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

**CONTRACT NUMBER: CLH31017** **AMENDMENT NUMBER: 9**

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

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

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

   ☐ Adds Statements of Work for the following programs:

   ☒ Amends Statements of Work for the following programs:

   DCHS-ELC COVID-19 Response - Effective January 1, 2022
   Executive Office of Resiliency and Health Security-PHEP - Effective July 1, 2022
   Foundational Public Health Services (FPHS) - Effective January 1, 2022
   Office of Immunization Regional Representatives - Effective July 1, 2022
   Supplemental Nutrition Assistance Program-Education - Effective January 1, 2022

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-9 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-8 Allocations as follows:

   ☒ Increase of **$5,236** for a revised maximum consideration of **$4,667,092**.

   ☐ Decrease of _____for a revised maximum consideration of _____.

   ☐ No change in the maximum consideration of _____.
   Exhibit B Allocations are attached only for informational purposes.

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

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

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

| LEWIS COUNTY PUBLIC HEALTH & SOCIAL SERVICES DEPARTMENT | STATE OF WASHINGTON DEPARTMENT OF HEALTH |
|---|---|
| Signature: | Signature: |
| Date: | Date: |

APPROVED AS TO FORM ONLY Assistant Attorney General

**Lewis County Public Health & Social Services Department**

**EXHIBIT B-9**
**ALLOCATIONS**
**Contract Term: 2022-2024**

**Contract Number:** **CLH31017**
**Date:** **October 1, 2022**

**Indirect Rate January 1, 2022 through December 31, 2022: 22.48%**

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | Assist List #* | BARS Revenue Code** | Statement of Work LHJ Funding Period Start Date | Statement of Work LHJ Funding Period End Date | DOH Use Only Chart of Accounts Funding Period Start Date | DOH Use Only Chart of Accounts Funding Period End Date | Amount | Funding Period SubTotal | Chart of Accounts Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| FFY23 USDA BFPC Prog Mgmt | NGA Not Received | Amd 8 | 10.557 | 333.10.55 | 10/01/22 | 12/31/22 | 10/01/22 | 12/31/22 | $14,958 | $14,958 | $60,429 |
| FFY22 USDA BFPC Prog Mgmt | 7WA700WA1 | Amd 5 | 10.557 | 333.10.55 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | $1,793 | $45,471 | |
| FFY22 USDA BFPC Prog Mgmt | 7WA700WA1 | Amd 2 | 10.557 | 333.10.55 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | $4,487 | | |
| FFY22 USDA BFPC Prog Mgmt | 7WA700WA1 | Amd 1 | 10.557 | 333.10.55 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | $39,191 | | |
| FFY23 USDA WIC Client Svs Contracts | NGA Not Received | Amd 1 | 10.557 | 333.10.55 | 10/01/22 | 09/30/23 | 10/01/22 | 09/30/23 | $107,650 | $107,650 | $466,433 |
| FFY22 USDA WIC Client Svs Contracts | 7WA700WA7 | Amd 5 | 10.557 | 333.10.55 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | $33,383 | $358,783 | |
| FFY22 USDA WIC Client Svs Contracts | 7WA700WA7 | Amd 1 | 10.557 | 333.10.55 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | $325,400 | | |
| FFY22 USDA FMNP Prog Mgmt | 7WA810WA7 | Amd 4 | 10.572 | 333.10.57 | 05/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | $817 | $817 | $817 |
| **FFY23 IAR SNAP Ed Prog Mgnt-Region 5** | **NGA Not Received** | **Amd 9** | **10.561** | **333.10.56** | **10/01/22** | **09/30/23** | **10/01/22** | **09/30/23** | **$158,994** | **$158,994** | **$225,014** |
| FFY22 IAR SNAP Ed Prog Mgnt-Region 5 | 207WAWA5Q3903 | Amd 7 | 10.561 | 333.10.56 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | ($6,393) | $66,020 | |
| FFY22 IAR SNAP Ed Prog Mgnt-Region 5 | 207WAWA5Q3903 | Amd 4 | 10.561 | 333.10.56 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | $33,907 | | |
| FFY22 IAR SNAP Ed Prog Mgnt-Region 5 | 207WAWA5Q3903 | Amd 1 | 10.561 | 333.10.56 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | $38,506 | | |
| FFY22 PHEP BP4 LHJ Funding | NU90TP922043 | Amd 7 | 93.069 | 333.93.06 | 07/01/22 | 06/30/23 | 07/01/22 | 06/30/23 | $61,237 | $61,237 | $85,732 |
| FFY21 PHEP BP3 LHJ Funding | NU90TP922043 | Amd 2 | 93.069 | 333.93.06 | 01/01/22 | 06/30/22 | 07/01/21 | 06/30/22 | $24,495 | $24,495 | |
| COVID19 Vaccines | NH23IP922619 | Amd 4 | 93.268 | 333.93.26 | 01/01/22 | 06/30/24 | 07/01/20 | 06/30/24 | $244,399 | $244,399 | $244,399 |
| COVID19 Vaccines R4 | NH23IP922619 | Amd 1 | 93.268 | 333.93.26 | 01/01/22 | 06/30/24 | 07/01/20 | 06/30/24 | $362,090 | $362,090 | $362,090 |
| FFY23 PPHF Ops | NH23IP922619 | Amd 7 | 93.268 | 333.93.26 | 07/01/22 | 06/30/23 | 07/01/22 | 06/30/23 | $500 | $500 | $1,000 |
| FFY22 PPHF Ops | NH23IP922619 | Amd 3 | 93.268 | 333.93.26 | 01/01/22 | 06/30/22 | 07/01/21 | 06/30/22 | $500 | $500 | |
| FFY23 VFC IQIP | NH23IP922619 | Amd 7 | 93.268 | 333.93.26 | 07/01/22 | 06/30/23 | 07/01/22 | 06/30/23 | $45,938 | $45,938 | $79,273 |
| FFY22 VFC IQIP | NH23IP922619 | Amd 3 | 93.268 | 333.93.26 | 01/01/22 | 06/30/22 | 07/01/21 | 06/30/22 | $33,335 | $33,335 | |
| FFY23 VFC Ops | NH23IP922619 | Amd 7 | 93.268 | 333.93.26 | 07/01/22 | 06/30/23 | 07/01/22 | 06/30/23 | ($5,715) | $0 | $9,119 |
| FFY23 VFC Ops | NH23IP922619 | Amd 5 | 93.268 | 333.93.26 | 07/01/22 | 06/30/23 | 07/01/22 | 06/30/23 | $5,715 | | |
| FFY22 VFC Ops | NH23IP922619 | Amd 3 | 93.268 | 333.93.26 | 01/01/22 | 06/30/22 | 07/01/21 | 06/30/22 | $3,404 | $9,119 | |
| FFY22 VFC Ops | NH23IP922619 | Amd 2 | 93.268 | 333.93.26 | 01/01/22 | 06/30/22 | 07/01/21 | 06/30/22 | $5,715 | | |
| FFY19 COVID CARES | NU50CK000515 | Amd 2 | 93.323 | 333.93.32 | 01/01/22 | 04/22/22 | 04/23/20 | 07/31/24 | $12,420 | $12,420 | $12,420 |
| FFY19 ELC COVID Ed LHJ Allocation | NU50CK000515 | Amd 5 | 93.323 | 333.93.32 | 01/01/22 | 10/18/22 | 05/19/20 | 10/18/22 | $588 | $588 | $588 |
| FFY19 ELC COVID Ed LHJ Allocation | NU50CK000515 | Amd 4 | 93.323 | 333.93.32 | 01/01/22 | 10/18/22 | 05/19/20 | 10/18/22 | ($138,413) | $0 | |
| FFY19 ELC COVID Ed LHJ Allocation | NU50CK000515 | Amd 2 | 93.323 | 333.93.32 | 01/01/22 | 10/18/22 | 05/19/20 | 10/18/22 | $138,413 | | |

**Lewis County Public Health & Social Services Department**

**EXHIBIT B-9**
**ALLOCATIONS**
**Contract Term: 2022-2024**

**Contract Number:** **CLH31017**
**Date:** **October 1, 2022**

**Indirect Rate January 1, 2022 through December 31, 2022: 22.48%**

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | Assist List #* | BARS Revenue Code** | Statement of Work LHJ Funding Period Start Date | Statement of Work LHJ Funding Period End Date | DOH Use Only Chart of Accounts Funding Period Start Date | DOH Use Only Chart of Accounts Funding Period End Date | Amount | Funding Period SubTotal | Chart of Accounts Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| FFY20 ELC EDE LHJ Allocation | NU50CK000515 | Amd 7, 9 | 93.323 | 333.93.32 | 01/01/22 | 07/31/23 | 01/15/21 | 07/31/24 | ($31,273) | $953,826 | $953,826 |
| FFY20 ELC EDE LHJ Allocation | NU50CK000515 | Amd 5, 9 | 93.323 | 333.93.32 | 01/01/22 | 07/31/23 | 01/15/21 | 07/31/24 | $3,906 | | |
| FFY20 ELC EDE LHJ Allocation | NU50CK000515 | Amd 4, 9 | 93.323 | 333.93.32 | 01/01/22 | 07/31/23 | 01/15/21 | 07/31/24 | ($199,903) | | |
| FFY20 ELC EDE LHJ Allocation | NU50CK000515 | Amd 2, 9 | 93.323 | 333.93.32 | 01/01/22 | 07/31/23 | 01/15/21 | 07/31/24 | $1,181,096 | | |
| FFY23 MCHBG LHJ Contracts | NGA Not Received | Amd 7 | 93.994 | 333.93.99 | 10/01/22 | 09/30/23 | 10/01/22 | 09/30/23 | $84,217 | $84,217 | $149,083 |
| FFY22 MCHBG LHJ Contracts | B04MC45251 | Amd 4 | 93.994 | 333.93.99 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | $1,703 | $64,866 | |
| FFY22 MCHBG LHJ Contracts | B04MC45251 | Amd 1 | 93.994 | 333.93.99 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | $63,163 | | |
| GFS-Group B (FO-SW) | | Amd 1 | N/A | 334.04.90 | 01/01/22 | 06/30/22 | 07/01/21 | 06/30/22 | $25,877 | $25,877 | $25,877 |
| FPHS-LHJ-Proviso (YR2) | | Amd 6 | N/A | 336.04.25 | 07/01/22 | 06/30/23 | 07/01/21 | 06/30/23 | $1,401,000 | $1,401,000 | $1,974,242 |
| FPHS-LHJ-Proviso (YR2) | | Amd 7 | N/A | 336.04.25 | 07/01/22 | 06/30/23 | 07/01/21 | 06/30/23 | ($727,000) | $0 | |
| FPHS-LHJ-Proviso (YR2) | | Amd 1 | N/A | 336.04.25 | 07/01/22 | 06/30/23 | 07/01/21 | 06/30/23 | $727,000 | | |
| **FPHS-LHJ-Proviso (YR1)** | | **Amd 9** | **N/A** | **336.04.25** | **01/01/22** | **06/30/22** | **07/01/21** | **06/30/23** | **($153,758)** | **$573,242** | |
| FPHS-LHJ-Proviso (YR1) | | Amd 1 | N/A | 336.04.25 | 01/01/22 | 06/30/22 | 07/01/21 | 06/30/23 | $727,000 | | |
| YR24 SRF - Local Asst (15%) (FO-SW) SS | | Amd 7 | N/A | 346.26.64 | 01/01/22 | 12/31/22 | 07/01/21 | 06/30/23 | ($1,250) | $6,750 | $6,750 |
| YR24 SRF - Local Asst (15%) (FO-SW) SS | | Amd 1 | N/A | 346.26.64 | 01/01/22 | 12/31/22 | 07/01/21 | 06/30/23 | $8,000 | | |
| YR24 SRF - Local Asst (15%) (FO-SW) TA | | Amd 7 | N/A | 346.26.66 | 01/01/22 | 12/31/22 | 07/01/21 | 06/30/23 | $8,000 | $10,000 | $10,000 |
| YR24 SRF - Local Asst (15%) (FO-SW) TA | | Amd 1 | N/A | 346.26.66 | 01/01/22 | 12/31/22 | 07/01/21 | 06/30/23 | $2,000 | | |
| **TOTAL** | | | | | | | | | **$4,667,092** | **$4,667,092** | |

| | | | |
|---|---|---|---|
| **Total consideration:** | **$4,661,856** | | **GRAND TOTAL** **$4,667,092** |
| | **$5,236** | | |
| **GRAND TOTAL** | **$4,667,092** | | **Total Fed** **$2,650,223** |
| | | | **Total State** **$2,016,869** |

*Catalog of Federal Domestic Assistance
**Federal revenue codes begin with "333". State revenue codes begin with "334".

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

**DOH Program Name or Title:** DCHS - ELC COVID-19 Response - Effective January 1, 2022

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

**Contract Number:** CLH31017

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

**Period of Performance:** January 1, 2022 through July 31, 2023

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient<br>☐ State<br>☐ Other | ☒ FFATA (Transparency Act)<br>☐ Research & Development | ☒ Reimbursement<br>☐ Fixed Price |

**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 lingquistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19.

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

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date | LHJ Funding Period End Date | Current Allocation | Allocation Change None | Total Allocation |
|---|---|---|---|---|---|---|---|---|
| FFY19 ELC COVID ED ALLOCATION | 1897129G | 93.323 | 333.93.32 | 01/01/22 | 10/18/22 | 588 | 0 | 588 |
| FFY20 ELC EDE LHJ ALLOCATION | 1897120E | 93.323 | 333.93.32 | 01/01/22 | 07/31/23 | 953,826 | 0 | 953,826 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **954,414** | **0** | **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.<br><br>Examples of key activities include:<br>• Incident management for the response<br>• Testing<br>• Case Investigation/Contact Tracing<br>• Sustainable isolation and quarantine<br>• Care coordination<br>• Surge management<br>• 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:<br><br>$588 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022<br><br>$953,826 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023 |
| 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.<br><br>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.<br>i. Contact tracing<br>1. Strive to maintain the capacity to conduct targeted investigations as appropriate.<br>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.<br>3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols.<br>4. Coordinate with Tribal partners in conducting contact tracing for Tribal members.<br>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.<br><br>Enter all contact tracing data in CREST following guidance from-DOH. | Enter performance metrics daily into DOH identified systems<br><br>Quarterly performance reporting updates | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | ii. Case investigation<br>1. Strive to maintain the capacity to conduct targeted investigations as appropriate.<br>2. Enter all case investigation and outbreak data in WDRS following DOH guidance.<br>a) Strive to enter all case investigation and outbreak data into *CREST* as directed by DOH.<br>b) Ensure all staff designated to utilize WDRS have access and are trained in the system.<br>c) Include if new positive cases are tied to a known existing positive case or indicate community spread.<br>d) Conduct targeted case investigation and monitor outbreaks.<br>e) Coordinate with Tribal partners in conducting case investigations for tribal members.<br>3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics.<br>b. Testing<br>i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs.<br>ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy.<br>iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested.<br><br>c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.<br>i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission.<br>ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH. | Enter all case investigation data in WDRS following guidance from DOH.<br><br>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested.<br><br>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt | | |

| 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 LHJ or DOH for entry.<br><br>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.<br><br>e. Support Infection Prevention and control for high-risk populations<br>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.<br>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.<br>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.<br>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).<br>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.<br>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.<br><br>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.<br><br>h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with **WAC 246-100-045** (Conditions and principles for isolation or quarantine).<br>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.<br>ii. Maintain ongoing census data for isolation and quarantine for your population.<br>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.<br>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.<br><br>Report census numbers to include historic total by month and monthly total for current quarter to date | | |

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

**Federal Funding Accountability and Transparency Act (FFATA)**

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a 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:** Revision **Revision # (for this SOW)** 1

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

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient<br>☐ State<br>☐ Other | ☒ FFATA (Transparency Act)<br>☐ Research & Development | ☒ Reimbursement<br>☐ Fixed Price |

**Statement of Work Purpose:** The purpose of this statement of work is to establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness, resilience and response.

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

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

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

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date | LHJ Funding Period 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 | 61,237 | 0 | 61,237 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **61,237** | **0** | **61,237** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **PHEP BP4 LHJ Funding** | | | | Reimbursement for actual costs not to exceed total funding consideration amount. |
| **1**<br><br>**All LHJs** | Across Domains and Capabilities<br><br>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.<br><br>Additional reporting may be required if federal requirements change. | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **2**<br><br>**All LHJs** | Across Domains and Capabilities<br><br>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.<br><br>Mid- and end-of-year reports on template provided by DOH. Note any changes or no change. | August 1, 2022<br><br>Within 30 days of the change.<br><br>December 31, 2022<br>June 30, 2023 | |
| **3**<br><br>**All LHJs** | Across Domains and Capabilities<br><br>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.<br><br>Input provided to DOH upon request from DOH. | December 31, 2022<br>June 30, 2023 | |
| **4**<br><br>**All LHJs** | Domain 1 Community Resilience<br>Capability 1 Community Preparedness<br><br>Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness.<br><br>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<br>June 30, 2023 | |
| **5**<br><br>**All LHJs** | Domain 1 Community Resilience<br>Capability 1 Community Preparedness<br><br>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<br>June 30, 2023 | |
| **6**<br><br>**All LHJs** | Domain 1 Community Resilience<br>Capability 1 Community Preparedness<br><br>DOH/~~*EPRR*~~ *Executive Office of Resiliency and Health Security (ORHS)* anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ **may** use PHEP funding to participate in training and/or learning discussions in the following areas:<br>• Adaptive Leadership<br>• Change Management<br>• Trauma-Informed Change Management | Mid- and end-of-year reports on templates provided by DOH. | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | • Trauma-Informed Systems<br>• Trauma-Informed Practice<br>• Outward Mindset<br>• Growth Mindset<br>• Racial Equity and/or Social Justice<br>• Community Resilience<br>• Climate Change and Health Equity<br>• Related topics – prior approval from ~~*EPRR*~~ *ORHS* required for training topics other than those listed above.<br><br>Note: Prior approval from DOH/~~*EPRR*~~ *ORHS* is required for any out-of-state travel. | | | |
| **7**<br><br>**All LHJs**<br><br>**Note for RERCs** | Domain 1 Community Resilience<br>Capability 1 Community Preparedness<br><br>Connect with new and/or existing partners to develop working relationships that promote capabilities, capacity, and community resilience, including, but not limited to:<br>• Local and/or regional Emergency Manager(s).<br>• Local and/or regional hospitals.<br>• Local and/or regional elected officials.<br>• Local and/or regional Community Health Workers (CHWs).<br>• 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<br>June 30, 2023 | |
| **8**<br>**RERCs for their LHJ** | Domain 1 Community Resilience<br>Capability 1 Community Preparedness – Disproportionately Impacted Populations<br><br>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. | Mid- and end-of-year reports on templates provided by DOH.<br><br>Plans available upon request. | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | 8.1 Identify populations in the LHJ at risk of experiencing disproportionate impacts of public health emergencies or incidents. Populations may include race/ethnicity, disability, age, geography, and other factors as appropriate for LHJ.<br>• Use Washington Tracking Network to identify social vulnerability to hazards - Information by Location \| Washington Tracking Network (WTN).<br><br>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.<br><br>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.<br><br>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**<br>**All LHJs** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination<br><br>Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response.<br><br>Notes:<br>• "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.<br>• The target is to mobilize a response within 45 minutes.<br>• DOH will provide additional guidance about submitting performance measure data. | LHJ performance measure data (PM 1) | June 30, 2023 | |
| **10**<br>**All LHJs** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination - Training & Exercise<br><br>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**<br>**All LHJs** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination<br><br>Gather and submit data for LHJ performance measure 3: Percent of Corrective Action Plan items completed by due date.<br><br>Notes:<br>• Develop corrective action plans following the Homeland Security Exercise and Evaluation Program (HSEEP).<br>• DOH will provide additional guidance about submitting performance measure data. | LHJ performance measure data (PM 3) | June 30, 2023 | |
| **12**<br>**All LHJs** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination - Training & Exercise<br><br>~~*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.*~~<br><br>*Participate in at least one public health emergency preparedness, response, or recovery training provided or approved by DOH. Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement.*<br><br>Notes:<br>• *Prior approval from DOH is required for any out-of-state travel.*<br>• ~~*DOH will work with regions and LHJs to customize and schedule training(s).*~~<br>• 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.<br>• ~~*For Seattle-King County and Tacoma-Pierce County, the LHJ is the region*~~ | Mid- and end-of-year reports on templates provided by DOH, *including title, date(s), sponsor of the training or conference, and brief summary of what you learned.* | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | • *Participation in the optional trainings listed in #6 and the communication drill (#22)* ***does not*** *meet the requirement for this activity.* | | | |
| **13**<br>~~***RERCs for their PHEP region***~~<br><br>***All LHJs*** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination - Training & Exercise<br><br>Participate in quarterly DOH Training & Exercise Call (unless cancelled).<br>Call topics may include, but not limited to:<br>• Training and exercise opportunities.<br>• Delivery of training and exercises.<br>• Training and exercise opportunities.<br><br>~~*Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the PHEP region.*~~ | Mid- and end-of-year reports on templates provided by DOH. | December 31, 2022<br>June 30, 2023 | |
| **14**<br>~~***LERCs***~~<br>***All LHJs*** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination - Training & Exercise<br><br>14.1 Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.<br><br>~~*14.2 Provide input to Regional Emergency Response Coordinators (RERCs) for Integrated Preparedness Planning Workshop Guide.*~~<br>*14.2 Complete Integrated Preparedness Planning Workshop (IPPW) Worksheets.*<br><br>14.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023. | ~~*14.2 Input to RERCs*~~<br><br>*14.2 IPPW Worksheets*<br><br>Mid-year report on template provided by DOH<br><br>14.3 Participation in IPPW.<br><br>*End-of-year report on template provided by DOH.* | ~~*14.2 As requested by RERCs.*~~<br><br>*14.2 December 31, 2022*<br><br>December 31, 2022<br><br>14.3 As requested by DOH.<br><br>*June 30, 2023* | |
| ~~***15 RERCs with their PHEP region except Seattle-King and***~~ | ~~*Domain 2 Incident Management*~~<br>~~*Capability 3 Emergency Operations Coordination – Training & Exercise*~~<br><br>~~*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.*~~ | ~~*Mid-year report on template provided by DOH.*~~<br><br>~~*15.2 Completed Integrated Preparedness Planning Workshop Guide.*~~<br><br>~~*15.3 Participation in IPPW.*~~ | ~~*December 31, 2022*~~<br><br>~~*15.3 As requested by DOH.*~~ | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| ~~Tacoma-Pierce~~ | ~~15.2 Complete Integrated Preparedness Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH.~~<br><br>~~15.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.~~ | | | |
| ~~16 Seattle-King and Tacoma-Pierce~~ | ~~Domain 2 Incident Management Capability 3 Emergency Operations Coordination – Training & Exercise~~<br><br>~~16.1 Review LHJ preparedness and response capabilities and identify gaps, priorities, and training needs.~~<br><br>~~16.2 Complete Integrated Preparedness Planning Workshop Guide. Guide will be provided by DOH.~~<br><br>~~16.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.~~ | ~~Mid-year report on template provided by DOH.~~<br><br>~~16.2 Completed Integrated Preparedness Planning Workshop Guide.~~<br><br>~~16.3 Participation in IPPW.~~ | ~~December 31, 2022~~<br><br>~~16.3 As requested by DOH.~~ | |
| ~~17~~ 15 **RERCs for their LHJ** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination<br><br>Participate in one or more exercises or real-world incidents testing each of the following:<br>• The process for requesting and receiving resource support<br>• The process for gaining, maintaining, and sharing situational awareness of, as applicable:<br>  ○ The functionality of critical public health operations<br>  ○ The functionality of critical healthcare facilities and the services they provide<br>  ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications)<br>  ○ Number of disease cases<br>  ○ Number of fatalities attributed to an incident<br>  ○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report | Mid- and end-of-year reports on template provided by DOH. | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | ○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation<br><br>Note: The communication drill (Activity ~~22~~ *20*) does not meet the requirement for participation in an exercise or real world event. | | | |
| ~~*18*~~<br>*16*<br>**All LHJs** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination<br><br>~~*18.1*~~ *16.1* 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.<br><br>~~*18.2*~~ *16.2* Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ. | Mid- and end-of-year reports on template provided by DOH. | December 31, 2022<br>June 30, 2023 | |
| ~~*19*~~<br>*17*<br>**All LHJs** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination<br><br>Complete or participate in After Action Reports (AARs) after each incident or exercise.<br><br>Notes:<br>• An AAR may be completed part-way through an extended response, for example, COVID-19.<br>• Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation.<br>• Include name, title, and organization of each participant in documentation (AAR).<br>• 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.<br><br>After-Action Report(s)/Improvement Plan(s) | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| ~~*20*~~ *18*<br><br>**All LHJs *except* Seattle-King** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination<br><br>Coordinate or participate in a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to:<br>• Local Health Officer<br>• Public Health Official(s)<br>• Emergency Manager<br>• Regional Health Care Coalition<br>• Local and regional hospitals, if in your county<br>• Federally Qualified Health Center(s), if in your county<br>• Accountable Community of Health<br>• Emergency Medical Services Medical Program Director<br>• County Coroner or Medical Examiner<br><br>Notes:<br>• Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation.<br>• Include name, title, and organization of each participant in documentation (AAR).<br>• Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting.<br>• This may be completed part-way through the COVID-19 response.<br>• This AAR may be used to meet the requirement above as well (Activity ~~*19*~~ *17*). | Mid- and end-of-year reports on template provided by DOH.<br><br>After-Action Report/Improvement Plan | December 31, 2022<br>June 30, 2023 | |
| ~~*21*~~ *19*<br>**Seattle-King** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination<br><br>~~*21.1*~~ *19.1* Participate in and contribute to AAR(s) convened by ESF 8 partners and stakeholders such as emergency management and healthcare coalitions.<br><br>~~*21.2*~~ *19.2* Compile key themes from partners' AARs into an ESF 8 AAR. The ESF 8 AAR should also include corrective actions gathered by reviewing documents and conducting | Mid- and end-of-year reports on template provided by DOH.<br><br>After-Action Report/Improvement Plan | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | hotwashes, interviews, and surveys of ESF 8 partners and stakeholders that did not conduct or were not included in other regional AARs<br><br>Notes:<br>• Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation.<br>• Include organization of each participant in documentation (AAR).<br>• Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting.<br>• This may be completed part-way through the COVID-19 response<br>• This AAR may be used to meet the requirement above as well (Task #~~19~~ *18*). | | | |
| ~~22~~ *20*<br>**All LHJs** | Domain 3 Information Management<br>Capability 4 Emergency Public Information and Warning - Communication<br><br>~~22.1~~ *20.1* Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (for example, Basecamp).<br><br>~~22.2~~ *20.2* Participate in at least one risk communication drill offered by DOH between July 1, 2022, and June 30, 2023. Drill will occur via webinar, phone, and email. DOH will offer one July 1 – December 31, 2022, and one drill between January 31 – June 30, 2023.<br><br>~~22.3~~ *20.3* Conduct a hot wash evaluating LHJ participation in the drill (~~22.2~~ *20.2*).<br><br>~~22.4~~ *20.4* Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After Action Review (AAR) evaluating LHJ participation in communication strategies during the incident. | Mid- and end-of-year reports on templates provided by DOH.<br><br>If you use a real-world event to meet ~~22.2~~ *20.2*, ~~22.3~~ *20.3*, and ~~22.4~~ *20.4*, submit hotwash or AAR with report.<br><br>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<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | Notes:<br>• Participation in a real world event may meet the requirement for ~~22.2~~ *20.2*, ~~22.3~~ *20.3*, and ~~22.4~~ *20.4*.<br>• 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. | | | |
| ~~23~~<br>*21*<br>**All LHJs** | Domain 3 Information Management<br>Capability 4 Emergency Public Information and Warning<br><br>Gather and submit data for LHJ performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise.<br><br>Notes:<br>• The target is within the first six hours.<br>• DOH will provide additional guidance about submitting performance measure data. | LHJ performance measure data (PM 7) | June 30, 2023 | |
| ~~24~~<br>*22*<br>**All LHJs** | Domain 3 Information Management<br>Capability 6 Information Sharing<br><br>~~24.1~~ *22.1* Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system.<br><br>~~24.2~~ *22.2* Participate in DOH-led notification drills.<br><br>~~24.3~~ *22.3* Conduct at least one LHJ drill using LHJ-preferred staff notification system.<br><br>Notes:<br>• Registered users must log in quarterly at a minimum.<br>• DOH will provide technical assistance to LHJs on using WASECURES.<br>• LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents. | Mid- and end-of-year reports on template provided by DOH. | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| ~~25~~ *23* **RERCs for their PHEP region** | Domain 3 Information Management<br>Capability 6 Information Sharing<br><br>~~25.1~~ *23.1* Participate in quarterly DOH-led WASECURES Users Group,<br><br>~~25.2~~ *23.2* Provide technical assistance to LHJs in PHEP region as needed. (***Except* Seattle-King and Tacoma-Pierce, for these LHJs, the LHJ is the PHEP region.)** | Mid- and end-of-year reports on template provided by DOH. | December 31, 2022<br>June 30, 2023 | |
| ~~26~~ *24* **All LHJs** | Domain 3 Information Management<br>Capability 6 Information Sharing<br><br>Provide Essential Elements of Information (EEIs) during incident response upon request from DOH.<br><br>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<br>June 30, 2023 | |
| ~~27~~ *25* **All LHJs**<br><br>**RERCs additional activity**<br><br>**Note for CRI LHJs** | Domain 4 Countermeasures and Mitigation<br>Capability 8 Medical Countermeasures Dispensing<br>Capability 9 Medical Countermeasures Management and Distribution<br><br>Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or PHEP Region.<br><br>**RERCs** – Gather input and provide technical assistance to LERCs in PHEP region, as needed.<br><br>MCM plans include:<br>• 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~~ *26*). | Mid- and end-of-year reports on template provided by DOH.<br><br>Updated MCM plan. | December 31, 2022<br>June 30, 2023<br><br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | Notes<br>• DOH will provide technical assistance to LHJs on core elements of an MCM plan, including hosting MCM planning sessions.<br>• 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.<br>• LHJ Performance Measure data is due June 30, 2023. LHJs will report data for LHJ PM 5, see activity #~~*28*~~ *26*).<br>• CRI LHJs – See also CRI activity #4. | | | |
| ~~*28*~~<br>*26*<br><br>**All LHJs** | Domain 4 Countermeasures and Mitigation<br>Capability 9 Medical Countermeasures Management and Distribution<br><br>Gather and submit data for LHJ performance measure 5: Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy). | LHJ performance measure data (PM 5) | June 30, 2023 | |
| *27*<br><br>***All LHJs*** | *Domain 4 Countermeasures and Mitigation*<br>*Capability 11 Non-Pharmaceutical Interventions*<br><br>*Begin to update public health emergency preparedness plan to include capability to isolate or quarantine people suspected of, or confirmed to have an infectious disease, who cannot isolate or quarantine safely within the confines of their current living arrangements.*<br><br>*Notes:*<br>• *This update doesn't need to be completed until the next contract period (6/30/24).*<br>• *This can be accomplished with Memorandums of Understanding (MOUs) or agreements with neighboring jurisdictions for a regionalized approach to ease potential funding and/or staffing constraints.* | *Mid- and end-of-year reports on templates provided by DOH, including progress on updating plan (meetings, draft, etc.).* | *December 31, 2022*<br>*June 30, 2023* | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| ~~*29*~~<br>*28*<br>**RERCs for their LHJs** | Domain 4 Countermeasures and Mitigation<br>Capability 11 Non-Pharmaceutical Interventions<br><br>Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities).<br><br>Notes:<br>• Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045.<br>• LHJ may also conduct a drill or tabletop exercise to exercise plans. | Mid- and end-of-year reports on template provided by DOH.<br><br>Plans available upon request. | December 31, 2022<br>June 30, 2023 | |
| ~~*30*~~<br>*29*<br>**RERCs for their LHJs** | Domain 4 Countermeasures and Mitigation<br>~~*Domain*~~ *Capability* 14 Responder Safety and Health<br><br>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.<br><br>Plan available upon request. | December 31, 2022<br>June 30, 2023 | |
| ~~*31*~~<br>*30*<br>**All LHJs** | Domain 5 Surge Management<br>Capability 10 Medical Surge<br><br>Engagement with regional Health Care Coalition (HCC) or Healthcare Alliance:<br>• Northwest Healthcare Response Network (Network)<br>• Regional Emergency and Disaster (REDi) Healthcare Coalition<br>• Healthcare Alliance (Alliance)<br><br>During each reporting period (see notes below), participate in **one or more** of the following activities:<br>• Meetings - Communication<br>  ○ Regional meeting, in person or virtually.<br>  ○ Subgroup (catchment area, committee, district, etc. (meeting in person or virtually)<br>  ○ Discussions pertaining to ESF8 and HCC or Alliance roles and responsibilities.<br>  ○ Development of Disaster Clinical Advisory Committee (DCAC) meetings. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts. | Briefly describe engagement in mid- and end-of-year reports on template provided by DOH. | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | • Planning<br>  ○ Planning process to inform on the roles and responsibilities of public health, including reviewing HCC or Alliance plans for alignment with local ESF8 plans.<br>• Drills and Exercises<br>  ○ Drill or exercise, including redundant communications, WATrac, Medical Response Surge Exercise (MRSE), or other drills and exercises to support planning and response efforts.<br>• Response<br>  ○ Information sharing process during incidents.<br>  ○ Coordination with HCC or Alliance during responses involving healthcare organizations within your jurisdiction.<br><br>Notes:<br>• Reporting periods are July 1 – December 31, 2022 and January 1 – June 30, 2023<br>• LHJs in HCC or Alliance regions:<br>  ○ Alliance: Clark, Cowlitz, Klickitat, Skamania and Wahkiakum.<br>  ○ Network: Clallam, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, San Juan, Seattle-King, Skagit, Snohomish, Tacoma-Pierce, Thurston, and Whatcom.<br>  ○ REDi: Adams, Asotin, Benton-Franklin, Chelan-Douglas, Columbia, Garfield, Grant, Kittitas, Lincoln, NE Tri, Okanogan, Spokane, Walla Walla, Whitman, and Yakima. | | | |
| ~~*32*~~<br>*31*<br>**All LHJs** | Domain 5 Surge Management<br>Capability 10 Medical Surge<br><br>Gather and submit data for LHJ performance measure 8: Percent of Critical Healthcare Facilities whose functional status can be assessed by the local health jurisdiction in an emergency.<br><br>Notes:<br>• "Critical Healthcare Facilities" are hospitals, skilled nursing facilities, blood centers, and dialysis centers. | LHJ performance measure data (PM 8) | 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. | | | |
| ~~33~~<br>32<br>**RERCs for their LHJ** | Domain 5 Surge Management<br>Capability 10 Medical Surge<br><br>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.<br><br>Agreements available upon request. | December 31, 2022<br>June 30, 2023 | |
| ~~34~~<br>33<br><br>**RERCs for their LHJ** | Domain 5 Surge Management<br>Capability 10 Medical Surge<br><br>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:<br>• Biohazard/Waste Management<br>• Feeding<br>• Laundry<br>• Communications<br>• Sanitation | Mid- and end-of-year reports on templates provided by DOH.<br><br>Lists available upon request. | December 31, 2022<br>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.<br><br>Note: PHEP Region 4: Clark, Cowlitz, Skamania, and Wahkiakum LHJs. | Mid- and end-of-year reports on templates provided by DOH.<br><br>Sign in sheets and agendas for trainings conducted by Clark County available upon request. | December 31, 2022<br>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<br>June 30, 2023 | |
| **LHJ Request Kitsap 2** | Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested. | Mid- and end-of-year reports on templates provided by DOH. | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **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.<br><br>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.<br><br>Website screenshots available upon request. | December 31, 2022<br>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<br>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<br>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.<br><br>Agreements and subcontracts available upon request. | December 31, 2022<br>June 30, 2023 | |
| ***LHJ Request Tacoma-Pierce 1*** | *1.1 Maintain and update policies and procedures to recruit, train, mobilize and deploy volunteers registered by the local health jurisdiction to support health and medical response operations.*<br><br>*1.2 Identify the priority capabilities volunteers will support, and how volunteers are trained.*<br><br>*1.3 Support COVID-19 volunteer response.* | *Mid- and end-of-year reports on templates provided by DOH.* | *December 31, 2022*<br>*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<br>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<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **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<br>June 30, 2023 | |
| **LHJ Request Thurston 1** | Domain 5 Surge Management<br>Capability 15 Volunteer Management<br><br>1.1 Maintain a Medical Reserve Corps (MRC) unit.<br><br>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.<br><br>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<br>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*~~ *Executive Office of Resiliency and Health Security* ConCon deliverables mailbox at concondeliverables@doh.wa.gov, unless otherwise specified.

**Restrictions on Funds:**
Please reference the Code of Federal Regulations:
https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

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

**DOH Program Name or Title:** 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)** 2

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

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☐ Federal <Select One> | | ☐ Reimbursement |
| ☒ State | ☐ FFATA (Transparency Act) | ☒ Periodic Distribution |
| ☐ Other | ☐ Research & Development | |

**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:** The purpose of this revision is to reduce the allocation of SFY22 funds by $153,758 to reflect unspent dollars returned to DOH by LHJ.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date | LHJ Funding Period End Date | Current Allocation | Allocation Change Decrease (–) | Total Allocation |
|---|---|---|---|---|---|---|---|---|
| FPHS-LHJ-PROVISO (YR1)<br>Note: Total YR1 allocation is for SFY22 (07/01/21-06/30/22) | 99202111 | N/A | 336.04.25 | 01/01/22 | 06/30/22 | 727,000 | -153,758 | 573,242 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **727,000** | **-153,758** | **573,242** |

| BARS Expenditure. Code 562.xx | FPHS | Tasks / Activities / Short Description | Funds to provide FPHS in: Your jurisdiction | Funds to provide FPHS in: Other jurisdictions | SFY22 |
|---|---|---|---|---|---|
| 10-17, 20, 21, 23-29 40-53, 93 | All – CD, EPH, CCC, Assessment | Reinforcing Capacity (Assessment, CD, EPH, CCC) | X | | 254,000 |
| 10 | Assessment | CHA/CHIP | X | | 30,000 |
| 20, 21, 23-29, 93 | CD | Communicable Disease (CD) | X | | 166,000 |
| 24 | CD | Hepatitis C | X | | 27,000 |
| 40-53, 93 | EPH | Environmental Public Health (EPH) | X | | 250,000 |
| | | | | ***Funding Adjustment*** | *-153,758* |
| | | | | **TOTAL** | ~~**$727,000**~~ $573,242 |

| 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. Resuts 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.<br><br>FPHS annual reporting (template provided by the FPHS Steering Committee via DOH). | TBD<br><br>For SFY22 (07/01/21 – 06/30/22) due by 08/15/22 | Each year, the July payment will be disbursed upon completion of the FPHS Annual Report. |
| 1 | **Reinforcing Capacity** – These funds are to **each** LHJ to deliver FPHS in **their own jurisdiction** – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, provide FPHS Communicable Disease (CD), Environmental Public Health (EPH), Assessment (Surveillance & Epidemiology) and / or any or all of the other FPHS Cross-cutting Capabilities (CCC) as defined in the most current version of the FPHS definitions. | | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | Suggested BARS expenditure codes: 652.xx - 10-17, 20, 21, 23-29, 40-53. | | | |
| 2 | **Assessment – CHA/CHIP** (FPHS definitions G.3) – <u>These funds are to **each** LHJ to deliver FPHS in **their own jurisdiction**</u> – In coordination with the FPHS 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 FPHS definitions.<br>• Conduct a local and/or regional comprehensive community health assessment (CHA) every three to five years in conjunction with community partners.<br>• Develop a local and/or regional community health improvement plan (CHIP) in conjunction with community partners.<br>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.<br><br>Suggested BARS expenditure codes: 562.11. | | | |
| 3 | **Communicable Disease (CD)** (FPHS definitions C.1, 2, 3, 4, 6) – <u>These funds are to **each** LHJ to deliver FPHS in **their own jurisdiction**</u> – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, provide FPHS CD services as defined in the most current version of the FPHS definitions. These funds can (and actually are intended to) be braided with temporary pandemic emergency funding such that when those funds run out, FPHS 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 FPHS CD. As the pandemic response wains, staff funded with FPHS funds are to shift focus to providing some or all or the FPHS 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.<br>**1.** Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions.<br>**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.<br>**3.** Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates.<br>**4.** Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines.<br><br>Suggested BARS expenditure codes: 562.xx – 20, 21, 23-29. | | | |
| 4 | **Communicable Disease – Hepatitis C** (FPHS definitions C.4.o-p) – <u>These funds are to **select** LHJs to deliver FPHS in **their own jurisdiction.**</u> – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, address Hepatitis C cases in the jurisdiction per guidance developed by the statewide FPHS Communicable Disease Workgroup, including, but not limited to: shared priorities, standardized surveillance, minimum standards of practice, common metrics and staffing models. 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.<br><br>The priorities for the 2021-2023 biennium (July 2021 – June 2023):<br>• Surveillance – entering labs into Washington Disease Reporting System (WDRS), enter acute cases into WDRS. | | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | • 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.<br><br>Suggested BARS expenditure codes: 562.24. | | | |
| 5 | **Environmental Public Health (EPH)** (FPHS definitions B.3 & 4) – <u>These funds are to **each** LHJ to deliver services in **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:<br>• 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)<br>• 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)<br>• 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)<br>• 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)<br>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):<br>• 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.<br>• 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 permittable 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:<br>o Work with partners to educate and inform public on OSS monitoring and maintenance<br>o Work with the public, policy makers and partners to assess needs and develop plans and solutions for wastewater management in their communities.<br>o Respond to complaints, act as needed, and assure that failing OSS are identified and promptly repaired.<br>o Conduct Pollution Identification and Correction (PIC) investigations where water quality is impaired to identify failing septic systems and other pollution sources.<br>o Ensure that sewage from both OSS and other sources is adequately handled to create barriers to potential exposure to sewage.<br>o Adequate qualified staff to evaluate proposals, inspect new installations and repairs, assess cause of OSS failure, and comply with requirements in state law. | | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | • 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:<br>o Build partnerships with school officials, local boards of education, parent teacher associations, education service districts, and other school focused entities.<br>o Participate with statewide public health groups to standardize school program implementation.<br>o Focus on schools that have not previously been inspected to assess current conditions<br>o Focus on existing elementary schools for first phase of inspections program<br>▪ Indoor Air Quality<br>▪ Classroom<br>▪ Healthy cleaning and indoor environments<br>▪ Playground<br>▪ Drinking water (lead)<br><br>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/qb6ss10mxbrajx0fla742lw6zcfxzohk

**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/lhjfunding

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

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient<br>☐ State<br>☐ Other | ☒ FFATA (Transparency Act)<br>☐ Research & Development | ☒ Reimbursement<br>☐ Fixed Price |

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

**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:** Modify Task 2.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date | LHJ Funding Period End Date | Current Allocation | Allocation Change None | Total Allocation |
|---|---|---|---|---|---|---|---|---|
| FFY23 VFC IQIP | 74310224 | 93.268 | 333.93.26 | 07/01/22 | 06/30/23 | 45,938 | 0 | 45,938 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **45,938** | **0** | **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)<br><br>New Enrollment Training Guide (CVP SharePoint Site)<br><br>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.*~~<br><br>*Facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program, when requested by DOH. 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.*~~<br><br>*Submit completed Provider Disenrollment form DOH 348-423 when facilitating the transfer/removal of vaccine for providers who merge or dis-enroll from the Childhood Vaccine Program.* | ~~*Within ten (10) days of provider disenrollment*~~<br><br>*Within ten (10) days of vaccine transfer or removal* | 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.<br><br>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.<br><br>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.<br><br>c) Enter resolved site visit follow-up actions and upload applicable s 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.<br><br>b) Within five (5) business days of the site visit.<br><br>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.<br>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.<br><br>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<br><br>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.<br><br>c) Upload the signed Acknowledgement of Receipt form and Chart Review Worksheet to the site visit in PEAR. | a) By July 31, 2022<br><br>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.<br><br>c) Within five (5) business days of the site visit.<br><br>d) Within five (5) business days of receiving the | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
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| | | d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.<br><br>e) | document(s) follow-up action was completed. | |
| 5 | **IQIP** (Immunization Quality Improvement for Providers)<br>a) Complete Project Management Scheduling Tool<br><br>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.<br><br>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)<br><br>b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted.<br><br>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<br><br>b) Within five (5) business days of visit<br><br>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:** 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)** 3

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient<br>☐ State<br>☐ Other | ☒ FFATA (Transparency Act)<br>☐ Research & Development | ☒ Reimbursement<br>☐ Fixed Price |

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

**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 add FFY23 IAR SNAP Ed Program Management funds, remove completed deliverable due dates for FFY22 and add deliverable due dates for the FFY23 funding period.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date | LHJ Funding Period End Date | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|---|---|---|---|---|---|---|---|---|
| FFY22 IAR SNAP ED PROG MGNT-REGION 5 | 76701939 | 10.561 | 333.10.56 | 01/01/22 | 09/30/22 | 66,020 | 0 | 66,020 |
| FFY23 IAR SNAP ED PROG MGNT-REGION 5 | 76701949 | 10.561 | 333.10.56 | 10/01/22 | 09/30/23 | 0 | 158,994 | 158,994 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **66,020** | **158,994** | **225,014** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1.0 | **Project Planning, Implementation, and Performance**<br>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.<br>2. On-time delivery, implementation, and evaluation of Project activities as scheduled in approved state plan and project work plan.<br>3. Project plan supports at least one State SNAP-Ed goal as selected by Subrecipient.<br>4. Demonstrates progress towards project objective(s), and additional project goal(s) determined by Subrecipient are demonstrated and reported. | ~~For the Period:~~<br>~~01/01/22 to 09/30/23~~<br>~~10/01/23 to 12/31/24 TBD~~<br><br>**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/out-comes for the funding period will not exceed ~~$66,020~~ *$225,014*. **Lewis County Public Health** will be paid the allowable costs incurred based on their |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | approved by Department of Health (DOH). | 5. Project maintains cost-effectiveness per current approved cost-effective measure provided by DOH or DSHS.<br><br>**MEASURE**<br>Sites and audiences included in Project by Subrecipient documented as approved eligible sites or audiences.<br><br>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.<br><br>Documented reviews of Subrecipient Project activities through required reporting and project and fiscal monitoring reviews and reports.<br><br>Cost per reach meets current cost-effective measure when reviewed by DOH. | | approved budget and program allowability. See special billing requirements section.<br><br>**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**<br>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.<br><br>Monitoring of Subrecipient Project progress includes but is not limited to the following activities:<br>i. one-on-one progress reviews with DOH,<br>ii. progress reports submitted to DOH,<br>iii. project monitoring completed with DOH or DSHS or USDA, and<br>iv. project monitoring site visits completed by SNAP-Ed statewide initiative teams. | 1. On-time delivery of proposed list of Project site(s) or audience(s) to DOH.<br>2. 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).<br>3. Demographic data of class participants is collected and reported for all direct education strategies.<br>4. On-time reporting of actual participant reach to DOH in approved method/form.<br>5. Intervention strategies implemented as planned or using approved alternate strategies.<br>6. Approved evaluation plans and methods implemented for the project (e.g. pre and post surveys for direct education; PSE assessments).<br>7. Evaluation results are used to report progress and outcomes of project, and to adapt the project as needed.<br>8. Strategy as feasible for working with one or more CSOs implemented and demonstrated to increase knowledge, awareness, or participation of SNAP-Ed eligible audience. | ~~For the Period:~~<br>~~01/01/22 to 09/30/23~~<br>~~10/01/23 to 12/31/24 TBD~~<br><br>**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.<br><br>**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. | See payment information as referenced in task number 1.0 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | Satisfactory progress of the Subrecipient's Project includes progress shown in the following areas and documented in reporting and/or monitoring completed:<br>1. Progress demonstrated in achieving goal(s) outlined in the project.<br>2. Progress demonstrated in achieving objective(s) outlined in the project's interventions.<br>3. Progress demonstrated in creating a sustainable project.<br>4. Progress demonstrated in engaging or involving the community in project planning, implementation, and/or evaluation.<br>5. Progress demonstrated in working with DSHS community services offices (CSOs).<br>6. Progress demonstrated in promoting available Federal, state, or local fruit and vegetable incentive programs to SNAP clients.<br>7. Progress demonstrated in using strategies that are evidence-based and delivered with fidelity, where applicable.<br>8. Compliance with current SNAP-Ed financial and cost policy guidance and 2 CFR 200 federal Uniform Administrative Requirements (OMB guidance). | 9. Strategy for promoting available Federal, state, or local fruit and vegetable incentive program(s) is implemented and demonstrated to increase knowledge, awareness, or participation of program(s) in SNAP-Ed eligible audience.<br>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.<br>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.<br><br>**MEASURE**<br>**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.<br><br>**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.<br><br>**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. | **Due: Fiscal monitoring.** Each Subrecipient receives one (1) annual fiscal monitoring visit 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**<br>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:<br>1. Progress reports | On-time and correct submission of reporting, data, and materials for all SNAP-Ed funded activities implemented, including:<br>1. Progress for all intervention strategies reported for approved project plan.<br>2. All evaluation results reported for approved project plan (formative, process, outcome, qualitative, PSE).<br>3. Success stories reported for approved project plan describing progress or success of project activities, or | ~~For the Period:~~<br>~~01/01/22 to 09/30/23~~<br>~~10/01/23 to 12/31/24 TBD~~<br><br>***Quarterly*** **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~~ *23*. If the | See payment information as referenced in task number 1.0 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | 2. Reporting in PEARS online reporting system of all SNAP-Ed activities<br><br>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.<br><br>The following evaluation activities and information are required based on the Subrecipient's approved project and work plan.<br>• Formative evaluation<br>• Process evaluation<br>• Outcome evaluation<br>• Qualitative evaluation<br>• Evaluation of PSE strategies<br><br>**Please Note**: the deliverables may change based on state SNAP-Ed Evaluation guidance, DSHS, or USDA requirements.<br><br>**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. | positive change or improvement in SNAP-Ed eligible site(s) or audience(s).<br>4. Required release form(s) for all photos submitted.<br>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.<br><br>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:<br>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.<br>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.<br>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.<br><br>**MEASURE**<br>Documentation showing completion of progress report and submission to DOH on or before the required due dates, or by approved extension date.<br><br>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.<br><br>**Direct education strategies only:**<br>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.<br>2. Completion of required evaluation data into PEARS electronically, or using approved reporting method, on | 10th calendar day falls on a weekend day, the report is due the next business day.<br>• 1st Progress report due ~~1/11/22~~ *1/17/23*<br>• 2nd Progress report due ~~4/12/22~~ *4/14/23*<br>• 3rd Progress report due ~~7/12/22~~ *7/17/23*<br>• Final Progress report due 9/15/~~22~~ *23* or follow close-out procedures.<br>• FFY ~~23~~-24 TBD<br><br>**PEARS**: Project evaluation and reporting required between 10/1/~~21~~ *22* to 9/15/~~22~~ *23*.<br><br>• **Direct education strategies only:** PEARS Program Activities module updated with completed activities no later than two (2) weeks after services are provided.<br><br>• **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~~ *23*.<br>• ~~Jan 2022 by 2/26/22~~<br>• ~~Feb 2022 by 3/31/22~~<br>• ~~Mar 2022 by 4/30/22~~<br>• ~~Apr 2022 by 5/31/22~~<br>• ~~May 2022 by 6/30/22~~<br>• ~~Jun 2022 by 7/30/22~~ | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | | or before the required due dates for data entry, or by approved extension date. | ~~• Jul 2022 by 8/31/22~~<br>~~• Aug 2022 by 9/15/22~~<br>• *Jan 2023 by 2/28/23*<br>• *Feb 2023 by 3/31/23*<br>• *Mar 2023 by 4/28/22*<br>• *Apr 2023 by 5/31/23*<br>• *May 2023 by 6/30/23*<br>• *Jun 2023 by 7/31/23*<br>• *Jul 2023 by8/31/23*<br>• *Aug 2023 by 9/15/23*<br>• Final data entry for all activities not already reported, due by 9/15/~~22~~ *23*, or follow close-out schedule.<br>• FFY~~23~~-24 TBD<br><br>SNAP-Ed Direct education conducted between 01/01/22 and 9/15/~~22~~ *23*. FFY~~23~~-24 TBD<br>• **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~~ *23*, or follow close-out schedule. | |
| 3.0 | **Civil Rights Training**<br>All SNAP-Ed funded staff must complete training each fiscal year in civil rights.<br>*See special requirements section- Civil Rights<br><br>Documentation must include:<br>• Training and source<br>• Who attended<br>• Date completed | On-time completion of an approved Civil Rights training for all SNAP-Ed funded staff.<br><br>**MEASURE**<br>Submission of documentation showing completed Civil Rights training for all SNAP-Ed funded staff on or before the required due date. | ~~For the Period:~~<br>~~01/01/22 to 09/30/23~~<br>~~10/01/23 to 12/31/24 TBD~~<br><br>**Due:** 01/01/~~22~~ *23* for all SNAP-Ed funded staff. FFY~~23~~-24 TBD. New hires to complete within 30 days of hire. | See payment information as referenced in task number 1.0 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
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| 3.1 | **Other Required Training and Meetings**<br>The following trainings or meetings are required for all Subrecipients 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.<br><br>• **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.<br>• **Food handler training** – all staff who will handle, prepare, cook, assemble, and/or serve food or drink to participants or the public.<br>• **Training on data collection and reporting** – project coordinator or any staff person responsible for collecting, reporting, or entering SNAP-Ed related data.<br>• **Regional meeting(s), when provided** – project coordinator or any qualified designated staff person.<br>• **Annual State SNAP-Ed forum, when provided** - project coordinator or any qualified designated staff person.<br>• **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. | On-time completion of all required trainings by required SNAP-Ed staff.<br><br>Attendance of required or appropriate staff person(s) at all required meetings.<br><br>Demonstration of satisfactory understanding of the information and concepts included in required trainings.<br><br>**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 person responsible for delivering SNAP-Ed curricula to SNAP-Ed eligible audience.<br><br>**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.<br><br>**Coordinator meetings**: Attendance of project coordinator or qualified, designated staff person to at least 50% of all coordinator meetings provided.<br><br>**Regional meetings**: Attendance of project coordinator or qualified, designated staff person to at least 50% of all regional meetings provided.<br><br>**State Forum**: Attendance of project coordinator or qualified, designated staff person to all state forums provided.<br><br>**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.<br><br>If required meeting or training is not provided, 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.<br><br>**MEASURE** | ~~For the Period:~~<br>~~01/01/22 to 09/30/23~~<br>~~10/01/23 to 12/31/24 TBD~~<br><br>**Fiscal:** Annually, and no later than March 31, 20~~22~~ *23*. FFY~~23~~-24 TBD.<br><br>**SNAP-Ed Curriculum**: New direct education staff trained within 30 days for specific curriculum to be used in direct 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.<br><br>**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.<br><br>~~Annual~~ *State* **Forum**: Annually, when provided, and no later than 9/30/~~22~~ *23*. FFY~~23~~-24 TBD<br><br>**Coordinator meetings**: Completed on dates scheduled by DOH, when provided. | 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 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.<br>• **Project coordinator meetings (conference calls or in person)** – project coordinator or qualified designated staff person. | Documentation showing required person(s) and date(s) of attendance for all web-based and in-person required meetings.<br><br>Documentation showing required person(s); date(s) of attendance; and, completion of training for all web-based and in-person required trainings.<br><br>Documentation of satisfactory understanding gained from required trainings, and application of applicable knowledge and skills in progress reviews and/or monitoring reports. | **Regional meetings**: Completed on dates scheduled by DOH, when provided.<br><br>**SNAP-Ed systems approaches training online:**<br>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)~~ to take within 6 months of start date. | |
| 4.0 | **SNAP-Ed Inventory**<br>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.<br><br>*See special requirements section - Monitoring | On-time updates to SNAP-Ed inventory list.<br><br>1. Inventory list updated per due dates required.<br>2. 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.<br><br>**MEASURE**<br>Completed documentation showing updated SNAP-Ed inventory using approved form/system provided. | ~~For the Period:~~<br>~~01/01/22 to 09/30/23~~<br>~~10/01/23 to 12/31/24 TBD~~<br><br>**Due:** Inventory list is required to be updated at minimum annually and no later than 9/15/~~22~~ *23*. FFY~~23~~24 TBD.<br><br>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**<br>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.<br><br>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.<br><br>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 | ~~For the Period:~~<br>~~01/01/22 to 09/30/23~~<br>~~10/01/23 to 12/31/24 TBD~~<br><br>**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) | See payment information as referenced in task number 1.0 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | | Subrecipient must check with the DOH SNAP-Ed program for further guidance.<br><br>**MEASURE**<br>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. | ~~o January: 2/28/22~~<br>~~o February: 3/30/22~~<br>~~o March: 4/30/22~~<br>~~o April: 5/30/22~~<br>~~o May: 6/30/22~~<br>~~o June: 7/30/22~~<br>~~o July: 8/30/22~~<br>~~o August: 9/30/22~~<br>• *January: 2/28/23*<br>• *February: 3/31/23*<br>• *March: 4/28/23*<br>• *April: 5/31/23*<br>• *May: 6/30/23*<br>• *June: 7/31/23*<br>• *July: 8/31/23*<br>• *August: 9/29/23*<br><br>**Final invoice is due** November 30th, 20~~22~~ *23*, or follow close-out schedule. FFY~~23~~-24 TBD.<br><br>**Or**<br><br>***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 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, timecards 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 | ~~$66,020~~ *$225,014* |