



Public Health and Social Services

CONTRACT

CLH32057 Amendment #6

CONSOLIDATED CONTRACT AMENDMENT #6

Lewis County



PUBLIC HEALTH AND SOCIAL SERVICES

Project: Consolidated Contract Amendment #6, CLH32057 Amendment #6

Effective Date: Wednesday, January 1, 2025

1. Amendment Executive Summary

Contract #CLH32057 Amendment #6

Between Washington State Department of Health and Lewis County

Background Information and Purpose

Contract name is Consolidated Contract.

The Consolidated Contract is the primary vehicle for transferring federal and state funding to Local Health Jurisdictions (LHJs) for planning and local implementation of public health prevention and early intervention programs and activities.

The purpose of Amendment #6 is to (1) increase funding by \$2,002,585 for a revised maximum consideration of \$5,284,679, (2) add Statements of Work for three programs, (3) amend Statements of Work for one program, and (4) amend Exhibit C Federal Grant Awards Index.

Duration

Wednesday, January 1, 2025, through December 31, 2027

Budget Impact

Revenue ORG(s): Various, Expense Project(s): Various

Previous Budget: \$3,282,094.00

Amendment 6: \$2,002,585.00

Total Maximum Consideration: \$5,284,679.00

This contract was anticipated for the current fiscal year.

Cover Letter

Brenda Henrikson, Consolidated Contracts Specialist

Please email executed contract to: brenda.henrikson@doh.wa.gov

Exhibit A

DOH_CLH32057_Amend 6

**LEWIS COUNTY PUBLIC HEALTH & SOCIAL SERVICES
2025-2027 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH32057

AMENDMENT NUMBER: 6

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as “DOH”, and LEWIS COUNTY PUBLIC HEALTH & SOCIAL SERVICES, 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:
Foundational Public Health Services - Effective July 1, 2025
Office of Immunization-Regional Representatives - Effective July 1, 2025
Office of Resiliency & Health Security-PHEP - Effective July 1, 2025
 - ☒ Amends Statements of Work for the following programs:
Maternal & Child Health Block Grant – Effective January 1, 2025
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-6 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-5 Allocations as follows:
 - ☒ Increase of **\$2,002,585** for a revised maximum consideration of **\$5,284,679**.
 - ☐ Decrease of _____ for a revised maximum consideration of _____.
 - ☐ No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.
3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

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	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 ALLOCATIONS

Contract Number: CLH32057

Contract Term: 2025-2027

Effective Date: January 1, 2025
Latest Amendment # 6

Indirect Rate as of July 2020: 27.48%
Indirect Rate as of January 2022: 22.48%
Indirect Rate as of January 2023: 22.71%
Indirect Rate as of January 2024: 22.138%
Indirect Rate as of January 2025: 34.124%

Report Inquiry

Amendment #6

2,002,585.00

Contract Total

5,284,679.00

State \$ 1,071,940.00

Federal \$ 4,212,739.00

filter NAME here

filter FY here

filter NAME/ CFDA here

Contract Total

Row Labels	Fiscal Year	CON CON Program Title	BARS Code	Start Date	End Date	6	Grand Total
Contaminated Water Sys Proviso	FY25	Contaminated Water Sys Proviso					
		N/A	334.04.91	1/1/2025	6/30/2025		41,603
Contaminated Water Sys Proviso Total							41,603
Emergency Preparedness, Resilience & Response-PHEP	FFY25	PHEP BP1-CDC- LHJ PARTNERS					
		93.069	333.93.06	7/1/2025	6/30/2026		
	FFY24	PHEP BP1-CDC- LHJ PARTNERS					
		93.069	333.93.06	7/1/2025	6/30/2026	34,699	34,699
				1/1/2025	6/30/2025		40,183
Emergency Preparedness, Resilience & Response-PHEP Total						34,699	74,882
Foundational Public Health Services (FPHS)	SFY26	FPHS-LHJ Funds-GFS					
		N/A	336.04.25	7/1/2025	6/30/2026	1,868,000	1,868,000
	SFY25	FPHS-LHJ Funds-GFS					
		N/A	336.04.25	1/1/2025	6/30/2025		2,242,000
Foundational Public Health Services (FPHS) Total						1,868,000	4,110,000
Maternal & Child Health Block Grant	FFY26	HRSA MCHBG-LHJ Contracts Yr 1					
		93.994	333.93.99	10/1/2025	9/30/2026	84,217	84,217
	FFY25	HRSA MCHBG-LHJ Contracts					
		93.994	333.93.99	1/1/2025	9/30/2025		69,599
Maternal & Child Health Block Grant Total						84,217	153,816
Office of Drinking Water Group A Program	FY25	SRF - Local Asst (15%) (FS) SS					
		N/A	346.26.64	1/1/2025	6/30/2025		0
		SRF - Local Asst (15%) (FS) TA					
		N/A	346.26.66	1/1/2025	6/30/2025		0
		SRF - Local Asst (10% of 15%) SS					
		N/A	346.26.64	1/1/2025	12/31/2027		5,000
		SRF - Local Asst (10% of 15%) TA					
		N/A	346.26.66	1/1/2025	6/30/2025		10,000
Office of Drinking Water Group A Program Total							15,000
Office of Drinking Water Group B Program	YR25						46,136
Office of Drinking Water Group B Program Total							46,136
Office of Immunization Perinatal Hepatitis B	FFY25	CDC PPHF OPS-Hep B					
		93.268	333.93.26	1/1/2025	6/30/2025		10,000
Office of Immunization Perinatal Hepatitis B Total							10,000
Office of Immunization Regional Representatives	FFY26	IMMUNIZATION IQIP CDC YR1					
		93.268	333.93.26	7/1/2025	6/30/2026	15,669	15,669
	FFY25	CDC IQIP Regional Rep					
		93.268	333.93.26	1/1/2025	6/30/2025		37,680
Office of Immunization Regional Representatives Total						15,669	53,349
OI-Promotion of Immunizations to Improve Vaccine Rates	FFY25	CDC VFC Ops					
		93.268	333.93.26	1/1/2025	6/30/2025		3,944
OI-Promotion of Immunizations to Improve Vaccine Rates Total							3,944
Public Health Infrastructure Grant	FFY22	PH Infrastructure Comp A1-LHJ					
		93.967	333.93.96	1/1/2025	11/30/2027		145,789
Public Health Infrastructure Grant Total							145,789
Supplemental Nutrition Assistance Program-Education	FFY25	SNAP Ed Prog Mgnt-Admin IAR					
		10.561	333.10.56	(blank)	(blank)		
				1/1/2025	9/30/2025		37,670
Supplemental Nutrition Assistance Program-Education Total							37,670
WIC Farmer's Market	FFY25	WIC-Farmer's Market (FMNP)					
		10.572	333.10.57	1/1/2025	9/30/2025		1,059
WIC Farmer's Market Total							1,059
WIC Nutrition Program	FFY25	WIC Client Svs Contracts					
		10.557	333.10.55	1/1/2025	9/30/2025		545,292
		WIC-BFPC Prog Mgmt					
		10.557	333.10.55	1/1/2025	9/30/2026		46,139
	FFY24	WIC-BFPC Prog Mgmt					
		10.557	333.10.55	1/1/2025	9/30/2026		0
WIC Nutrition Program Total							591,431
Grand Total						2,002,585	5,284,679

Indirect Rate January 1, 2025 through December 31, 2025: 34.12%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY25 USDA BFPC Prog Mgmt	7WA700WA1	Amd 4	10.557	333.10.55	01/01/25	09/30/26	10/01/24	09/30/26	\$46,139	\$46,139	\$46,139
FFY24 USDA BFPC Prog Mgmt	7WA700WA1	Amd 4	10.557	333.10.55	01/01/25	09/30/26	10/01/23	09/30/26	(\$46,139)	\$0	
FFY24 USDA BFPC Prog Mgmt	7WA700WA1	Amd 1	10.557	333.10.55	01/01/25	09/30/26	10/01/23	09/30/26	\$46,139		
FFY25 USDA WIC Client Svs Contracts	7WA700WA7	Amd 4	10.557	333.10.55	01/01/25	09/30/25	10/01/24	09/30/25	\$96,303	\$545,292	\$545,292
FFY25 USDA WIC Client Svs Contracts	7WA700WA7	Amd 2	10.557	333.10.55	01/01/25	09/30/25	10/01/24	09/30/25	\$2,045		
FFY25 USDA WIC Client Svs Contracts	7WA700WA7	Amd 1	10.557	333.10.55	01/01/25	09/30/25	10/01/24	09/30/25	\$446,944		
FFY25 SNAP Ed Prog Mgmt Admin IAR	202525Q390347	Amd 3	10.561	333.10.56	01/01/25	09/30/25	10/01/24	09/30/25	\$9,544	\$37,670	\$37,670
FFY25 SNAP Ed Prog Mgmt Admin IAR	202525Q390347	Amd 1	10.561	333.10.56	01/01/25	09/30/25	10/01/24	09/30/25	\$28,126		
FFY25 USDA FMNP Mgmt	7WA810WA7	Amd 4	10.572	333.10.57	01/01/25	09/30/25	10/01/24	09/30/25	\$1,059	\$1,059	\$1,059
FFY25 PHEP BP2-CDC-LHJ Partners	NU90TU000055	Amd 6	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$34,699	\$34,699	\$74,882
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 4	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$15,688	\$40,183	
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$24,495		
FFY25 CDC IQIP Regional Reps	NH23IP922619	Amd 3	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$37,680	\$37,680	\$37,680
FFY24 CDC PPHF Ops	NH23IP922619	Amd 1	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$10,000	\$10,000	\$10,000
FFY25 CDC VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$3,944	\$3,944	\$3,944
FFY26 Immunizations IQIP CDC YR1	NGA Not Received	Amd 6	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$15,669	\$15,669	\$15,669
FFY22 PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 3	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$145,789	\$145,789	\$145,789
FFY25 HRSA MCHBG LHJ Contracts	B04MC54583	Amd 4	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$6,436	\$69,599	\$69,599
FFY25 HRSA MCHBG LHJ Contracts	B04MC54583	Amd 1	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$63,163		
FFY26 MCHBG LHJ Contracts HRSA YR1	NGA Not Received	Amd 6	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$84,217	\$84,217	\$84,217
SFY1 GFS - Group B Proviso		Amd 5	N/A	334.04.90	07/01/25	06/30/26	07/01/23	06/30/25	\$20,259	\$20,259	\$20,259
SFY2 GFS - Group B		Amd 1	N/A	334.04.90	01/01/25	06/30/25	07/01/23	06/30/25	\$25,877	\$25,877	\$25,877
YR2 Contaminated Water Sys Proviso		Amd 2	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$41,603	\$41,603	\$41,603
SFY26 FPHS-LHJ Funds-GFS		Amd 6	N/A	336.04.25	07/01/25	06/30/26	07/01/25	06/30/26	\$1,868,000	\$1,868,000	\$4,110,000
SFY25 FPHS-LHJ Funds-GFS		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$2,242,000	\$2,242,000	
YR 1 Stimulus - Local Asst (10% of 15%) SS		Amd 5	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$5,000	\$5,000	\$5,000

Lewis County Public Health & Social Services

EXHIBIT B-6
ALLOCATIONS
Contract Term:2025-2027

Contract Number: CLH32057
Date: August 1, 2025

Indirect Rate January 1, 2025 through December 31, 2025: 34.12%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	Funding Period End Date			
YR 27 SRF - Local Asst (15%) SS		Amd 5	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	(\$5,000)	\$0	\$0
YR 27 SRF - Local Asst (15%) SS		Amd 1	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$5,000		
YR 1 Stimulus - Local Asst (10% of 15%) TA		Amd 5	N/A	346.26.66	01/01/25	12/31/27	07/01/23	06/30/28	\$10,000	\$10,000	\$10,000
YR 27 SRF - Local Asst (15%) TA		Amd 5	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	(\$10,000)	\$0	\$0
YR 27 SRF - Local Asst (15%) TA		Amd 1	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$10,000		
TOTAL									\$5,284,679	\$5,284,679	
Total consideration:	\$3,282,094									GRAND TOTAL	\$5,284,679
GRAND TOTAL	\$2,002,585										
	\$5,284,679									Total Fed	\$1,071,940
										Total State	\$4,212,739

*Assistance Listing Number fka Catalog of Federal Domestic Assistance

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Foundational Public Health Services - Effective July 1, 2025

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

Contract Number: CLH32057

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

Period of Performance: July 1, 2025 through June 30, 2026

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

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

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY26 FPHS - LHJ FUNDS - GFS	99210860	N/A	336.04.25	07/01/25	06/30/26	0	1,868,000	1,868,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	1,868,000	1,868,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	FPHS funds to each LHJ – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$670,000
2	Assessment Reinforcing Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$60,000
3	Assessment – CHA/CHIP – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$30,000
4	Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$311,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	CD - NEW SFY 24 Immunization Outreach, Education & Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$10,000
6	EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$134,000
7	FC - NEW SFY 24 Strengthening Local Finance Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$62,000
8	FC - NEW SFY 24 Public Health Communications – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
9	Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$40,000
10	EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$195,000
11	Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000
12	CD – Case Investigation Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$104,000
13	CD – Hepatitis C – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$27,000

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

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

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

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

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

Stable funding and an iterative decision-making process – The FPHS Steering Committee’s roles and responsibilities are outlined in the [FPHS Committee & Workgroup Charter](#). The Steering Committee is the decision making body for FPHS and operates under a consensus-based decision making model, outlined [here](#). The Steering Committee use

an iterative approach to decision making meaning additional tasks and/or funds may be added to a local health jurisdiction's (LHJ) FPHS Statement of Work (SOW) as funding decisions are made.

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

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

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

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

This Statement of Work is for the period of July 1, 2025-June 30,2026 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

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

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

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

BARS Revenue Code: 336.04.25

BARS Expenditure Coding – provided for your reference

562.xx	BARS Expenditure Codes for FPHS activities: see below
10	FPHS Epidemiology & Surveillance
11	FPHS Community Health Assessment
12	FPHS Emergency Preparedness & Response
13	FPHS Communication
14	FPHS Policy Development
15	FPHS Community Partnership Development
16	FPHS Business Competencies
17	FPHS Technology

20	FPHS CD Data & Planning
21	FPHS Promote Immunizations
23	FPHS Disease Investigation – Tuberculosis (TB)
24	FPHS Disease Investigation – Hepatitis C
25	FPHS Disease Investigation – Syphilis, Gonorrhea & HIV
26	FPHS Disease Investigation – STD (other)
27	FPHS Disease Investigation – VPD
28	FPHS Disease Investigation – Enteric
29	FPHS Disease Investigation – General CD
40	FPHS EPH Data& Planning
41	FPHS Food
42	FPHS Recreational Water
43	FPHS Drinking Water Quality
44	FPHS On-site Wastewater
45	FPHS Solid & Hazardous Waste
46	FPHS Schools
47	FPHS Temporary Worker Housing
48	FPHS Transient Accommodations
49	FPHS Smoking in Public Places
50	FPHS Other EPH Outbreak Investigations
51	FPHS Zoonotics (includes vectors)
52	FPHS Radiation
53	FPHS Land Use Planning
60	FPHS MCH Data & Planning
70	FPHS Chronic Disease, Injury & Violence Prevention Data & Planning
80	FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning
90	FPHS Vital Records
91	FPHS Laboratory – Centralized (PHSKC Only)
92	FPHS Laboratory

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

[FPHS Intent - RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)

[FPHS Committee & Workgroup Charter](#)

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

Activity Special Instructions:

Investments to Each LHJ:

1. FPHS Funds to Each LHJ

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

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

Targeted Investments to Each LHJ:

2. **Assessment Reinforcing Capacity (FPHS definition G.2)**
Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11
3. **Assessment – CHA/CHIP (FPHS definitions G.3)**
Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11
4. **Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity (FPHS definitions D, E, F)**
Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60, 562.70, and/or 562.80
5. **CD - NEW SFY 24 Immunization Outreach, Education & Response (FPHS definition C.3)**
Promote immunization education and use of the statewide immunization registry through evidence-based strategies. Funding can also be used to support vaccine-preventable disease response. BARS expenditure codes: 562.21 and/or 562.27
6. **EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity (FPHS definitions B.2, A.C, J.1-3, K.1-2, L.1)**
These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53
7. **FC - NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)**
Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: 562.16
8. **FC - NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)**
Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: 562.13
9. **Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response (FPHS definitions D.1-2, D.4, F.1-3, G.1-3, I.1-2, J.1-J.3, K.1-2)**
Capacity and infrastructure related to addressing overdose crisis. This includes but is not limited to: Overdose response trainings, convening stakeholders or coordination groups, data analysis, and community education. Use BARS expenditure codes: 562.13, 562.14, 562.15, 562.60, 562.70, 562.80
10. **EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)**
Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12

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

11. **Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) (FPHS definitions G.1,2)**
Increase assessment and epidemiology capacity via regional/shared epidemiologist model to meet locally identified needs. Use BARS expenditure codes: 562.10 or 11

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

12. CD – Case Investigation Capacity (FPHS definitions C.2, C. 4)

Support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities. Use BARS expenditure codes: 562.23-29.

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

Address Hepatitis C cases per guidance developed by the FPHS CD SME Workgroup and [DOH's Hepatitis C Prioritization document](#) with particular emphasis on lab surveillance and investigation of acute cases. Use BARS expenditure codes: 562.24.

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Maternal & Child Health Block Grant-
Effective January 1, 2025

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

Contract Number: CLH32057

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

Period of Performance: January 1, 2025 through September 30, 2026

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2025 to September 30, 2026, for continuation of MCHBG related activities, and update Program Specific Requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY25 HRSA MCHBG LHJ CONTRACTS	78101251	93.994	333.93.99	01/01/25	09/30/25	69,599	0	69,599
FFY26 MCHBG LHJ CONTRACTS HRSA YR1	78101261	93.994	333.93.99	10/01/25	09/30/26	0	84,217	84,217
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						69,599	84,217	153,816

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period from October 1, 2024 through March 31, 2025.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	May 16, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this
1b	Develop 2025-2026 MCHBG Budget Workbook for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG Budget Workbook to DOH Community Consultant.	September 5, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1c	Participate in DOH-sponsored annual MCHBG meeting.	LHJ Contract Lead or designee will attend meeting.	September 30, 2025	statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
1d	Report actual expenditures for October 1, 2024 through September 30, 2025.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	December 5, 2025	
1e	Report actual expenditures for the six-month period from October 1, 2025 through March 31, 2026.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	May 15, 2026	
1f	Report annual FTE billed to MCHBG.	Submit FTE information on DOH-provided template.	July 1, 2026	
1g	Develop 2026-2027 MCHBG Budget Workbook for October 1, 2026 through September 30, 2027 using DOH-provided template.	Submit MCHBG Budget Workbook to DOH Community Consultant.	September 4, 2026	
1h	Participate in DOH-sponsored MCHBG fall regional meeting.	LHJ Contract Lead or designee will attend regional meeting.	September 30, 2026	
Implementation				
2a	Report 2024-25 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes.	Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
2b	Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG reporting document to DOH Community Consultant.	Draft – August 15, 2025 Final – September 12, 2025	
2c	Report 2025-26 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes.	Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes.	September report due October 15, 2025 November 15, 2025 December 15, 2025 January 15, 2026 February 15, 2026 March 15, 2026 April 15, 2026 May 15, 2026 June 15, 2026 July 15, 2026 August 15, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			<i>September 15, 2026</i>	
<i>2d</i>	<i>Develop 2026-27 MCHBG Monthly Reporting Template for October 1, 2026 through September 30, 2027 using DOH-provided template.</i>	<i>Submit MCHBG reporting document to DOH Community Consultant.</i>	<i>Draft – August 14, 2026 Final – September 11, 2026</i>	
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at DOH-CHIF@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.	Submit data to DOH per CYSHCN Program guidance.	January 15, 2025 April 15, 2025 July 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed. <i>Through September 30, 2025</i>	
3c	Review your program's entry on ParentHelp123.org annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.	September 30, 2025	
3d	Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	Submit updates as part of monthly reporting document.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	
<i>3e</i>	<i>Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at DOH-CHIF@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2025 January 15, 2026 April 15, 2026 July 15, 2026</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3f	Review your program’s entry on <u>ParentHelp123.org</u> annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.	September 30, 2026	
3g	Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	Submit updates as part of monthly reporting document.	September report due October 15, 2025 November 15, 2025 December 15, 2025 January 15, 2026 February 15, 2026 March 15, 2026 April 15, 2026 May 15, 2026 June 15, 2026 July 15, 2026 August 15, 2026 September 15, 2026	
MCHBG Assessment and Evaluation				
4a	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
4b	Provide summary of outcomes of MCHBG-funded work completed from October 1, 2024 through September 30, 2025 using DOH-provided reporting template.	Submit documentation as requested by DOH.	November 21, 2025	
4c	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2026	

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:

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

Program Manual, Handbook, Policy References:

CYSHCN Information and Resources:

~~[Children and Youth with Special Health Care Needs Website\(wa.gov\)](#)~~
~~[Health Services Authorization \(HSA\) Form](#)~~

~~[Children and Youth with Special Health Care Needs Website\(wa.gov\)](#)~~

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

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

Monitoring Visits (i.e., frequency, type, etc.):

Check-ins with DOH Community Consultant as needed.

Billing Requirements:

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

Special Instructions:

Contact DOH Community Consultant for approval of expenses not reflected in ~~pre~~-approved ~~B~~udget ~~W~~orkbook.

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Office of Immunization-Regional Representatives -
Effective July 1, 2025

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

Contract Number: CLH32057

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

Period of Performance: July 1, 2025 through June 30, 2026

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

Statement of Work Purpose: The purpose of this statement of work is to define required Childhood Vaccine Program (CVP) activities for regional representatives.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY26 IMMUNIZATIONS IQIP CDC YR1	74610263	93.268	333.93.26	07/01/25	06/30/26	0	15,669	15,669
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	15,669	15,669

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.	Within 30 days of executed contract review preliminary budget and submit any projected updates/changes to budget and forecast for expenditure of funds.	1. Deliverable: Review previously submitted preliminary budget for changes and return to DOH. 2. Deliverable: Using DOH provided forecast template, submit forecast for expenditure of contract.	July 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	Conduct enrollment site visits with all new providers and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with the CVP Operations Guide.	a) Email Provider Agreement New Enrollment Packet with provider's original or electronic signature – DOH 348-022 if 1. Provider did not previously submit the provider agreement to DOH. 2. Changes are made to the provider agreement during the enrollment visit. b) Email New Enrollment Training Guide (CVP SharePoint Site) with original or electronic signatures	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.	Facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program and when requested by DOH. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.	Email completed Provider Disenrollment form DOH 348-423 or list to verify vaccine inventory transferred/removed from provider site.	Within ten (10) days of vaccine transfer or removal	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4.	Conduct Unannounced Vaccine Storage and Handling (USH) visits at 5% of enrolled health care provider sites within the assigned region. Sites may be selected by DOH or by using the DOH USH Visit Planning List. All visits must be conducted in person in accordance with the CVP Operations Guide. Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.	a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response. b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR. c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR	a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access. b) Within five (5) business days of the site visit. c) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed.	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
5.	Conduct Announced Vaccine Storage and Handling (ASH) visits upon DOH request after an enrolled site moves to a new physical location. All visits must be conducted in	a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for	a) Online at the time of the visit or within five (5) business days of the site visit if	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
	person, within 60 days of DOH request, in accordance with the CVP Operations Guide. If site is due for a compliance visit within the current project period, conduct a compliance visit instead of an ASH visit. Complete Announced 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.	each announced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response. b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR. c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR	online access was not possible even with equipment intended for access. b) Within five (5) business days of the site visit. c) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed.	
6.	Complete the CVP Compliance Visit Project Schedule to ensure providers receive a site visit within 24 months of previous site visit and/or 6 months from new enrollment visit. Conduct Compliance Site Visits at enrolled health care provider sites within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with the CVP Operations Guide. Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR. Participate in at least one (1) CVP observational visit conducted by DOH Office of Immunization staff or designee annually.	a) Submit completed Combined Site Visit Project Schedule to DOH b) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response. c) Upload the signed Acknowledgement of Receipt form, Chart Review Worksheet, and Billing Practices Form to the site visit in PEAR. d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR. e) Respond to requests from DOH to schedule observation visit.	a) By July 31, 2025 b) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access. c) Within five (5) business days of the site visit. d) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed. e) Within five (5) business days of DOH request.	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
7.	<u>IQIP (Immunization Quality Improvement for Providers)</u> Complete Combined Site Visit Project Schedule Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 25% of eligible enrolled health care providers within the assigned region by June 15, 2025. A minimum of 40% of total visits assigned per region must be initiated within the first half Project Year (Dec 31,2025) and take place in person or via webinar and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint/Basecamp site. 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. All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee. The observational visit will occur by Dec 31, 2025	a) Copy of combined site visit project schedule (template will be provided) b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted. c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up.	By July 31, 2025 a) Within five (5) business days of visit b) Within five (5) business days of contact By Dec 31, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
8.	Review previously submitted budget forecast and submit any updates; provide notice of any projected unspent funds by end of contract period.	Using DOH provided forecast template, submit the forecast for expenditure of any remaining funds. Submit notice of any projected unspent funds	January 15, 2026	

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

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

Regional Representatives must have access to a digital data logger with current certificate of calibration and qualified pack outs or portable storage units for the purposes of transporting vaccine at appropriate temperatures when needed (see definitions in the DOH Vaccine Management Plan). Regional consultants will limit use of Immunization Information System (IIS) user accounts to view the data needed to conduct site visits with enrolled sites, and DOH reserves the right to limit regional consultant IIS access if used for unauthorized purposes, including but not limited to, editing, or approving Childhood Vaccine Program provider agreements or vaccine-related requests.

Invoicing:

Invoices must be submitted monthly to include the previous month's reimbursements/costs to the DOH using a Contract A19-1A invoice form and required back-up documentation. Final invoices are due within 45 days of the end of the end of the contract.

Unallowable Costs:

There are limitations from the funding source on allowable costs for this contract. If the contractor is unsure if a cost is allowable, they should contact the contract manager for approval of the cost prior to making the purchase or charge.

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs
- Fundraising Cost
- Goods and services for personal use
- Honoraria
- Independent Research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- Payment of a bad debt, collection of improper payments
- Promotional and/or incentive materials (e.g., plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle Purchase

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Office of Resiliency & Health Security-PHEP - Effective July 1, 2025

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

Contract Number: CLH32057

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

Period of Performance: July 1, 2025 through June 30, 2026

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

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks for LHJs to strengthen their capacity and capability around the Public Health Response Readiness Framework (CDC) to prepare for, respond to, and recover from public health threats and emergencies through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions as described in the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. Many LHJs support a position responsible for public health emergency preparedness and response. LHJs use different titles for these positions. DOH wants to be respectful of this diversity and refers to the people who fill these important roles as Public Health Emergency Response Coordinators.

This statement of work includes a partial allocation of PHEP funds because DOH has received a partial allocation from the CDC. DOH will add the remaining funds to the statement of work when they are received. If they are not received, DOH will review the statement of work and adjust activities as needed.

Guidance Documents - LHJs are strongly encouraged to use the Guidance Documents listed in the Program Specific Requirements in the bottom section of this Statement of Work.

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY25 PHEP BP2 - CDC- LHJ PARTNERS	31602254	93.069	333.93.06	07/01/25	06/30/26	0	34,699	34,699
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	34,699	34,699

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Maintain accurate and up-to-date contact information. This includes 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 September 1, 2025, and any changes within 30 days of the change. Mid-and end-of-year reports on template provided by DOH. Note any changes or no changes.	September 1, 2025 Within 30 days of the change. December 31, 2025 June 30, 2026	Reimbursement for actual costs not to exceed total funding allocation amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	As requested, submit additional information to DOH to comply with federal grant requirements and/or DOH requirements.	Information requested by DOH.	Upon request from DOH.	
3	Participate with DOH in a site visit (virtual or in person) to develop stronger relationships, enhance collaboration, and promote a unified approach to public health preparedness and response efforts.	Participation in site visit. Preparation and follow-up activities as requested by DOH.	As requested by DOH.	
4	Jurisdictional Risk Assessment Implementing the preparedness cycle in any organization or jurisdiction is dependent on information about jurisdictional hazards. DOH is providing every local health jurisdiction with access to the H2azaRDS tool that was developed by the University of Washington. This Jurisdictional Risk Assessment (JRA) identifies, analyzes, and prioritizes potential public health and medical threats and hazards within the jurisdiction.			
4.1	Participate in the public health disaster risk assessment tool/report (H2azaRDs tool) training. This training will provide a foundational understanding of the tool and the rollout of it. Note: LHJs will be notified at least 30 days in advance of the training date.	Participation in training. Mid-year reports on template provided by DOH (note participation in training).	December 31, 2025	
4.2	Complete a jurisdictional risk assessment tool/report during the PHEP FFY24 BP1 grant period or between July 1 and December 31, 2025, to inform the 2026 Integrated Preparedness Planning Workshop (IPPW). OR Participate in a jurisdictional risk assessment tool/report during the PHEP FFY24 BP1 grant period or between July 1 and December 31, 2025, to inform the 2026 IPPW. The completed risk assessment report will include: • Documented risk profiles, capability gaps, and recommendations to inform planning and resource allocation. • Preparedness strategies in alignment with local, state, and federal emergency management frameworks. • A list of identified risks within the jurisdiction. • A prioritized ranking of the top five risks. • A summary of how these risks impact the most affected populations.	Risk Assessment	December 31, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	Training Maintaining baseline training competency is essential for a coordinated and effective public health emergency response. Ensuring staff complete the appropriate Incident Command System (ICS) training enables them to operate within standardized response structures and communicate effectively during emergencies. Requiring sub-awardees to verify completion through a DOH-approved training plan promotes accountability and consistency across jurisdictions.			
5.1	Ensure baseline NIMS compliant training competency is maintained as determined by the LHJ. PHEP funding may be used to support additional public health emergency response trainings identified by the LHJ.	Mid- and end-of-year reports on templates provided by DOH, including titles, dates, and sponsor of trainings.	December 31, 2025 June 30, 2026	
6	Exercising Both state and local health departments follow the Homeland Security Exercise and Evaluation Program (HSEEP) principles. Assessing the effectiveness of our emergency response plans and the training of those who might respond to the public health impacts of disasters, is a core component of the preparedness cycle. The act of exercising combined with the learning as demonstrated by an After-Action Report (AAR) drives future planning and training. It is DOH's responsibility to meet the exercise requirements under our CDC PHEP Cooperative Agreement. DOH uses the Multi-Year Preparedness Activities Calendar (MYPAC) to demonstrate that sub-recipients of the PHEP funding are participating in, or leading exercises. Local Jurisdictions and Tribes may use PHEP funding for any exercise that furthers their preparedness.			
6.1	If DOH participation is requested, complete the WA DOH Exercise Notification Form prior to conducting an exercise that was not previously identified in the LHJ's MYPAC or led by DOH.	Exercise Notification Form	As soon as the LHJ is aware of the exercise date and details.	
6.2	Conduct, or participate in, at least one emergency response exercise by June 30, 2026. LHJs should coordinate preparedness exercises with local partners, including Tribes, emergency management, healthcare facilities, and first responder agencies. Participation in exercises hosted by other organizations within the jurisdiction or geographic region is also strongly encouraged to support regional coordination and strengthen multi-agency response capabilities. Note: A real-world response would meet this deliverable.	Submit a Completed After-Action Report/Improvement Plan (AAR/IP)	For AARs that the LHJ are responsible for, 90 days after exercise completion. For others, when the AAR is publicly available.	
7	Public Health Emergency Response Planning A core component of every public health preparedness and response program is maintaining an up-to-date and complete emergency response plan that describes how the jurisdiction will respond to the public health impacts of the most likely threats faced by the jurisdiction.			
7.1	Update or develop LHJ identified sections of the Comprehensive Emergency Response Plan addressing gaps/needs identified from an After Action Report from an exercise or a real world response	Describe progress to date in the mid-year report on template provided by DOH.	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Align the Plan with National Incident Management System/Incident Command System (NIMS/ICS) standards and coordinate with community-based organizations, healthcare, and local emergency response agencies.	Emergency Response Plan by June 30, 2026.		
8	Integrated Preparedness Planning Washington values the strengths of a decentralized public health system while recognizing that PHEP resources are limited. The Integrated Preparedness Planning (IPP) process is intended to promote inter-jurisdictional efficiency by aligning planning, training, and exercise efforts across the many public health jurisdictions in the state.			
8.1	To inform IPPW, develop a Multi-Year Preparedness Activities Calendar (MYPAC). Use the following to inform development of your MYPAC: exercise plans, emergency response plans, AAR/IPs, IPPs, and response training plans.	MYPAC Bring (or have available) your MYPAC to the IPPW (digital or on paper). Highlight activities that are new since January 2025.	January 5, 2026 January 13-14, 2026	
8.2	Participate in both days of DOH Integrated Preparedness Planning Workshop (IPPW), with at least one representative (virtually or in person). The IPPW is scheduled for January 13-14, 2026 (location TBD).	Participation in IPPW (DOH will be looking at sign in documents). End-of-year report on template provided by DOH.	January 13-14, 2026 June 30, 2026	
8.3	Develop or update a multi-year-integrated preparedness plan with critical response and recovery partners using the whole community approach. Use the information gathered in tasks 8.1. and 8.2 to inform the development of this plan	Multiyear integrated preparedness plan that is aligned with HSEEP principles, developed or updated between February 1 and June 30, 2026 (after the IPPW).	June 30, 2026	
9	Emergency Information Sharing Effective emergency communication and notification are critical for ensuring a timely, coordinated response to public health incidents. Immediate notification and accurate situation reporting enable rapid decision-making, resource deployment, and situational awareness at the state, tribal, and local levels. Maintaining reliable communication systems and conducting regular drills help verify readiness, strengthen coordination, and ensure that response protocols function as intended during real-world emergencies.			
9.1	Notification Requirement: Notify the Washington State Department of Health (DOH) Duty Officer at 360-888-0838 or via email at hanalert@doh.wa.gov for any incident that involves the activation of emergency response plans and/or the implementation of an incident command structure.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
9.2	Situation Reporting: Develop situation reports (sitreps) documenting jurisdictional activities during all response incidents that extend beyond two operational periods and require a written Incident Action Plan. Situation reports may be prepared directly by the LHJ or by another jurisdiction, provided they include input from the LHJ to ensure accuracy and completeness. Submit Situation Reports to DOH Duty Office (hanalert@doh.wa.gov) during LHJ response as soon as they are available.	Mid- and end-of-year reports on template provided by DOH. Note whether Situation Reports were submitted, or there was no need to submit them.	December 31, 2025 June 30, 2026	
9.3	Maintain the Washington Secure Electronic Communications, Urgent Response, and Exchange System (WASECURES) as the primary platform for emergency notifications. Participate in DOH-led notification drills. Notes: - Registered users must log in (or respond to an alert) quarterly at a minimum. - DOH will provide technical assistance to LHJs on using WASECURES. - LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
9.4	Participate in quarterly WASECURES notification drills coordinated by DOH to support statewide communication readiness.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
9.5	Conduct at least one Local Health Jurisdiction (LHJ)-led drill using the jurisdiction’s preferred staff notification system to ensure operational effectiveness.	Submit results of the drill on the mid- OR end-of-year reports on template provided by DOH.	December 31, 2025 OR June 30, 2026	
10	Medical Materiel and Volunteer Management Effective medical materiel and volunteer management are essential for ensuring timely access to critical supplies and skilled personnel during public health emergencies, enabling local health jurisdictions to respond quickly, coordinate resources efficiently, and maintain continuity of operations under surge conditions. While LHJs are not expected to sustain these capabilities independently, they must have plans in place to access and coordinate resources through local, mutual aid, and state systems when needed.			
10.1	Maintain and update the LHJ’s medical materiel management plan components, operational guide, or process document by verifying that the local agency’s preferred large parcel delivery sites are accurate and operational and jointly confirmed with DOH, confirming that	Mid- and end-of-year reports on template provided by DOH that describe progress on this task.	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	inventory tracking systems work as intended, and ensuring the LHJ can procure, store, manage, and distribute palletized and bulk medical supplies during a public health emergency when necessary.	Summary of medical materiel management plan components, operational guide, or process document. (You may submit the whole plan, guide, or document if you prefer.)	December 31, 2025 OR June 30, 2026	
10.2	Develop process/procedure to integrate clinical volunteers into your emergency response plan(s) including the process for management of volunteers during a public health emergency. This could be in partnership with other response partners (EM, Hospitals, Local Volunteer agencies, etc.). This plan must identify a point of contact to collaborate with state volunteer registries and support volunteer vetting, credentialing, and response readiness. If a Medical Reserve Corps (MRC) is housed within the Local Health Jurisdiction (LHJ), confirm a Point of Contact (POC). For LHJs without an MRC, identify a POC to liaise with external volunteer management organizations, including the State Emergency Medical Reserve Corps.	Mid- and end-of-year reports on template provided by DOH, including identified volunteer management point of contact. Volunteer management process, procedure, or plan, including the point of contact. Updated volunteer management point of contact, as needed.	December 31, 2025 June 30, 2026 June 30, 2026 As changes occur.	
11	Public Health Information and Warning Effectively communicating with the public about health risks during emergencies is essential for reducing morbidity and mortality. When people understand the nature of a threat and what actions they can take to stay safe, they are better equipped to protect themselves and others. Timely, clear, and culturally appropriate messaging helps minimize confusion, supports informed decision-making, and ultimately saves lives during public health emergencies.			
11.1	Incorporate communication strategies into exercises to strengthen your jurisdiction’s capacity to manage and disseminate accurate information during emergencies to populations disproportionately affected by top public health hazards within jurisdiction.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
12	Healthcare Coalition Partnerships Collaboration between local PHEP recipients and healthcare coalitions is essential to align public health and healthcare system preparedness capabilities, enhance interoperable response plans, and ensure efficient allocation of critical resources during emergencies.			
12.1	Participate in the Northwest Healthcare Response Network (NWHRN) monthly or the Healthcare Alliance (HCA) bi-monthly meetings, at least once during each contract reporting period.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	The contract reporting periods are July 1 – December 31, 2025, and January 1 – June 30, 2026.			
12.2	Participate in the following additional activities with the Northwest Healthcare Response Network (NWHRN) or the Healthcare Alliance (HCA): • Communications • Planning • Training, and/or exercises.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
13	Coordination with Tribes Tribes bring valuable cultural knowledge, governance structures, and community networks, essential for effective preparedness, response, and recovery. Partnering with tribes enhances trust, optimizes resource use, and ensures equitable support during crises.			
13.1	Seek to engage and coordinate with local tribes on preparedness activities, if you have federally recognized tribes within your LHJ. Note: The jurisdictional risk assessment might be an opportunity to work with tribes (Task #4).	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
14	Administrative Preparedness Plans/Procedures Administrative preparedness is essential for LHJs to effectively fulfill their obligation to respond to public health emergencies in their jurisdiction. Having established administrative procedures that allow your organization to implement appropriate flexibility during declared emergencies—even in the absence of a formal plan—helps ensure rapid access to resources, contracts, staffing, and operational support during public health emergencies.			
14.1	Based on the unique structure and administrative procedures, review and have an understanding of the following areas: • Conditions under which expedited processes can be activated. • Identification of those authorized to implement emergency administrative processes and procedures. • Streamlined processes for securing emergency funding from federal, state, or both levels of government (recognizing that state and federal funding is contingent on availability). • Accelerated procedures for procuring resources, including additional staff (temporary or permanent). • Criteria for deactivating emergency processes and transitioning back to normal operations.	Mid- and end-of-year reports on template provided by DOH. Plan and/or procedures available upon request	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
15	Build Highly Qualified PHEP Workforce Maintaining a qualified PHEP workforce is essential for ensuring operational readiness and effective emergency response. Ongoing participation in communities of practice fosters shared learning, supports the dissemination of best practices, and strengthens workforce competencies needed to execute critical public health preparedness functions.			
15.1	Engage in at least one community of practice (CoP) group that identifies problems, solutions, and best practices in public health emergency preparedness. This can be a community of practice led by DOH, CDC, or Northwest Center for Evidence-Based Public Health Emergency Preparedness and Response. Note: Attending the MCM CoP (Task 16.2) meets this activity also.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
16	Medical Countermeasures – All LHJs, including non-Cities Readiness Initiative (CRI)* LHJs, must be able to meet medical countermeasure (MCM) capabilities to ensure timely protection of their communities during public health emergencies. Building and maintaining this capability supports equitable access to life-saving interventions and strengthens the overall statewide response system. *Non-CRI LHJs are LHJs that do not receive Cities Readiness Initiative (CRI) funding. In Washington State, the LHJs that receive CRI funding are Clark County Public Health, Public Health – Seattle & King County, Snohomish County Health Department, and Tacoma–Pierce County Health Department.			
16.1	Update MCM plan between July 1, 2025, and June 30, 2026, to reflect current capabilities, procedures, and resources, to demonstrate ongoing medical countermeasure (MCM) readiness. If the MCM plan does not include jurisdiction's ability to receive, stage, store, and distribute MCM, provide a comprehensive supplemental report on these capabilities. This report should include: The process for receiving, staging, storing, and distributing MCM.	Updated MCM plan (submit once by June 30, 2026, or sooner). If the Plan is not submitted by December 31, 2025, describe progress to date in the mid-year report on template provided by DOH. End-of-year report on template provided by DOH.	December 31, 2025 June 30, 2026	
16.2	Attend one of the MCM quarterly meetings for the non-CRI LHJs and one MCM community of practice meeting throughout the performance period. Note: Participation in the MCM community of practice also meets the requirement of Task 15.1.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	

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:

Guidance Documents - LHJs are strongly encouraged to use the following documents to inform the implementation of activities in this statement of work. DOH will provide copies of the documents.

New Statement of Work Guidance Document (under development)

Washington State Doctrine for Enhancing Resiliency, Health Security, Response, and Recovery.

Public Health Response Readiness Framework (CDC) -- 2024-2028 PHEP Program Priorities – Defines Excellence in Response Operations

Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health

Public Health Emergency Preparedness (PHEP) Cooperative Agreement (2024 – 2029 Guidance Document)

Follow all Federal requirements for use of Federal funds:

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200

Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards

[CFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

Recipients may only use funds for reasonable program purposes, including personnel, travel, supplies, and services.” PHEP Notice of Funding Opportunity: Funding Limitations Supplemental Guidance – February 2024

The following expenses are not allowable with these funds:

- Clothing (except for vests to be worn during exercises or responses).
- Salaries at a rate above Federal Executive Schedule Level II.
- Vehicles (with preapproval, funds may be used to lease vehicles).
- Pay or reimburse backfilling costs for staff.
- Vaccines for seasonal influenza mass vaccination clinics or other routine vaccinations covered by CDC/ACIP schedules.
- Influenza vaccines for the public.
- Promotional items and memorabilia.
- Construction or major renovations.

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing food or beverages is generally not allowable (unless employees are in travel status, then reimbursement of food and beverages is allowable).
- Purchasing equipment (see definition of equipment in 2 CFR 200, link above).

- Disposition of equipment with a current value of (see 2 CFR 200, link above).
- Leasing vehicles.
- Out of state travel.
- Overtime pay for staff directly associated with this statement of work.
- Purchase of caches of vaccine for public health responders and their households to ensure the health and safety of the public health workforce.
- Purchase of caches of vaccine for select critical workforce groups to ensure their health and safety during an exercise testing response plans.

See also DOH *A19 Documentation Matrix* for additional expenses that may require preapproval.

BILLING

Please refer to the Billing Instructions in the 2025 – 2027 Consolidated Contract.

All expenses on invoices must be related to the Statement of Work Tasks.

Submit invoices monthly on a signed A19-1A invoice voucher form with backup documentation appropriate for risk level. DOH will provide A19 form and risk level.

- Submit invoices monthly within 60 days of the end of the month of service (unless the related ConCon amendment has not been executed, in that case submit invoices as soon as possible after the amendment is executed).
- Please do not submit invoices until the ConCon amendment including the funds has been executed.
- If invoices include indirect costs, there must be a DOH-approved indirect rate cost agreement.
- If there are no expenses related to this Statement of Work for a month, let the DOH Contact via email.
- If you are submitting a supplemental, revised, corrected, or any additional invoice for a month, please clarify your intentions in the email with the invoice.
- Submit final billing within 60 days of the end of the funding period.