PHS~~ funds can be used to retain staff there were hired with pandemic emergency funds if the jurisdictions desires to retain them and/or to hire additional staff if needed and/or contract with other LHJs for staff time or services for delivering FP~~PHS~~ CD. As the pandemic response wains, staff funded with FP~~PHS~~ funds are to shift focus to providing some or all of the FP~~PHS~~ CD services. This includes maintaining access to and use of data systems created during the pandemic and others under development and case investigation and contact tracing for sexually transmitted disease and other communicable and notifiable conditions within the mandated timeframes. Emphasis should be placed on addressing syphilis and gonorrhea cases. 1. Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions. 2. Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions. 3. Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates. 4. Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines. Suggested BARS expenditure codes: 562.xx – 20, 21, 23-29.			
4	Communicable Disease – Hepatitis C (FP~~PHS~~ definitions C.4.o-p) – <u>These funds are to select LHJs to deliver FP~~PHS~~ in their own jurisdiction</u>. – In coordination with the FP~~PHS~~ Steering Committee and Subject Matter Expert (SME) Workgroups, address Hepatitis C cases in the jurisdiction per guidance developed by the statewide FP~~PHS~~ Communicable Disease Workgroup, including, but not limited to: shared priorities, standardized surveillance, minimum standards of practice, common metrics and staffing models. The allocation of these funds is based on burden of disease using the most current Hepatitis C data. Allocations will be revised biennially using updated data.			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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. Suggested BARS expenditure codes: 562.24.			
5	Environmental Public Health (EPH) (FPHS definitions B.3 & 4) – These funds are to <u>each LHJ</u> to deliver services in <u>their own jurisdiction</u>. In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, these funds are for each LHJ to deliver FPHS EPH services in their jurisdiction as defined in the most current version of the FPHS definitions and supplement existing funding specifically for: • Develop, implement and enforce laws, rules, policies and procedures for maintaining the health and safety of retail food service inspections and shellfish monitoring, that address environmental public health concerns. (B.3.b) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of wastewater and facilities, including onsite septic design and inspections, wastewater treatment and reclaimed water, that address environmental public health concerns. (B.3.e) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of solid waste and facilities, including hazardous waste streams (e.g. animal waste, solid waste permitting and solid waste inspections), that address environmental public health concerns. (B.3.f) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of schools, including through education and plan review that address environmental public health concerns. (B.3.g) These funds can be used to retain, hire and/or contract with other LHJs for staff time or services and for staff training as needed to provide the following FPHS EPH services that are not appropriately funded with fees. Each LHJ will be responsible to report on their progress on FPHS deliverables even if contracted with other LHJs (FPHS funds are intended to build capacity and not intended to justify the reduction of existing fee revenue): • Food Safety (FPHS definitions B.3.b.) – Respond to food safety concerns that are not appropriately funded such as foodborne illness threats, requests for technical assistance and addressing new and emerging business models. Every local jurisdiction in Washington is expected to respond to foodborne illness outbreaks, food safety inquiries and provide preventative education for the general public and technical assistance. • Sewage Safety (FPHS definitions B.3.e-f) – Respond to sewage concerns and public health threats and provide technical assistance that are not appropriately funded to ensure that sewage is handled appropriately to limit potential exposure to sewage. Every local jurisdiction in Washington is expected to ensure sewage is properly managed. On-Site Septic (OSS) permitting, enforcement and providing technical assistance and education to OSS owners are fee funded activities and should be funded through fees or local government who sets the fees. These FPHS funds provide resources to support activities for which a fee cannot be charged such as: responding to OSS failures, surfacing sewage, OSS safety concerns, and similar issues. These funds can also be used for concerns related to large on-site sewage systems, other OSS-related concerns that do not involve locally permissible systems, and other sewage-related issues, regardless of whether they are related to a fee-for-service activity. Examples of activities FPHS funds can be used for: ◦ Work with partners to educate and inform public on OSS monitoring and maintenance ◦ Work with the public, policy makers and partners to assess needs and develop plans and solutions for wastewater management in their communities. ◦ Respond to complaints, act as needed, and assure that failing OSS are identified and promptly repaired. ◦ Conduct Pollution Identification and Correction (PIC) investigations where water quality is impaired to identify failing septic systems and other pollution sources. ◦ Ensure that sewage from both OSS and other sources is adequately handled to create barriers to potential exposure to sewage.			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	○ Adequate qualified staff to evaluate proposals, inspect new installations and repairs, assess cause of OSS failure, and comply with requirements in state law. • Schools Safety (FPHS definition B.3.g) – Assure safe and effective learning environments for children attending K-12 schools – public, private and parochial. Every local jurisdiction in Washington is expected to work collaboratively with DOH, ESDs and local school districts and use the model program to assure consistency to regularly evaluate each K-12 for health and safety concerns and provide mandated services per WAC 246-366. Initial priorities include: ○ Build partnerships with school officials, local boards of education, parent teacher associations, education service districts, and other school focused entities. ○ Participate with statewide public health groups to standardize school program implementation. ○ Focus on schools that have not previously been inspected to assess current conditions ○ Focus on existing elementary schools for first phase of inspections program ▪ Indoor Air Quality ▪ Classroom ▪ Healthy cleaning and indoor environments ▪ Playground ▪ Drinking water (lead)			
	Suggested BARS expenditure codes: 562.xx – 40-53.			

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

All FPHS Resources – www.doh.wa.gov/fphs or [FPHS](#) | Powered by [Box](#)

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. \(wa.gov\)](#)

Link to RCW 43.70.515 – [RCW 43.70.515: Foundational public health services—Funding. \(wa.gov\)](#)

Definitions:

FPHS Definitions – <https://wsalpho.box.com/s/qb6ss10mxbraix0fla742lw6zcfzohk>

Special Instructions:

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/lhifunding

DOH Program Contact

Marie Flake, Special Projects, Foundational Public Health Services, Washington State Department of Health
Mobile Phone 360-951-7566 / marie.flake@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Maternal and Child Health Block Grant - 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)** 2

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

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 support local interventions that impact the target population of the Maternal and Child Health Block Grant.

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2022 to September 30, 2023 for continuation of MCHBG related activities.

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 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22 09/30/22	64,866	0	64,866
FFY23 MCHBG LHJ CONTRACTS	78101231	93.994	333.93.99	10/01/22 09/30/23	0	84,217	84,217
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					64,866	84,217	149,083

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1b	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager	September 9, 2022	
1c	<i>Participate in DOH sponsored MCHBG fall regional meeting.</i>	<i>Designated LHJ staff will attend regional meeting.</i>	<i>September 30, 2023</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
<i>1d</i>	<i>Report actual expenditures for October 1, 2021 through September 30, 2022.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>December 2, 2022</i>	See Program Specific Requirements and Special Billing Requirements.
<i>1e</i>	<i>Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.</i>	<i>Submit MCHBG Budget Workbook to DOH contract manager.</i>	<i>September 9, 2022</i>	
<i>1f</i>	<i>Report actual expenditures for the six-month period from October 1, 2022 through March 31, 2023.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>May 19, 2023</i>	
Implementation				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager.	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft August 19, 2022 Final- September 9, 2022	See Program Specific Requirements and Special Billing Requirements.
2c	<i>Report activities and outcomes of 2023 MCHBG Action Plan using DOH- provided template.</i>	<i>Submit monthly Action Plan reports to DOH Contract manager.</i>	<i>July-Sept 2022 quarterly report due October 15, 2022</i> <i>November 15, 2022</i> <i>December 15, 2022</i> <i>January 15, 2023</i> <i>February 15, 2023</i> <i>March 15, 2023</i> <i>April 15, 2023</i> <i>May 15, 2023</i> <i>June 15, 2023</i> <i>July 15, 2023</i> <i>August 15, 2023</i> <i>September 15, 2023</i>	
2d	<i>Develop 2023-2024 MCHBG Action Plan for October 1, 2023 through September 30, 2024 using DOH-provided template.</i>	<i>Submit MCHBG Action Plan to DOH contract manager.</i>	<i>Draft- August 18, 2023</i> <i>Final- September 8, 2023</i>	
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	reflect activities paid for with funds provided in this statement of work for the specified funding period.
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2022	See Program Specific Requirements and Special Billing Requirements.
3d	<i>Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2022 January 15, 2023 April 15, 2023 July 15, 2023</i>	
3e	<i>Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.</i>	<i>Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.</i>	<i>30 days after forms are completed.</i>	
3f	<i>Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).</i>	<i>Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.</i>	<i>September 30, 2023</i>	

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](https://www.doh.wa.gov/finance) 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 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://www.usaspending.gov) by DOH as required by P.L. 109-282.

Program Specific Requirements

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

Program Manual, Handbook, Policy References:

Children and Youth with Special Health Care Needs Manual -

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthBlockGrant/ChildrenandYouthWithSpecialHealthCareNeeds>

Health Services Authorization (HSA) Form

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx>

Exhibit A, Statement of Work

Restrictions on Funds:

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

Monitoring Visits: Telephone calls with DOH contract manager as needed.

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

Special Instructions: Contact DOH contract manager ~~before~~ for approval of expenses not reflected in approved budget workbook.

MCHBG funds may be expended on COVID-19 response activities that align with maternal and child health priorities. Examples may include:

- Providing support in educating the MCH population about COVID-19 through partnerships with other local agencies, medical providers, and health care organizations.
- Working closely with state and local emergency preparedness staff to assure that the needs of the MCH population are represented.
- Funding infrastructure that supports the response to COVID-19. For example, Public Health Nurses who are routinely supported through the Title V program may be able to be mobilized, using Title V funds or separate emergency funding, to support a call center or deliver health services.
- Partnering with parent networks and health care providers to provide accurate and reliable information to all families.
- Engaging community leaders, including faith-based leaders, to educate community members about strategies for preventing illness

Restrictions listed above continue to apply.

Exhibit A
Statement of Work
Contract Term: 2022-2024

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

Local Health Jurisdiction Name: 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, 2022

Funding Source ☒ Federal Contractor ☒ 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 provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems

Revision Purpose: The purpose of this revision is to adjust the number of Sanitary Surveys and allocations.

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
YR 24 SRF - LOCAL ASST (15%) (FO-SW) SS	24239224	N/A	346.26.64	01/01/22 12/31/22	8,000	-1,250	6,750
YR 24 SRF - LOCAL ASST (15%) (FO-SW) TA	24239224	N/A	346.26.66	01/01/22 12/31/22	2,000	8,000	10,000
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					10,000	6,750	16,750

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity. The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical	Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: - Cover letter identifying significant deficiencies, recommendations, and referrals for further ODW follow-up. - Completed Small Water System checklist. - Updated Water Facilities Inventory (WFI).	Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$250 for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$500 for each sanitary survey of a non-community system with four or more connections and each community system. Payment is inclusive of all associated costs such as travel, lodging, per diem.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	assistance to small community and non-community Group A water systems.	4. Photos of water system with text identifying features 5. Any other supporting documents. *Final Reports reviewed and accepted by the ODW Regional Office.		Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline. Late or incomplete reports may not be accepted for payment.
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750 Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
4	LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH. See Special Instructions for task activity.	For training attended in person, prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact for approval (to ensure enough funds are available).	Annually	For training attended in person, LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp

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

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

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

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

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

Special References:

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

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

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$8,000~~ **6,750** for **Task 1**, and ~~\$2,000~~ **10,000** for **Task 2**, **Task 3** and **Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above.

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

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

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

Special Instructions

Task 1

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

- No more than ~~8~~ **11** surveys of non-community systems with three or fewer connections be completed between January 1, 2022 and December 31, 2022.
- No more than ~~2~~ **8** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2022 and December 31, 2022.

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

Task 2

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

Task 3

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

Task 4

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

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization - Perinatal Hepatitis B - Effective July 1, 2022

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

Contract Number: CLH31017

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

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

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: NA

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
FFY23 PPHF Ops	74310226	93.268	333.93.26	07/01/22 06/30/23	0	500	500
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	500	500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	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, the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing.	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
	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 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

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 July 1, 2022

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

Contract Number: CLH31017

SOW Type: Original **Revision # (for this SOW)** 0

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

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 Childhood Vaccine Program (CVP) activities for regional representatives and identify funding for the period July 1, 2022 - June 30, 2023

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
FFY23 VFC IQIP	74310224	93.268	333.93.26	07/01/22 06/30/23	0	45,938	45,938
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	45,938	45,938

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) New Enrollment Training Guide (CVP SharePoint Site) Information Sharing Agreement - DOH 348-576	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
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 approved by DOH and 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. Sites may be selected by DOH or by 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 project Schedule 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 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.	a) Submit completed Compliance Site Visit Project Schedule to DOH b) 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. c) Upload the signed Acknowledgement of Receipt form and Chart Review Worksheet to the site visit in PEAR. d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR. e)	a) By July 31, 2022 b) 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. c) Within five (5) business days of the site visit. d) Within five (5) business days of receiving the document(s) follow-up action was completed.	

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

- Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunization.
- Regional representatives must have access to a digital data logger with current certificate of calibration and qualified packouts or portable storage units for the purposes of transporting vaccine at appropriate temperatures when needed (see definitions in the DOH Vaccine Management Plan)

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: 01-Promotion of Immunizations to Improve Vaccination Rates - Effective July 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: July 1, 2022 through June 30, 2023

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 contract with local health to conduct activities to improve immunization coverage rates.

Revision Purpose: The purpose of this revision is to remove this activity from the contract.

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 Decrease (-)	Total Allocation
FFY23 VFC Ops	74310222	93.268	333.93.26	07/01/22 06/30/23	5,715	-5,715	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					5,715	-5,715	0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<i>Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners. The proposal must meet guidelines outlined in the Local Health Jurisdiction Funding Opportunity, Promotion of Immunizations to Increase Vaccination Rates announcement.</i>	<i>Written proposal and a report that shows starting immunization rates for the target population</i>	<i>August 1, 2022</i>	<i>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</i>
2	<i>Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.</i>	<i>Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)</i>	<i>November 30, 2022 March 31, 2023</i>	<i>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</i>
3	<i>Perform data collection necessary to enable a comparison of immunization rates from the start of the project.</i>	<i>Final written report, including a report showing ending immunization rates for the target population (template will be provided)</i>	<i>June 15, 2023</i>	<i>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</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.

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Specific Requirements

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: Supplemental Nutrition Assistance Program-Education - 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)** 2

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 of this statement of work is to provide Supplemental Nutrition Assistance Program-Education (SNAP-Ed) to improve the likelihood that persons eligible for SNAP (Basic Food, Food Stamps) will make healthy food choices within a limited budget and choose active lifestyles consistent with the current USDA dietary guidelines.

Revision Purpose: The purpose of this revision is to adjust the funding spent in the October 2021 to December 2021 period.

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 Decrease (-)	Total Allocation
FFY22 IAR SNAP ED PROG MGNT-REGION 5	76701939	10.561	333.10.56	01/01/22 09/30/22	72,413	-6,393	66,020
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					72,413	-6,393	66,020

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.0	Project Planning, Implementation, and Performance For SNAP-Ed, the Subrecipient will develop, implement, and evaluate a SNAP-Ed project included in the Washington SNAP-Ed State Plan approved by Department of Social and Health Services (DSHS) and United States Department of Agriculture (USDA); and, as described in the Subrecipient's project work plan	1. Project provides 100% of SNAP-Ed activities at eligible sites and/or with eligible audiences. 2. On-time delivery, implementation, and evaluation of Project activities as scheduled in approved state plan and project work plan. 3. Project plan supports at least one State SNAP-Ed goal as selected by Subrecipient. 4. Demonstrates progress towards project objective(s), and additional project goal(s) determined by Subrecipient are demonstrated and reported. 5. Project maintains cost-effectiveness per current approved cost-effective measure provided by DOH or DSHS.	For the Period: 01/01/22 to 09/30/23 10/01/23 to 12/31/24 TBD Due: per the approved work plan and per the required due dates during the federal fiscal year, and no later than 09/30/23. 10/01/23 to 12/31/24 TBD.	Reimbursement upon on-time receipt and approval of acceptable deliverables/outcomes for the funding period will not exceed \$72,413 \$66,020. Lewis County Public Health will be paid the allowable costs incurred based on their approved budget and

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	approved by Department of Health (DOH).	MEASURE Sites and audiences included in Project by Subrecipient documented as approved eligible sites or audiences. Documented required reporting by Subrecipient of the delivery, implementation, and evaluation of approved Project activities in the required PEARS online reporting modules, where relevant to Project (Program Activities, PSE Site Activities, Indirect Activities, Coalitions, Partnerships, and Success Stories), and in a progress report form/system approved by DOH. Documented reviews of Subrecipient Project activities through required reporting and project and fiscal monitoring reviews and reports. Cost per reach meets current cost-effective measure when reviewed by DOH.		program allowability. See special billing requirements section. **NOTE: The DOH SNAP-Ed program will deny payment for any costs not submitted by the required due dates without prior DOH approval in writing.
1.1	Project Progress: Monitoring and Compliance For SNAP-Ed, the Subrecipient will demonstrate satisfactory progress of the approved Project as documented in DOH SNAP-Ed progress reports, progress reviews, and project and fiscal monitoring reports. Monitoring of Subrecipient Project progress includes but is not limited to the following activities: - one-on-one progress reviews with DOH, - progress reports submitted to DOH, - project monitoring completed with DOH or DSHS or USDA, and - project monitoring site visits completed by SNAP-Ed statewide initiative teams. Satisfactory progress of the Subrecipient's Project includes progress shown in the following areas and	- On-time delivery of proposed list of Project site(s) or audience(s) to DOH. - All sites and/or audiences are determined to be eligible per current SNAP-Ed eligibility guidance and DOH process before programming begins with site(s) or audience(s). - Demographic data of class participants is collected and reported for all direct education strategies. - On-time reporting of actual participant reach to DOH in approved method/form. - Intervention strategies implemented as planned or using approved alternate strategies. - Approved evaluation plans and methods implemented for the project (e.g. pre and post surveys for direct education; PSE assessments). - Evaluation results are used to report progress and outcomes of project, and to adapt the project as needed. - Strategy as feasible for working with one or more CSOs implemented and demonstrated to increase knowledge, awareness, or participation of SNAP-Ed eligible audience. - Strategy for promoting available Federal, state, or local fruit and vegetable incentive program(s) is implemented and demonstrated to increase knowledge, awareness, or	For the Period: 01/01/22 to 09/30/23 10/01/23 to 12/31/24 TBD Due: Progress reviews. Occur at minimum once a fiscal year, and no later than 09/30/23. 10/01/23 to 12/31/24 TBD. Due: Project monitoring. Occurs at minimum once within every other fiscal year. If project monitoring documents major deficiencies or corrective action, the Subrecipient will be monitored again within the fiscal year. Project monitoring can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties. Due: Fiscal monitoring. Each Subrecipient receives one (1) annual fiscal monitoring visit	See payment information as referenced in task number 1.0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	documented in reporting and/or monitoring completed: 1. Progress demonstrated in achieving goal(s) outlined in the project. 2. Progress demonstrated in achieving objective(s) outlined in the project's interventions. 3. Progress demonstrated in creating a sustainable project. 4. Progress demonstrated in engaging or involving the community in project planning, implementation, and/or evaluation. 5. Progress demonstrated in working with DSHS community services offices (CSOs). 6. Progress demonstrated in promoting available Federal, state, or local fruit and vegetable incentive programs to SNAP clients. 7. Progress demonstrated in using strategies that are evidence-based and delivered with fidelity, where applicable. 8. Compliance with current SNAP-Ed financial and cost policy guidance and 2 CFR 200 federal Uniform Administrative Requirements (OMB guidance).	participation of program(s) in SNAP-Ed eligible audience. 10. Direct education strategies only: Statewide SNAP-Ed Curriculum team or DOH monitoring reviews show education delivered with fidelity, with no major deficiencies. If major deficiencies documented, corrected properly within timeline required. 11. Compliance maintained with current SNAP-Ed financial and cost policy guidance, 2 CFR 200 federal Uniform Administrative Requirements (OMB guidance) and related DOH SNAP-Ed fiscal policy and procedures. MEASURE Progress reviews – documentation of one-on-one meeting(s) with DOH SNAP-Ed staff person(s) and Subrecipient completed in person, web conference, phone, or via email as needed. Documentation of progress review notes. Project monitoring – completed in person, web conference, phone, or via email as needed. Completion of on-site program observations where applicable. Completion of project monitoring report forms, with monitoring results documented and provided to Subrecipient. Fiscal monitoring – documentation of completed fiscal reviews scheduled by SNAP-Ed fiscal analyst or DOH fiscal monitoring unit, with corresponding reports where applicable. Fiscal monitoring completed in person, web conference, phone, or via email as needed.	every other year, unless Subrecipient monitoring results in corrective action or finding, in which case Subrecipient will be monitored again the following year. Fiscal monitoring can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties.	
2.0	Evaluation Data and Reports For SNAP-Ed, the Subrecipient will report progress of the approved project and work plan, including ongoing evaluation of the project and outcomes, using an approved form/system on a regular basis that will at a minimum include: 1. Progress reports 2. Reporting in PEARS online reporting system of all SNAP-Ed activities	On-time and correct submission of reporting, data, and materials for all SNAP-Ed funded activities implemented, including: 1. Progress for all intervention strategies reported for approved project plan. 2. All evaluation results reported for approved project plan (formative, process, outcome, qualitative, PSE). 3. Success stories reported for approved project plan describing progress or success of project activities, or positive change or improvement in SNAP-Ed eligible site(s) or audience(s). 4. Required release form(s) for all photos submitted.	For the Period: 01/01/22 to 09/30/23 10/01/23 to 12/31/24 TBD Progress Reports: Due at minimum quarterly, and no later than 10 calendar days after the end of the quarter, except for the last month of the FFY which is due by 9/15/22. If the 10th calendar day falls on a weekend day, the report is due the next business day.	See payment information as referenced in task number 1.0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	SNAP-Ed activities implemented and evaluation of the project and outcomes are reported in an online program evaluation and reporting system (PEARS) through the following required modules as appropriate for the approved project: Program Activity (direct education), Indirect Activity (health promotion, indirect education channels), PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing. The following evaluation activities and information are required based on the Subrecipient's approved project and work plan. • Formative evaluation • Process evaluation • Outcome evaluation • Qualitative evaluation • Evaluation of PSE strategies Please Note: the deliverables may change based on state SNAP-Ed Evaluation guidance, DSHS, or USDA requirements. Please Note: Topics included in Progress Report subject to change based on Department of Health (DOH), Department of Social and Health Services (DSHS), Washington SNAP-Ed (WA SNAP-Ed), or United States Department of Agriculture (USDA) Food and Nutrition Services (USDA) requirements.	5. Direct education strategies only: All required information for scheduled direct education lessons submitted to Statewide SNAP-Ed Curriculum team, using approved form/system, by dates required. On-time and correct submission of required evaluation data for direct education strategies into PEARS electronically, or using approved reporting method, according to time frame provided, including: 6. Direct education strategies only: Pre-test surveys for each project class series are entered into PEARS by Subrecipient no later than two weeks after completion of the pre-test survey. 7. Direct education strategies only: Post-test surveys for each project class series are entered into PEARS by Subrecipient no later than two weeks after completion of the post-test survey. 8. Direct education strategies only: Demographic cards for each class series are entered into PEARS by Subrecipient no later than two weeks after collection of the demographic cards. MEASURE Documentation showing completion of progress report and submission to DOH on or before the required due dates, or by approved extension date. Completion of required evaluation data in progress reports and PEARS electronically, or using approved reporting method/form, on or before the required due dates, or by approved extension date. Direct education strategies only: 1. Entry of required SNAP-Ed participant surveys into PEARS using DOH approved method, on or before the required due dates or by approved extension date. 2. Completion of required evaluation data into PEARS electronically, or using approved reporting method, on or before the required due dates for data entry, or by approved extension date.	• 1st Progress report due 1/1/22 • 2nd Progress report due 4/12/22 • 3rd Progress report due 7/12/22 • Final Progress report due 9/15/22 or follow close-out procedures. • FFY 23-24 TBD PEARS: Project evaluation and reporting required between 10/1/21 to 9/15/22. • Direct education strategies only: PEARS Program Activities module updated with completed activities no later than two (2) weeks after services are provided. • Due: PEARS Indirect Activities, PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing modules completed no later than the last business day of the month following when the activity took place, except for the last month of the FFY which is due by 9/15/22. • Jan 2022 by 2/26/22 • Feb 2022 by 3/31/22 • Mar 2022 by 4/30/22 • Apr 2022 by 5/31/22 • May 2022 by 6/30/22 • Jun 2022 by 7/30/22 • Jul 2022 by 8/31/22 • Aug 2022 by 9/15/22	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			- Final data entry for all activities not already reported, due by 9/15/22, or follow close-out schedule. - FFY23-24 TBD SNAP-Ed Direct education conducted between 01/01/22 and 9/15/22. FFY23-24 TBD Direct education strategies only: Completed Pre- and post-test surveys are entered into PEARS database by Subrecipient no later than two weeks after completion of the survey. All completed pre- and post-test surveys must be entered by Subrecipient, no later than COB 9/15/22, or follow close-out schedule.	
3.0	Civil Rights Training All SNAP-Ed funded staff must complete training each fiscal year in civil rights. *See special requirements section- Civil Rights Documentation must include: - Training and source - Who attended - Date completed Other Required Training and Meetings The following trainings or meetings are required for all <u>Subrecipients</u> when provided by DOH or WA SNAP-Ed for the staff listed. Unless more staff attendance is required, minimum of one (1) staff person required to attend to satisfy requirements. Multiple staff may attend if costs for attendance are covered in Subrecipient's annual budget.	On-time completion of an approved Civil Rights training for all SNAP-Ed funded staff. MEASURE Submission of documentation showing completed Civil Rights training for all SNAP-Ed funded staff on or before the required due date.	For the Period: 01/01/22 to 09/30/23 10/01/23 to 12/31/24 TBD Due: 01/01/22 for all SNAP-Ed funded staff. FFY23-24 TBD. New hires to complete within 30 days of hire.	See payment information as referenced in task number 1.0
3.1		On-time completion of all required trainings by required SNAP-Ed staff. Attendance of required or appropriate staff person(s) at all required meetings. Demonstration of satisfactory understanding of the information and concepts included in required trainings. SNAP-Ed Curriculum: On-time completion of required training for specific curriculum to be used in direct education strategy by project coordinator or qualified designated staff	For the Period: 01/01/22 to 09/30/23 10/01/23 to 12/31/24 TBD Fiscal: Annually, and no later than March 31, 2022. FFY23-24 TBD. SNAP-Ed Curriculum: New direct education staff trained within 30 days for specific curriculum to be used in direct	See payment information as referenced in task number 1.0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Fiscal training – fiscal agent or project coordinator, whoever is most responsible for creating and monitoring budget, procurements, invoices, budget decisions, or budget amendments for the SNAP-Ed program. Food handler training – all staff who will handle, prepare, cook, assemble, and/or serve food or drink to participants or the public. Training on data collection and reporting – project coordinator or any staff person responsible for collecting, reporting, or entering SNAP-Ed related data. Regional meeting(s), when provided – project coordinator or any qualified designated staff person. Annual State SNAP-Ed forum, when provided – project coordinator or any qualified designated staff person. SNAP-Ed Curriculum training (either in person or online) (only required for direct education strategies) – project coordinator or qualified designated staff person responsible for delivering SNAP-Ed curricula to SNAP-Ed eligible audience. SNAP-Ed Systems Approaches for Healthy Communities training (online or in person, when provided) – project coordinator and all staff involved in planning, implementing, and evaluating SNAP-Ed project activities. Project coordinator meetings (conference calls or in person) – project coordinator or qualified designated staff person.	person responsible for delivering SNAP-Ed curricula to SNAP-Ed eligible audience. Food handler training: Completion of a Washington State authorized food handler or food worker training by all staff who will handle and serve food to the public. Coordinator meetings: Attendance of project coordinator or qualified, designated staff person to at least 50% of all coordinator meetings provided. Regional meetings: Attendance of project coordinator or qualified, designated staff person to at least 50% of all regional meetings provided. State Forum: Attendance of project coordinator or qualified, designated staff person to all state forums provided. SNAP-Ed Systems Approaches for Healthy Communities: Demonstrate satisfactory understanding of the information and concepts included in the training. Satisfactory application of knowledge and skill learned from training to SNAP-Ed project, as needed. If required meeting or training is <u>not provided</u>, Subrecipient is not required to make up requirements for attendance and will be in compliance. Attendance at required meetings and completion of required trainings required only when provided. MEASURE Documentation showing required person(s) and date(s) of attendance for all web-based and in-person required meetings. Documentation showing required person(s); date(s) of attendance; and, completion of training for all web-based and in-person required trainings. Documentation of satisfactory understanding gained from required trainings, and application of applicable knowledge and skills in progress reviews and/or monitoring reports.	education strategy, or before providing SNAP-Ed direct education activities to SNAP-Ed audience. Project coordinator or qualified designated staff person to complete additional SNAP-Ed Curriculum training when new information is provided for specific curriculum to be used in direct education strategy. Data collection and reporting: Annually, or more often as needed. If approved data collection system changes, every SNAP-Ed funded staff member entering data will be required to complete training on any new expectations or system changes on the day of, or within 30 days of when the training is provided. Annual Forum: Annually, when provided, and no later than 9/30/22. FFY23-24 TBD Coordinator meetings: Completed on dates scheduled by DOH, when provided. Regional meetings: Completed on dates scheduled by DOH, when provided. SNAP-Ed systems approaches training online: All SNAP-Ed funded staff with programmatic responsibilities will complete at least once. Current staff who have not taken this training will complete by September 30, 2022. New hires (defined as May 1, 2022 forward)	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			to take within 6 months of start date.	
4.0	SNAP-Ed Inventory SNAP-Ed Subrecipients are required by regulation to keep an up-to-date inventory list that includes all non-capital equipment, approved capital equipment, purchased curriculum, and other SNAP-Ed purchased items that are not disposable. This list should include items purchased in prior fiscal years still in use and in possession of the Subrecipient. This list should be updated per the due dates required. Agencies are required to follow the DOH SNAP-Ed Inventory policy and procedure. *See special requirements section - Monitoring	On-time updates to SNAP-Ed inventory list. - Inventory list updated per due dates required. - Inventory list contains complete list of all items purchased with SNAP-Ed funds in current fiscal year and previous fiscal years still in use and in possession of the Subrecipient. MEASURE Completed documentation showing updated SNAP-Ed inventory using approved form/system provided.	For the Period: 01/01/22 to 09/30/23 10/01/23 to 12/31/24 TBD Due: Inventory list is required to be updated at minimum annually and no later than 9/15/22. FFY23-24 TBD. At the time of a fiscal or project monitoring review, or when requested, an up-to-date inventory list must be made available.	See payment information as referenced in task number 1.0
5.0	SNAP-Ed A19 Invoices Subrecipients must use the A19 invoice form specific to the DOH SNAP-Ed program. This document will be sent to all Subrecipients prior to October 31st of the current fiscal year.	On-time delivery of correct completion of SNAP-Ed A19 invoices, using the current form for the fiscal year. On-time delivery of detailed ledger supporting the costs to be reviewed by SNAP-Ed program via the most current submission procedure before approval of payment. Complete documentation of all actual costs incurred shall be accompanied by the Subrecipient's financial system report. If Subrecipient does not have a financial reporting system, the Subrecipient must check with the DOH SNAP-Ed program for further guidance. MEASURE SNAP-Ed invoices (A19) with all documented costs and any required accompanying materials received at DOH by due dates required, or by approved extension date.	For the Period: 01/01/22 to 09/30/23 10/01/23 to 12/31/24 TBD Due: Monthly - Submit invoices to DOH no later than 30 calendar days after the end of the preceding month. (E.g., October A19 invoice submitted no later than November 30) - o January: 2/28/22 - o February: 3/30/22 - o March: 4/30/22 - o April: 5/30/22 - o May: 6/30/22 - o June: 7/30/22 - o July: 8/30/22 - o August: 9/30/22 Final invoice is due November 30th, 2022 or follow close-out schedule. FFY23-24 TBD. Or	See payment information as referenced in task number 1.0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			*If pre-approved in writing by DOH, agencies can submit invoices every two months. Upon approval, a list of submission dates will be provided.	

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

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

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent. To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements/Narrative

- Contractor shall ensure, and shall require of its subcontractor, that services provided by the subcontractor are provided in accordance with the terms and conditions of the Contract; and Contractor is responsible for the acts and omissions of the subcontractor.
- Contractor shall ensure that the subcontractor and subcontractor's staff who will have unsupervised access to children or vulnerable adults served under the Contract have each completed and received a satisfactory background check before providing services to DSHS clients, as required under the Contract.
- Contractor shall ensure that the subcontractor has and maintains insurance with the same types and limits of coverage as required of the Contractor under the Contract.
- Contractor is responsible to ensure that all terms, conditions, assurances, and certifications set forth in this Contract are included in the subcontract, including all confidentiality and data security requirements.
- All contract terms in the above-referenced contract remain in full force and effect and nothing in this Checklist shall be construed as waiver of terms in the above-referenced Contract.

Contract Noncompliance and Corrective Action (see CFR § 200.338 Remedies for noncompliance)

The Subrecipient must meet the required set of acceptable deliverables/outcomes and adhere to contractual obligations. The contract's acceptable deliverables/outcomes along with specified due dates will be determined by the DOH SNAP-Ed program and provided to the Subrecipient in writing. Based on contract performance (as documented in progress reviews, progress reports, project monitoring reports, and fiscal monitoring reports) and after implementation of other specific conditions as appropriate listed in CFR § 200.207 - Specific conditions (see <https://www.govregs.com/regulations/2/200.207>), DOH reserves the right to withhold up to 10% of funds from the next applicable payment to the Subrecipient for deliverables/outcomes that are documented as consistently incomplete; continually late (without approved extension by DOH in writing); found to be unacceptable or unsatisfactory according to the standards of acceptable deliverables/outcomes outlined in the Statement of Work; or, not carried out sufficiently or consistently and documented as such. After DOH SNAP-Ed provides documentation of the issue(s) and outlines the appropriate corrective action in writing, and with approval from the DOH SNAP-Ed program manager, the first withholding of funds up to 10% would occur one time and allow 60 days for the appropriate corrective action to be completed by the Subrecipient. If satisfactory corrective action is completed within 60 days, the funds withheld will be released to the Subrecipient. If satisfactory corrective action does not take place within 60 days, up to 5% of funds will be withheld from each subsequent monthly payment until the appropriate corrective action is completed. If satisfactory corrective action is completed after the 60-day window, the initial 10% of funds withheld will not be provided as reimbursement to the Subrecipient as penalty. The subsequent monthly withholdings (of up to 5% per month) will be reimbursed to the Subrecipient upon satisfactory completion of the corrective action. The Subrecipient may request reconsideration by submitting a letter to Washington Department of Health SNAP-Education, PO Box 47886, Olympia, WA 98504-7886, or in writing via email to snap-ed@doh.wa.gov.

All invoices must be approved by DOH prior to payment; approval will not be unreasonably withheld. DOH will authorize payment only upon satisfactory and on-time completion of acceptance deliverables/outcomes and for allowable costs as outlined in the SNAP-Ed federal guidance, statement of work, state plan, and/or budget. DOH will return all incorrect or incomplete invoices and will not pay for services that occur outside the period of performance or that are deemed unallowable costs.

Additional Details Regarding Deliverables

Required deliverables for SNAP-Ed reporting will depend on approved SNAP-Ed plan activities for each Subrecipient, e.g. if direct education is not an approved plan activity for a Subrecipient, submission of pre/post surveys is not a required deliverable for that Subrecipient. To attend required trainings during fiscal year, the Subrecipient must use the travel funds within their current allotted budget to send the minimum number of one (1) staff person to the required training. The Subrecipient may request additional travel funds from DOH for required training(s) if necessary and if funds are available.

Monitoring Expectations

The Subrecipient's premises and records will be made available upon request to DOH, DSHS, and USDA staff for the purposes of observing project activities and reviewing for project and fiscal compliance. All non-capital equipment, capital equipment, reusable educational materials and supplies, and any non-disposable items purchased using SNAP-Ed funds should be tracked in an inventory list and available for review upon request. Based on fiscal and project monitoring results or findings, additional monitoring during the fiscal year may be required at the discretion of the DOH SNAP-Ed program, DOH fiscal analyst, or DOH fiscal monitoring unit. Completed project and fiscal monitoring reports with suggestions, observations, comments, feedback, findings, and/or corrective action will be kept on file at DOH and shared with Subrecipients regularly and by request.

Staff Requirements

Upon request by DOH, the Subrecipient must demonstrate that SNAP-Ed staff meet requirements appropriate to their positions including but not limited to: background checks, food handlers' permits, qualifications, and training required by DOH.

Project Coordinator Requirements

The Subrecipient must maintain a SNAP-Ed project coordinator. The project coordinator is the main contact between Department of Health SNAP-Ed team and the Subrecipient. DOH SNAP-Ed expectations for the project coordinator responsibilities include:

- Ensure all contract deliverables are met.
- Coordinate the planning, implementation, evaluation, and reporting of all parts of the approved project plan.
- Comply with and remain knowledgeable about all WA SNAP-Ed and DOH SNAP-Ed policies and procedures.
- Comply with and remain knowledgeable about the National SNAP-Ed Guidance.
- Ensure staff and any sub-Subrecipients funded through this contract stay informed of current and new SNAP-Ed policies, and are held accountable to policies when needed.
- Ensure staff and any sub-Subrecipients meet requirements appropriate to their positions, including but not limited to: background checks, food handlers' permits, and trainings required by WA SNAP-Ed and DOH.
- Attend, or designate and send qualified staff member as proxy to, required DOH and State SNAP-Ed meetings and trainings.
- Monitor or maintain knowledge of project budget status, including estimated spend out and total dollars spent to date.
- Submit plan and budget amendments for approval as outlined in the current year's policy and procedures.
- Coordinate the on-time completion of all data entry and reporting.
- Ensure photo and media release forms are obtained for persons featured in SNAP-Ed programming photographs or videos.

Communication Requirements

The Subrecipient must maintain communication with DOH SNAP-Ed. Communication required between DOH SNAP-Ed and the Subrecipient will not be unreasonable or excessive. DOH SNAP-Ed expectations for communication include:

- Submit updates to DOH following any change in contact information for the project coordinator, fiscal agent, contract signatory, or any SNAP-Ed funded staff within 10 business days of the change.
- Be available for regular and intermittent meetings, both in person and phone, with DOH SNAP-Ed as agreed upon or as needed.
- Respond to all DOH and SNAP-Ed Statewide initiative requests within the timeline requested.

- Maintain or obtain an internet connection for communication with DOH, for access to DOH SharePoint webpages, to view updates and messages from Washington SNAP-Ed through the WA SNAP-Ed Providers website, and for reliable reporting of SNAP-Ed activities. If reliable internet connection cannot be secured, the Subrecipient and DOH SNAP-Ed will agree on a plan for necessary communication, data entry, and reporting.
- Obtain a Secure Access Washington (SAW) account to access DOH SNAP-Ed SharePoint webpages.

SNAP-Ed Assurances:

The following assurances must be followed (see program Guidance <https://snaped.fns.usda.gov/program-administration/guidance-and-templates>)

- The Subrecipient is fiscally responsible for activities funded with Supplemental Nutrition Assistance Program Education funds and is liable for repayment of unallowable costs.
- Programming is provided to approved SNAP-Ed eligible audiences.
- Only expanded or additional coverage of those activities funded under the Expanded Food and Nutrition Education Program (EFNEP) may be claimed under the SNAP-Ed grant. Approved activities are those designed to expand the State's current EFNEP coverage in order to serve additional SNAP-Ed targeted individuals. In no case may activities funded under the EFNEP grant be included in the budget for SNAP-Ed.
- Contracts are procured through competitive bid procedures governed by State procurement regulations.
- Program activities are conducted in compliance with all applicable Federal laws, rules, and regulations including Civil Rights and OMB regulations governing cost issues.
- Program activities do not supplant existing nutrition education and obesity prevention programs, and where operating in conjunction with existing programs, enhance as well as supplement them. This applies to all activities and costs under the Federal budget.
- Program activities are reasonable and necessary to accomplish SNAP-Ed objectives and goals.
- All materials developed with SNAP-Ed funds include the appropriate USDA non-discrimination statement and credit SNAP as a funding source in standard font that is easily readable.

SNAP-Ed Statewide Initiatives

Subrecipients are expected to communicate with, respond to, and comply with requests, guidance, requirements, and/or on-site visits from all contracted SNAP-Ed statewide initiative entities.

Any SNAP-Ed curriculum modifications should be developed and executed based on the most current Guidance for Curriculum Modification, found under “[Guidance and Process](#)” on WA SNAP-Ed Providers website. Subrecipients must consult DOH SNAP-Ed as directed.

After notification to the DOH SNAP-Ed implementing agency, the Subrecipient may adjust or deny requests, requirements, and/or site visits from any contracted SNAP-Ed statewide initiative entities if said request, requirement, and/or site visit is deemed unreasonable, burdensome, unnecessarily costly, or inequitable after appropriate consideration and deliberation between the Subrecipient, DOH SNAP-Ed, and the contracted SNAP-Ed statewide initiative entity/entities; and, when necessary, DSHS. After appropriate consideration and deliberation, the resulting decision about whether or not the Subrecipient must comply or can adjust or deny a specific will be provided in writing to the Subrecipient from DOH SNAP-Ed and/or DSHS.

Health and Safety

Subrecipients are not required to work under conditions that could endanger their health, safety, or well-being. Additionally, Subrecipients should ensure they are not putting any SNAP-Ed audience or community members in situations that could endanger their health, safety, or well-being. Participation in SNAP-Ed by the SNAP-Ed audience is voluntary. If an activity is deemed unsafe, Subrecipients must adapt activities as needed to allowable and safe alternatives. For a given situation, all Subrecipients and SNAP-Ed activities should follow current health and safety laws, regulation and guidance from the designated authorities in the applicable city/town, county, state, and/or the related federal authority, e.g. CDC, USDA. If Subrecipient is unable to adapt activities as needed to safe, allowable alternatives within their allocation, funding for the current fiscal year may change after sufficient and acceptable technical assistance between Subrecipient and DOH SNAP-Ed and after prior written notification to the Subrecipient. Any change in annual funding due to inability to adapt project activities as needed to safe, allowable alternatives will not be a permanent change in annual funding, unless accompanied by actions outlined under the ‘Contract Noncompliance and Corrective Action’ section.

Audits

The Subrecipient must make State financial and program audits or reviews conducted by other entities available to the DOH, DSHS, USDA, or its designee.

Indirect Rate/Allocation Plan

All indirect rate/allocation plans must be submitted and preapproved by the DOH grants office and the DOH SNAP-Ed program. The Subrecipient is responsible for ensuring that indirect costs included in the Subrecipient's SNAP-Ed plan and budget are supported by an indirect rate and/or cost allocation plan approved by the appropriate agency. The Subrecipient cannot bill indirect costs that are determined to be unacceptable and will be disallowed.

Annual Civil Rights Training Requirement (see USDA Instruction Number 113-1 Chapter XI) <http://www.fns.usda.gov/sites/default/files/113-1.pdf> "Training is required so that people involved in all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures, and directives. Local agencies are responsible for training their sub recipients, including 'frontline staff.' 'Frontline staff' who interact with program applicants or participants, and those persons who supervise 'frontline staff' must be provided civil rights training on an annual basis."

Records Maintenance - Record Retention and Management - State Agency and All Subrecipients 7CFR 272.2

DOH SNAP-Ed regulations require that all records related to the SNAP-Ed program be retained for six (6) years from fiscal closure. This requirement applies to fiscal documentation and procurement records, contract related documents and emails, progress reports, monitoring reports, and SNAP-Ed client information (pre/post surveys, demographic cards, etc.). Supporting documentation may be kept at the Subrecipient level, but shall be available for review within six years from the date of the last quarterly claim submittal. Any costs that cannot be substantiated by source documents will be disallowed as charges to SNAP-Ed.

Travel

The Subrecipient is expected to comply with the Office of Financial Management's Travel Management Requirement and Restrictions as found in policy 10.10 (<http://www.ofm.wa.gov/policy/10.htm>), with the travel requirements found in the current year's SNAP-Ed federal guidance, and with any travel related DOH SNAP-Ed policy and procedures. If the Subrecipient organization's travel related policy and procedures are in conflict with any of the aforementioned travel related federal or state policies and procedures, the Subrecipient organization will follow the stricter of the travel related policy and procedures unless otherwise approved and allowable by DOH or higher authority.

Amendments

Subrecipients should check the current year's federal SNAP-Ed guidance, the current year's DOH SNAP-Ed budget amendment guidance, and/or with a DOH SNAP-Ed program consultant to know what changes they can make on their own and what changes require an amendment and pre-approval in writing. Notify DOH staff prior to implementing amendments that significantly change the scope or direction of the approved project plan, including creating new or completely ending interventions, or adding different recruitment or delivery sites for reaching SNAP eligible population. Following the current year's guidance when required, subrecipients must submit a written plan amendment or written budget amendment request to DOH, and receive written approval from DOH, prior to making any changes within their project or budget and prior to making any purchases included within the amendment. Any requests needing USDA approval must be submitted to DOH no later than April 1st of each fiscal year, or no later than date specified by USDA, DSHS, or DOH. Following the current year's guidance when required, if Subrecipients submit plan or budget no cost amendments that do not require DSHS or USDA approval, DOH can review those and make approvals on a case by case basis during the federal fiscal year following the current year's guidance when required. All cost amendments that do not require DSHS or USDA approval should be submitted to DOH no later than July 16th of each fiscal year.

Overtime

Staff overtime is not billable in the DOH SNAP-Ed program unless it has been reviewed by the DOH SNAP-Ed program in advance and approved in writing.

Special Funding Requirements

Payment for deliverables as specified herein is dependent on receipt of funding from the USDA funding sources. In the event funding is not received, DOH is under no obligation to make payments for the deliverables as specified. If funding is reduced or limited in any way after the effective date of this contract and prior to normal completion, DOH may terminate task(s), remove funds, or reallocate funds at DOH's discretion under new funding limitations and conditions. DOH will make payments only upon the receipt of the funding. DOH will notify the Subrecipient within 10 working days upon notice by the funding source of funding availability.

Special Billing Requirements

1. All invoices, billing, and reimbursements must be in compliance with all applicable Federal laws, rules, regulations including the current year SNAP-Ed Guidance and OMB circulars governing cost issues.

2. Total costs billed will not exceed the USDA-approved budget amount listed in the box below.
 - Bills must be for only SNAP-Ed specific activities, using a DOH A19-1A Invoice voucher.
 - A SNAP-Ed specific A19-1A must be submitted to the subrecipient's designated DOH SNAP-Ed staff member within 30 days of the last day of the month for which the work is being billed, OR
 - A Subrecipient may request pre-approval to bill every 2 months instead, in which case, that Subrecipient is required to adhere to the billing due dates provided by DOH.
3. The SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval. If for ANY reason a Subrecipient is unable to submit the SNAP-Ed A-19-1A on the due date, the Subrecipient is required to submit a request for an exception to the DOH no later than 7 days prior to due date to the DOH SNAP-Ed program. The SNAP-Ed program reserves the right and responsibility to either approve or deny the request for an exception and will reply to the request.
4. Supporting documentation for each month must be submitted with each SNAP-Ed A19-1A.
 - At the very least this means a copy of a Subrecipient's financial expanded/detailed general ledger level report.
 - Additionally, all receipts, timerecards and other supporting documentation, as noted by USDA, must be available upon request.
5. If a Subrecipient meets one of the criteria below, they will need to submit all SNAP-Ed backup documentation with each bill and this requirement will continue until further notice by DOH.
 - All new SNAP-Ed Subrecipients within their 1st fiscal year.
 - Subrecipients with current fiscal findings.
 - Subrecipients who have not submitted adequate or accurate backup documentation within the last year.
 - Subrecipients who receive a rating of "High" from the DOH Federal Subrecipient Risk Assessment Tool.

BUDGET	
Source	Amount
USDA	~~\$72,413~~ \$66,020