

SKAMANIA COUNTY BOARD OF HEALTH

Agenda for September 12th, 2023

1:30 PM

Skamania County Courthouse
240 NW Vancouver Avenue, Room 18
Stevenson, WA 98648

Board of Health Meetings are open to the public in person or by ZOOM using the numbers listed below.

1 346 248 7799 US 1 312 626 6799 US
1 646 558 8656 US 1 669 900 9128 US
1 253 215 8782 US
1 301 715 8592 US

Meeting ID: 889 0632 1210

Join Zoom Meeting - <https://us02web.zoom.us/j/88906321210>

If you wish written comments to be listed on the agenda, they need to be submitted to the Clerk of the Board by noon on Wednesday preceding the Tuesday/Wednesday meeting, otherwise they will be held for the following Tuesday/Wednesday. Email comments to: sackos@co.skamania.wa.us. When a holiday falls on Monday, the regular meeting is held on Wednesday of that week.

Tuesday, September 12th, 2023

1:30 PM Call to Order

Public Comment (3 minutes)

Consent Agenda - Items will be considered and approved on a single motion. Any Commissioner may, by request, remove an item from the agenda prior to approval.

- 1. Minutes for meeting August 8th, 2023.

Memorandum of understanding to provide Skamania County Community Health with funding to engage rural Skamania County residents in Public Health needs assessment.

Amendment #13 to Department of Health Consolidated Contract 2022-2024 to add and amend statements of work.

Community Health Report – Tamara Cissell, Community Health Director

Health Officer Report – Dr. Steven Krager, Deputy Health Officer

Environmental Health Report – David Waymire, Community Development Director

Adjourn

MINUTES OF SKAMANIA COUNTY BOARD OF HEALTH MEETING

August 8th, 2023

Skamania County Courthouse
240 NW Vancouver Avenue, Room 18
Stevenson, WA 98648

The meeting was called to order at 1:31 p.m. on August 8th, 2023, at the Skamania County Courthouse, 1st Floor Meeting Room, 240 NW Vancouver Avenue in Stevenson, with Board of Health Elected Representatives Commissioners Asa Leckie, Richard Mahar, and T.W. Lannen, Chair, and appointed Board of Health members Ann Lueders and Dr. Scott Yerrick present. Katie Walker was absent.

There was no public comment.

Commissioner Mahar moved, seconded by Commissioner Leckie and the motion carried unanimously to approve the Consent Agenda as follows:

- 1. Minutes for meeting July 11th, 2023.

David Waymire, Community Development Director, reported on Environmental Health.

Tamara Cissell, Community Health Director reported on transitioning food files, public health department strategic planning, a heat wave preparedness checklist, and a health survey.

Dr. Steven Krager, Deputy Health Officer reported on lead and public health.

Commissioner Mahar moved, seconded by Commissioner Leckie and the motion carried unanimously to approve contract amendment #12 with Department of Health Office of Contracts and Procurement.

The meeting adjourned at 2:22 p.m.

SKAMANIA COUNTY BOARD OF HEALTH

Attest:

T.W. Lannen, Chair

Richard Mahar, Commissioner

Lisa Sackos, Clerk of the Board of Health


Asa Leckie, Commissioner

Scott Yerrick, Representative (Non-Elected)

Katie Walker, Representative (Non-Elected)

Ann Lueders, Representative (Non-Elected)

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	Community Health Department	Signature 
<u>AGENDA DATE</u>	BOH, 9/12/2023	
<u>SUBJECT</u>	SWACH-Public Health Needs Assessment	
<u>ACTION REQUESTED</u>	BOCC Signature	

SUMMARY/BACKGROUND

MOU to provide SCCH with funding to engage rural Skamania County residents in Public Health needs assessment.

FISCAL IMPACT REVENUE CONTRACT

\$7,500

RECOMMENDATION

Sign Agreement at the next BOH meeting.

LIST ATTACHMENTS

- Face Sheet
- MOU
- Exhibit A: SWACH Branding Guidelines

COUNTY FACE SHEET FOR CONTRACTS/LEASES/AGREEMENTS

1. Contract Number _____

2. Contract Status: (Check appropriate box) Original Renewal Amendment

3. Contractor Information: Contractor: SWACH
Contact: Janet Sanchez
Title: Administrative Coordinator
Address: 2404 E Mill Plain Blvd, Suite B
Address: Vancouver, WA 98661
Phone: 360-954-6529

4. Brief description of purpose of the contract and County’s contracted duties:
MOU to provide SCCH with funding to engage rural Skamania County residents in Public Health needs assessment.

5. Term of Contract: From: August 1, 2023 To: July 31, 2024

6. Contract Award Process: (Check appropriate box)
General Purchase of materials, equipment or supplies - RCW 36.32.245 & 39.04.190

- Exempt (Purchase is \$2,500 or less upon order of the Board of Commissioners)
Informal Bid Process (Formal Quotes between \$2,500 and \$25,000)
Formal Sealed Bid Process (Purchase is over \$25,000)
This contract was awarded under RCW 39.29 or Skamania County Code _____. Please provide a summary of the competitive process by which this contract was awarded or the exemption and why it applies. Revenue Agreement

Public Works Construction & Improvements Projects – RCW 36.32.250 & 39.04.155 (Public Works, B&G, Capital Improvements Only)

- Small Works Roster (PW projects up to \$200,000)
Exempt (PW projects less than \$10,000 upon order of the Board of Commissioners)

7. Original Contract Amount: \$ 7,500 Source: SWACH
Amendment 1 \$ Source:
Amendment 2 : \$ Source: SWACH
Total County Funds Committed: \$
TOTAL FUNDS COMMITTED: \$ 7,500

8. County Contact Person: Name: Allen Isaacson
Title: Data & Finance Manager

9. Department Approval: [Signature]
Department Head or Elected Official Signature

Special Comments: Please email a signed copy to Janet Sanchez at janet.sanchez@southwestach.org



MEMORANDUM OF UNDERSTANDING
SWACH and Skamania County Community Health

THIS MEMORANDUM OF UNDERSTANDING (this "MOU"), effective as of August 1, 2023 (the "Effective Date"), is entered into by and between Southwest Washington Regional Health Alliance, a Washington nonprofit corporation, doing business as Southwest Washington Accountable Community of Health ("SWACH") and Skamania County Community Health (SCCH), a Washington Organization ("Partner"). SWACH and Partner are individually referred to as a "Party" and together referred to as the "Parties."

1. **PROJECT AND SCOPE.** The purpose of this MOU is to provide Skamania County Community Health (SCCH) with a single, lump-sum payment of seven thousand five hundred dollars (\$7,500) ("Funds"), which shall be used to "Support rural health needs in Skamania and Klickitat counties".

2. **TERMS OF AGREEMENT.** The Parties shall work together in a cooperative and coordinated effort so as to bring about the fulfillment of the purpose of this MOU. Skamania County Community Health, in partnership with SWACH, agrees to use funds to support rural health needs in Skamania and Klickitat counties.

3. **ROLES AND RESPONSIBILITIES.** Partner agrees to perform the responsibilities listed below:
 - 3.1. Skamania County Community Health (SCCH) responsibilities.
 - (a.) Skamania County Community Health (SCCH) in partnership with Clark County Public Health will engage rural Skamania County residents in a public health needs assessment including incentives and snacks to host public meetings.
 - (b.) SCCH shall not discriminate against any person, applicant, or participant of the Program on the basis of age, sex, marital status, sexual orientation, race, color, religion, ancestry, national origin, disability, handicap, health status, or any other unlawful basis. SCCH will comply with all applicable laws prohibiting discrimination.
 - (c.) SCCH will be responsible for the identification of relevant requirements and parameters of eligibility for their Programs and have sole responsibility for the identification and selection of eligibility for the individuals who enroll and/or participate in their Programs.

- (d.) SCCH agrees to quarterly reporting to include information such as: number of individuals served, and types of services provided.
- (e.) SCCH agree that no more than 10% of the Funds may be used for administrative costs.
- (f.) Agrees to distribute Funds as soon as possible.
- (g.) Acknowledges that Funds must be used by December 31, 2024, all unused, unapplied, or unassigned Funds shall be returned to SWACH.
- (h.) On an ongoing basis, SCCH shall (i) monitor and track use of Funds and performance of services under Program, and (ii) comply with all applicable state and federal laws related to use of Funds and services performed under Program. SCCH agrees to report to SWACH promptly any suspected misuse of Funds. SCCH acknowledges and understands that should any misuse of Funds be determined, SCCH will be required to return Funds to SWACH immediately.

4. EXPECTED OUTCOMES.

4.1 Expected Outcome for Skamania County Community Health (SCCH) in partnership with Clark County Public Health

(a.) Will hold two (2) community dialogues and six (6) focus group sessions with hospitality and incentives, engaging an estimated 1000 people total.

5. PERIOD OF PERFORMANCE. The period of performance of this Agreement will commence on the Effective Date and continue until July 31, 2024, unless terminated sooner or extended in accordance with the terms of this MOU. Either party may terminate this agreement without cause upon thirty (30) days prior written notice.

6. AGREEMENT MANAGEMET. Each Party will designate a point of contact who will be responsible for all communications regarding this MOU. The initial point of contacts are as follows:

SWACH point of contact for PROGRAM and AGREEMENT:

Nichole Peppers
Nichole.Peppers@southwestach.org
360-409-6672



Partner point of contact for
PROGRAM:

Name: _____

Email: _____

Phone: _____

Each Party, via its point of contact, will be reasonably available for both in-person and remote communication with the other Party.

7. **RECORDS.** Partner will maintain complete and accurate books, records, documents, and other evidence related to this MOU. Partner will retain all Records for a period of not less than six years required by applicable law and regulations. Such Records must be sufficient to support confirmation that all information submitted by Partner to SWACH for all reports required under this MOU or by SWACH are true, complete, and accurate. Partner authorizes SWACH or its representatives or agents and state and federal officials to review, inspect, or audit Records upon written request during the term of this MOU and for six years after.

8. **INDEMNITY.** SWACH and Partner shall each be responsible for its own acts and omissions, and the acts and omissions of their employees. Each Party shall defend, protect and hold harmless the other Party from and against all liability, loss, claims, settlements, judgments, costs, and expenses, including attorney's fees, arising from third party claims arising out of breaches of this MOU by the first Party or any willful misconduct, or dishonest, fraudulent, reckless, unlawful, or negligent act or omission of the first Party while performing under the terms of this MOU except to the extent that such losses result from the willful misconduct, or dishonest, fraudulent, reckless, unlawful or negligent act or omission on the part of the second Party. Each Party agrees to notify promptly the other Party, in writing, of any claim and provide the other Party the opportunity to defend and settle the claim.

9. **DATA SECURITY LAWS.** Partner represents and warrants that it is in compliance with, and will remain in compliance with, all domestic data privacy and data security laws, rules, and regulations related to the protection of Personal Information (collectively, "Data Security Laws"), including without limitation that it has in place appropriate administrative,

technical, and physical safeguards to comply with such laws, rules, and regulations. Partner further represents and warrants that it has policies and agreements that comply with applicable Data Security Laws, and that these policies and agreements are such that any information, including Personal Information, obtained by, provided to or accessed by Partner, will not cause SWACH or Partner to violate any applicable Data Security Laws. “Personal Information” means any information related to any identified or identifiable natural or legal person as well as any other additional information deemed personal data under applicable personal data protection laws.

10. **CONFIDENTIALITY.**

(a) “Confidential Information” means information in any form or medium (whether oral, written, electronic, or other) that a Disclosing Party (as defined in Section 10(b)) considers confidential or proprietary. “Confidential Information” does not include information that the Receiving Party (as defined in Section 10(b)) can demonstrate by written or other documentary records: (i) was already known to the Receiving Party without restriction on use or disclosure prior to its receipt of or access to such information in connection with this MOU; (ii) was or becomes generally known by the public other than by breach of this MOU by, or other wrongful act of, the Receiving Party or any of its Representatives (as defined in Section 10(b)); (iii) was or is received by the Receiving Party from a third party who was not or is not, at the time of such receipt, under any obligation to the Disclosing Party to maintain the confidentiality of such information; or (iv) was or is independently developed by the Receiving Party without reference to or use of any of the Disclosing Party’s Confidential Information.

(b) In connection with this MOU, each Party (for purposes of this Section 10, the “Disclosing Party”) may disclose or make available Confidential Information to the other Party (for purposes of this Section 10, the “Receiving Party”). As a condition to being provided with any disclosure of or access to the Disclosing Party’s Confidential Information, the Receiving Party will: (i) not use the Disclosing Party’s Confidential Information other than as necessary to exercise its rights or perform its obligations under this MOU; (ii) not disclose the Disclosing Party’s Confidential Information except to its directors, officers, employees, consultants, or legal advisors (“Representatives”) who: (i) have a need to know for the purposes of the Receiving Party’s exercise of its rights or performance of its obligations under this MOU; (ii) have been informed of the confidential nature of the Confidential Information

and the Receiving Party's obligations under this Section 10; and (iii) are bound by confidentiality and restricted use obligations at least as protective of the Confidential Information as the terms set forth in this Section 10. The Receiving Party is responsible for ensuring its employees', consultants', and legal advisers' compliance with, and shall be liable for any breach by such individuals of, this Section 10.

(c) At the Disclosing Party's request, the Receiving Party shall return or destroy, as requested, the physical materials containing or relating to the Disclosing Party's Confidential Information, without retaining any copies. In the event of default under this MOU by the Receiving Party, the Disclosing Party shall be entitled to seek injunctive relief in addition to any other remedies, including (without limitation) damages.

(d) Nothing in this MOU shall preclude Partner from disclosing records required to be disclosed under the Washington Public Records Act. Partner will notify SWACH prior to the release of any records in the event that Partner believes that the public records act requires the disclosure of confidential records under this agreement.

11. **NONDISCRIMINATION.** Both Parties must strictly comply with applicable federal, state and local civil rights laws and shall not discriminate on the basis of race, color, national origin, age, disability or sex, or other protected status.

12. **TERMINATION.**

(a) Unless earlier terminated or extended, this MOU will terminate on July 31, 2024.

(b) Either Party may terminate this MOU for any or no reason by providing the other Party with 30 days' prior written notice.

(c) Each Party may terminate this MOU for cause with immediate effect if the other Party does not fulfill an obligation under this MOU or if the other Party violates any term or condition of this MOU and such failure or violation is not cured, if curable, within 30 days after delivery of written notice of such failure or violation.

(d) SWACH may terminate this MOU upon 24 hours written notice to Partner if any license, certification, or governmental approval of material relevance to its performance under this Agreement is suspended, terminated, revoked, or surrendered.

- (e) In the event this MOU terminates for any reason, Skamania Emergency Management Services (Skamania EMS) and Skamania County Community Health (SCCH) shall return all unused, unapplied or unassigned Funds remaining to SWACH within thirty (30) days of receiving or giving notice of a termination as provided herein. The Parties expressly agree this provision shall survive the termination or expiration of this MOU.
- (f) A Party may terminate this MOU with immediate effect if, the other Party:
 - (i) becomes insolvent or is generally unable to pay, or fails to pay, its debts as they become due;
 - (ii) files or has filed against it a petition for voluntary or involuntary bankruptcy or otherwise becomes subject, voluntarily or involuntarily, to any proceeding under any domestic or foreign bankruptcy or insolvency law; (iii) makes or seeks to make a general assignment for the benefit of its creditors; or (iv) applies for or has appointed a receiver, trustee, custodian, or similar agent appointed by order of any court of competent jurisdiction to take charge of or sell any material portion of its property or business.

13. **DEBARMENT.** By signing this MOU, Partner certifies that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded in any Washington state or federal department or agency from participating in transactions (debarred). Partner agrees to include the above requirement in any and all subcontracts into which it enters, and also agrees that it will not employ debarred individuals. Partner must immediately notify SWACH if, during the term of this MOU, Partner becomes debarred. SWACH may immediately terminate this MOU by providing Partner written notice if Partner becomes debarred during the term hereof.

14. **ENTIRE AGREEMENT.** This Agreement is the entire agreement as between the Parties with respect to the Funds and the Program. No provision may be waived, modified, or amended except by writing signed by both Parties. All exhibits, recitals, references to extrinsic documents, occurrences and situations, attachments and schedules are hereby incorporated herein by this reference as if fully set forth herein. Except as otherwise specifically provided herein, the exercise of any remedy provided by law or otherwise, and the provisions for any remedy in this Agreement, shall not exclude any other remedy.

15. **SEVERABILITY.** If any provision of this Agreement is found to be illegal or unenforceable in any way, it will be enforced to the maximum extent possible, and all other provisions of this Agreement will remain in full force and effect.
16. **AMENDMENT OR MODIFICATION.** Subject to the next sentence, this Agreement may be amended, modified or supplemented only by written instrument executed by the Parties. SWACH reserves the right to unilaterally modify, supplement, amend, or change the reporting requirements set forth in this Agreement, including in the Program Expectations or the Partner Reporting Guidance, upon written notice to Partner.
17. **PUBLICITY.**
- (a) Neither Party may make any public statements, including, without limitation, any press releases, fliers, signage, etc., with respect to this Agreement or the Program, without the prior consent of the other Party (which consent may not be unreasonably withheld), except as may be required by law. SWACH has the authority to inform the Health Care Authority on information about Partners through ongoing reports.
 - (b) Partner agrees that all internal and external communications, whether in oral, visual, written, electronic or other tangible or intangible form, including without limitation written statements, communications, posts, or other documents or materials or videos, recordings, or other electronic materials created by or on behalf of Partner (collectively, the “Materials”) that are related to this Agreement, SWACH, SWACH related Programs, or the funds paid to Partner in connection with this Agreement, must include a reference to SWACH. All references to SWACH must comply with SWACH’s branding guidelines as set forth in Exhibit A and must be approved by SWACH in advance in writing. Requests for approval must be submitted to Ryan Carrillo, at ryan.carrillo@southwestach.org at least five business days in advance of publishing.
 - (c) Exhibit A outlines agreement to SWACH's branding guidelines.
18. **GOVERNING LAW AND VENUE.** This Agreement is governed by and construed in accordance with the internal laws of Washington without giving effect to any choice or conflict of law provision or rule that would require or permit the application of the laws of any jurisdiction other than those of Washington. Any legal suit, action, or proceeding arising out of or related to this Agreement must be brought in the courts located in Clark County, Washington.

19. **COUNTERPARTS; ELECTRONIC SIGNATURES.** This Agreement may be executed in counterparts, each of which is deemed an original, but all of which together are deemed to be on and the same agreement. A signed copy delivered by email or other means of electronic transmission is deemed to have the same legal effect as delivery of an original signed copy of this Agreement.

[signature pages follow]



The Parties have executed this Agreement as of the Effective Date.

SWACH:

PARTNER:

Southwest Washington Regional Health Alliance, a Washington nonprofit corporation, doing business as Southwest Washington Accountable Community of Health

Skamania County Community Health (SCCH)

By: _____

By: _____

Name: _____

Name: _____


Title: _____

Title: _____

Exhibit A: SWACH BRANDING GUIDELINES

1. The Materials must reference SWACH.
2. When referring to SWACH, Partner must refer to the organization the first time as “Southwest Washington Accountable Community of Health (SWACH)” and then as “SWACH” for future references.
3. When mentioning SWACH, Partner must include a reference to SWACH’s website (southwestach.org) and contact information (info@southwestach.org) as appropriate/necessary for additional information about our organization.
4. The Materials must be a SWACH logo. The logo must be resized proportionally and must be used in accordance with the with SWACH’s current media, which can be found here: <https://southwestach.org/contact-us/media-kit/>
5. Partner must share the final Materials with our Communications Manager, Ryan Carrillo, at ryan.carrillo@southwestach.org.
6. For questions with questions regarding SWACH’s branding guidelines, to share updates through its various platforms, or to be included in SWACH newsletter, Partner must contact Ryan Carrillo at ryan.carrillo@southwestach.org.

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	Community Health Department	Signature 
<u>AGENDA DATE</u>	BOH 9/12/2023	
<u>SUBJECT</u>	Dept of Health Consolidated Contract 2022-2024 Amendment 13	
<u>ACTION REQUESTED</u>	BOH Signature	

SUMMARY/BACKGROUND

Amends Department of Health (DOH) Consolidated Contract for Fiscal Period 2022-2024 by the following:

 Adds Statements of Work for Executive Office of Resiliency & Health Security.

 Amends statements of Work for Foundational Public Health Services, Maternal and Child Health Block Grant, Office of Immunization, Sexual & Reproductive Health, & WIC Nutrition Programs

FISCAL IMPACT

\$686,299

REVENUE CONTRACT

RECOMMENDATION

Sign Contract

LIST ATTACHMENTS

- Face Sheet
- Amendment #13
- Exhibit A: Statements of Work
- Exhibit B: Allocations

COUNTY FACE SHEET FOR CONTRACTS/LEASES/AGREEMENTS

1. Contract Number CLH31026

2. Contract Status: (Check appropriate box) Original Renewal Amendment #13

3. Contractor Information:

Contractor:

**Department of Health
Office of Contracts & Procurement**

Contact Person:

Brenda Henrikson

Title:

Contracts Specialist

Address:

PO Box 47905

Address:

Olympia WA 98504-7905

Phone:

360-236-3933

4. Brief description of purpose of the contract and County's contracted duties:

Adds Statements of Work for Executive Office of Resiliency & Health Security.

Amends statements of Work for Foundational Public Health Services, Maternal and Child Health Block Grant, Office of Immunization, Sexual & Reproductive Health, & WIC Nutrition Programs

5. Term of Contract: **From: January 1, 2022 To: December 31, 2024**

6. Contract Award Process: (Check appropriate box)

General Purchase of materials, equipment or supplies - RCW 36.32.245 & 39.04.190

Exempt (Purchase is \$2,500 or less upon order of the Board of Commissioners)

Informal Bid Process (Formal Quotes between \$2,500 and \$25,000)

Formal Sealed Bid Process (Purchase is over \$25,000)

Other Exempt (explain and provide RCW) 39.29

Public Works Construction & Improvements Projects – RCW 36.32.250 & 39.04.155 (Public Works, B&G, Capital Improvements Only)

Small Works Roster (PW projects up to \$200,000)

Exempt (PW projects less than \$10,000 upon order of the Board of Commissioners)

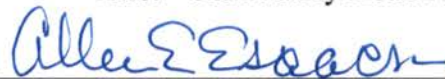
7. Original Contract Amount: \$ 0 Source: State DOH Consolidated Contract
Contract Amendment #1-11 \$3,712,611
Contract Amendment #12 \$ 686,299
Total County Funds Committed: \$ 0
TOTAL FUNDS COMMITTED: \$4,398,910

8. County Contact Person:

Name: Allen Esaacson

Title: Community Health Data & Finance Manager

9. Department Approval:



Department Head or Elected Official Signature

10. Special Comments:

Sign the Contract (page 1). Email a signed copy of the signature page to brenda.henrikson@doh.wa.gov DOH will return one fully signed original.

**SKAMANIA COUNTY COMMUNITY HEALTH DEPARTMENT
2022-2024 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH31026

AMENDMENT NUMBER: 13

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - Adds Statements of Work for the following programs:
 Executive Office of Resiliency & Health Security-PHEP - Effective July 1, 2023
 Executive Office of Resiliency & Health Security-WFD LHJ - Effective July 1, 2023
 - Amends Statements of Work for the following programs:
 Foundational Public Health Services (FPHS) - Effective July 1, 2023
 Maternal and Child Health Block Grant - Effective January 1, 2022
 Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023
 Sexual & Reproductive Health Program - Effective January 1, 2022
 WIC Nutrition Program - Effective January 1, 2022
 - Deletes Statements of Work for the following programs:

2. Exhibit B-13 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-12 Allocations as follows:
 - Increase of **\$686,299** for a revised maximum consideration of **\$4,398,910**.
 - 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.

SKAMANIA COUNTY COMMUNITY HEALTH DEPARTMENT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY
Assistant Attorney General

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

DOH Program Name or Title: Executive Office of Resiliency & Health Security-
PHEP - Effective July 1, 2023

Local Health Jurisdiction Name: Skamania County Community Health
Department
Contract Number: CLH31026

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Period of Performance: July 1, 2023 through June 30, 2024

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 (PHEP), resilience and response.

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

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

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY23 PHEP BP5 LHJ Funding	31602231	93.069	333.93.06	07/01/23	06/30/24	0	19,894	19,894
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	19,894	19,894

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
PHEP BP5 LHJ Funding				Reimbursement for actual costs not to exceed total funding allocation amount.
1	Across Domains and Capabilities	Mid- and end-of-year reports on template provided by DOH.	December 31, 2023 June 30, 2024	
All LHJs	Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.	Additional reporting may be required if federal requirements change.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2 All LHJs	Across Domains and Capabilities Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.	Submit information by September 1, 2023, 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, 2023 Within 30 days of the change. December 31, 2023 June 30, 2024	
3 All LHJs	Across Domains and Capabilities Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.	Mid- and end-of-year reports on templates provided by DOH. Input provided to DOH upon request from DOH.	December 31, 2023 June 30, 2024	
4 All LHJs	Across Domains and Capabilities Participate with DOH in site visit (virtual or in person) to discuss LHJ's performance measure data and readiness to respond. Complete preparation and follow-up activities as requested by DOH. DOH will take notes during the discussion and send them to you for review.	Participation in site visit discussion. Preparation and follow-up activities as requested by DOH. Reviewed and returned discussion notes (sent to you for review by DOH).	Upon request from DOH	
5 All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness. Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	
6 All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness Assist DOH and the University of Washington in developing a tool to complete a public health disaster risk assessment tailored to the needs of LHJs and our state.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	LHJ participation in one or more 90-minute engagement sessions/focus groups is planned for this statement of work period.			
7 All LHJs	<p>Domain 1 Community Resilience Capability 1 Community Preparedness</p> <p>DOH/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:</p> <ul style="list-style-type: none"> • Adaptive Leadership • Change Management • Trauma-Informed Change Management • Trauma-Informed Systems • Trauma-Informed Practice • Outward Mindset • Growth Mindset • Racial Equity and/or Social Justice • Community Resilience • Climate Change and Health Equity • Related topics – prior approval from ORHS required for training topics other than those listed above. <p>Note: Prior approval from DOH/ ORHS is required for any out-of-state travel.</p>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	
8 All LHJs Note for RERCs	<p>Domain 1 Community Resilience Capability 1 Community Preparedness</p> <p>Connect with new and/or existing partners to develop working relationships that promote capabilities, capacity, and community resilience, including, but not limited to:</p> <ul style="list-style-type: none"> • Local and/or regional Emergency Manager(s). • Local and/or regional hospitals. • Local and/or regional elected officials. • Local and/or regional Community Health Workers (CHWs). • Local and/or regional organizations that work with groups disproportionately impacted by public health 	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	emergencies or incidents. (For RERCs, this may include some or all the groups identified in #21.)			
<p>9</p> <p>All LHJs</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>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.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Prior approval from DOH is required for any out-of-state travel. • 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. • Participation in the optional trainings listed in #7 and/or the communication drill (#15) does not meet the requirement for this activity. 	<p>Mid- and end-of-year reports on templates provided by DOH, including title, date(s), sponsor of the training or conference, and summary of what you learned.</p>	<p>December 31, 2023 June 30, 2024</p>	
<p>10</p> <p>All LHJs</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>10.1 Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>10.2 Complete Integrated Preparedness Planning Workshop (IPPW) Workbook.</p> <p>10.3 Participate in Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for February 2024.</p>	<p>10.2 IPPW Workbook</p> <p>10.3 Participation in IPPW.</p> <p>End-of-year report on template provided by DOH.</p>	<p>10.2 December 31, 2023</p> <p>10.3 As requested by DOH.</p> <p>June 30, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
11 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination <ul style="list-style-type: none"> • 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. • 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, 2023 June 30, 2024	
12 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination <p>After a locally affected Emergency Support Function (ESF)-8 related incident or ESF-8 related exercise, participate in After Action Review and an After Action Report, including an Improvement Plan.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include list of organizations that participated in the After Action Review. 	Mid- and end-of-year reports on template provided by DOH. After Action Report(s)/Improvement Plan(s)	December 31, 2023 June 30, 2024	
13 All LHJs, unless completed previously.	Domain 2 Incident Management Capability 3 Emergency Operations Coordination <p>If not, completed and submitted in previous reporting period, develop and/or update a county COVID-19 Improvement Plan, including progress tracking and estimated dates of completion.</p> <p>If not, completed and submitted in previous reporting period, coordinate or participate in a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to:</p> <ul style="list-style-type: none"> • Local Health Officer • Public Health Official(s) • Emergency Manager 	Mid-year report on template provided by DOH. County COVID-19 Improvement Plan, unless submitted previously. County ESF-8 AAR for COVID-19, unless submitted previously.	December 31, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Regional Health Care Coalition • Local and regional hospitals, if in your county • Federally Qualified Health Center(s), if in your county • Accountable Community of Health • Emergency Medical Services Medical Program Director • County Coroner or Medical Examiner <p>Notes:</p> <ul style="list-style-type: none"> • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. 			
<p>14</p> <p>All LHJs</p>	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (for example, Basecamp).</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2023 June 30, 2024</p>	
<p>15</p> <p>All LHJs</p>	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>Participate in at least one risk communication drill offered by DOH between July 1, 2023, and June 30, 2024.</p> <p>Conduct a hot wash evaluating LHJ participation in the drill.</p> <p>Notes:</p> <ul style="list-style-type: none"> • DOH will offer one July 1 – December 31, 2023, and one drill between January 31 – June 30, 2024. • Drill will occur via webinar, phone, and email. • Identifying and implementing communication strategies in real-world incidents will satisfy need to participate in drill. 	<p>Hot wash</p> <p>If you participated in a real-world incident, submit hotwash or AAR.</p> <p>If the real-world event is ongoing, submit hotwash or AAR, or brief summary of communication activities and one sample of communication with report.</p>	<p>December 31, 2023 June 30, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Conduct a hot wash or After-Action Review (AAR) evaluating LHJ participation in communication strategies during the incident.</p> <ul style="list-style-type: none"> • If the real-world incident response is ongoing, LHJ may 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. 			
<p>16</p> <p>All LHJs</p>	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system.</p> <p>Participate in DOH-led notification drills.</p> <p>Conduct at least one LHJ drill using LHJ-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> • 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 <u>in addition to</u> WASECURES to alert staff during incidents. 	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2023 June 30, 2024</p>	
<p>17</p> <p>All LHJs</p>	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EEIs) during incident response upon request from DOH.</p> <p>Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2023 June 30, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>18</p> <p>All LHJs</p> <p>RERCs additional activity</p> <p>Note for CRI LHJs</p>	<p>Domain 4 Countermeasures and Mitigation Capability 8 Medical Countermeasures Dispensing Capability 9 Medical Countermeasures Management and Distribution</p> <p>Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or PHEP Region.</p> <p>RERCs – Gather input and provide technical assistance to LERCs in PHEP region, as needed.</p> <p>MCM plans include:</p> <ul style="list-style-type: none"> • Number of local points of dispensing (PODs). • Number of local PODs for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy). <p>Notes:</p> <ul style="list-style-type: none"> • DOH will provide technical assistance to LHJs on core elements of an MCM plan, including hosting MCM planning sessions. • LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan. • CRI LHJs – See also CRI Task #3. 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>Updated MCM plan.</p>	<p>December 31, 2023 June 30, 2024</p> <p>June 30, 2024</p>	
<p>19</p> <p>All LHJs</p>	<p>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</p> <p>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.</p> <p>Note: 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.</p>	<p>Mid- and end-of-year reports on template provided by DOH, including progress on updating plan (meetings, draft, etc.).</p>	<p>December 31, 2023 June 30, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>20</p> <p>All LHJs</p>	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Engagement with regional Health Care Coalition (HCC) or Healthcare Alliance:</p> <ul style="list-style-type: none"> • Northwest Healthcare Response Network (Network) • Regional Emergency and Disaster (REDi) Healthcare Coalition • Healthcare Alliance (Alliance) <p>During each reporting period (see notes below), participate in one or more of the following activities:</p> <ul style="list-style-type: none"> • Meetings - Communication <ul style="list-style-type: none"> ○ Regional meeting, in person or virtually. ○ Subgroup (catchment area, committee, district, etc. (meeting in person or virtually) ○ Discussions pertaining to ESF8 and HCC or Alliance roles and responsibilities. ○ Development of Disaster Clinical Advisory Committee (DCAC) meetings. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts. • Planning <ul style="list-style-type: none"> ○ Planning process to inform on the roles and responsibilities of public health, including reviewing HCC or Alliance plans for alignment with local ESF8 plans. • Drills and Exercises <ul style="list-style-type: none"> ○ Drill or exercise, including redundant communications, WATrac, Medical Response Surge Exercise (MRSE), or other drills and exercises to support planning and response efforts. • Response <ul style="list-style-type: none"> ○ Information sharing process during incidents. ○ Coordination with HCC or Alliance during responses involving healthcare organizations within your jurisdiction. <p>Notes:</p> <ul style="list-style-type: none"> • Reporting periods are July 1 – December 31, 2023, and January 1 – June 30, 2024 	<p>Briefly describe engagement in mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2023 June 30, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • LHJs in HCC or Alliance regions: <ul style="list-style-type: none"> ○ Alliance: Clark, Cowlitz, Klickitat, Skamania and Wahkiakum. ○ Network: Clallam, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, San Juan, Seattle-King, Skagit, Snohomish, Tacoma-Pierce, Thurston, and Whatcom. ○ REDi: Adams, Asotin, Benton-Franklin, Chelan-Douglas, Columbia, Garfield, Grant, Kittitas, Lincoln, NE Tri, Okanogan, Spokane, Walla Walla, Whitman, and Yakima. 			

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

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

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

The following expenses are not allowable with these funds:

- Clothing (except for vests to be worn during exercises or responses).
- Food or beverages.
- Incentives.
- Items to be given to community members (members of the public).
- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Disposition of equipment with a current value of \$5,000 or more.

(Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)

- Leasing vehicles.
- Out of state travel.

Note: Preapproval is no longer required for paying overtime.

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

BILLING

All expenses on invoices must be related to statement of work tasks.

Submit invoices monthly on a signed A19 with backup documentation appropriate for risk level. DOH will provide A19 and risk level.

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this contract for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

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

DOH Program Name or Title: Executive Office of Resiliency & Health Security-
WFD LHJ - Effective July 1, 2023

Local Health Jurisdiction Name: Skamania County Community Health
Department
Contract Number: CLH31026

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Period of Performance: July 1, 2023 through July 31, 2024

Statement of Work Purpose: The purpose of this statement of work is to provide funding to establish, expand, train, and sustain the LHJ public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, in accordance with the CDC Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce Development (WFD).

Note: Program does not expect to be able to extend funding beyond June 30, 2024. LHJs will not be provided a fund allocation. Program will review invoices and manage use of funds across all LHJs who want to access these funds. Timely invoicing of costs by LHJs to DOH is essential. The program also asks LHJs to inform DOH as soon as possible if they do not plan to invoice for any of these funds.

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
FFY21 CDC COVID-19 PHWFD-LHJ	3190621G	93.354	333.93.35	07/01/23	06/30/24	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	0	0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff.	Submit information by September 15, 2023, and any changes within 30 days of the change.	September 15, 2023 Within 30 days of the change.	Reimbursement for actual costs not to exceed total funding allocation amount.
2	Develop a plan to use these funds for one or more of the allowable costs listed below.	Implementation Plan	December 31, 2023, or sooner.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Submit plan to the DOH Program Contact for review and prior approval as soon as possible. We want to be sure your planned activities are allowable, and we will be able to reimburse you for the expenses.			
3	<p>Funding is intended to establish, expand, train, and sustain public health staff to support LHJ COVID-19 prevention, preparedness, response, and recovery initiatives.</p> <p>Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees.</p> <p>Allowable costs include:</p> <ul style="list-style-type: none"> • Costs including, wages and benefits, related to recruiting, hiring, and training of new or existing public health staff. • Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment. • Training and education (and related travel) for new and existing staff on topics such as incident management training, health equity issues, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHJ. • Costs of contractors and contracted staff. <p>Notes:</p> <ul style="list-style-type: none"> • Preapproval from DOH is required to contract with these funds. • Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.) 	<p>Implementation Plan</p> <p>Data on form provided by DOH.</p>	<p>December 31, 2023, or sooner.</p> <p>January 10, 2024 July 10, 2024</p>	
4	<p>Data collection, as applicable, based on activities LHJ has completed during the reporting period.</p> <p>Data collection includes:</p> <ul style="list-style-type: none"> • Total new hires • Describe challenges or experiences that have impacted progress toward achieving set hiring goals. 	Data on form provided by DOH.	<p>January 10, 2024 July 10, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Describe promising practices or activities that should be considered for sustained funding. • Explain your approach and mitigation plans to address challenges in meeting these hiring goals. • Health Equity – Identify metrics to address Diversity, Equity, and Inclusion (DEI) in hiring. • Administrative Support Staff – New Hires • Professional or Clinical Staff – New Hires • Disease Investigation Staff – New Hires • Program Management Staff – New Hires • Existing Staff budget for this funding. <p>Note: Reporting periods are July 1 – December 31, 2023, and January 1 – June 30, 2024.</p>			

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

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

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

The following expenses are not allowable with these funds:

- Clothing (except for vests to be worn during exercises or responses).
- Food or beverages.
- Incentives.
- Items to be given to community members (members of the public).
- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Disposition of equipment with a current value of \$5,000 or more.
(Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Leasing vehicles.
- Out of state travel.

Note: Preapproval is no longer required for paying overtime.

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

BILLING

All expenses on invoices must be related to statement of work tasks.

Submit invoices monthly on a signed A19 with backup documentation appropriate for risk level. DOH will provide A19 and risk level.

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this contract for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

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

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective July 1, 2023

Local Health Jurisdiction Name: Skamania County Community Health Department
Contract Number: CLH31026

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution
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Period of Performance: July 1, 2023 through June 30, 2024

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: Adding SFY24 funds and additional activities

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
FPHS-LOCAL HEALTH JURISDICTION	99210840	N/A	336.04.25	07/01/23	06/30/24	906,000	622,000	1,528,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						906,000	622,000	1,528,000

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 <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$463,000 \$464,000
2	Assessment Reinforcing Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$60,000
3	Assessment – CHA/CHIP – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$30,000
4	Lifecourse – Infrastructure & 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	\$353,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<i>Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity – See below in Program Specific Requirements – Activity Special Instructions for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>\$353,000</i>
6	<i>CD - NEW SFY 24 Immunization Outreach, Education & Response – See below in Program Specific Requirements – Activity Special Instructions for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>\$75,000</i>
7	<i>EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity – See below in Program Specific Requirements – Activity Special Instructions for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>\$115,000</i>
8	<i>FC - NEW SFY 24 Strengthening Local Finance Capacity – See below in Program Specific Requirements – Activity Special Instructions for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>\$62,000</i>
9	<i>FC - NEW SFY 24 Public Health Communications – See below in Program Specific Requirements – Activity Special Instructions for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>\$200,000</i>
10	<i>EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability – See below in Program Specific Requirements – Activity Special Instructions for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>\$169,000</i>

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

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, 2023-June 30, 2024 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—Infrastructure & 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 or 70 or 80.~~
5. ***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
6. ***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
7. ***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
8. ***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: 526.16
9. ***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: 526.13
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

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

DOH Program Name or Title: Maternal and Child Health Block Grant - Effective January 1, 2022

Local Health Jurisdiction Name: Skamania County Community Health Department
Contract Number: CLH31026

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Period of Performance: January 1, 2022 through September 30, 2024

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, 2023 to September 30, 2024, 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		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22	09/30/22	29,258	0	29,258
FFY23 HRSA MCHBG LHJ CONTRACTS	78101231	93.994	333.93.99	10/01/22	09/30/23	29,551	0	29,551
FFY24 HRSA MCHBG LHJ CONTRACTS	78101241	93.994	333.93.99	10/01/23	09/30/24	0	29,551	29,551
						0	0	0
						0	0	0
						0	0	0
TOTALS						58,809	29,551	88,360

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

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
1d	Report actual expenditures for October 1, 2021 through September 30, 2022.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 2, 2022	See Program Specific Requirements and Special Billing Requirements.
1e	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 9, 2022	
1f	Report actual expenditures for the six-month period from October 1, 2022 through March 31, 2023.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 19, 2023	
1g	<i>Report actual expenditures for October 1, 2022 through September 30, 2023.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>December 1, 2023</i>	
1h	<i>Develop 2023-2024 MCHBG Budget Workbook for October 1, 2023 through September 30, 2024 using DOH provided template.</i>	<i>Submit MCHBG Budget Workbook to DOH contract manager.</i>	<i>September 8, 2023</i>	
1i	<i>Report actual expenditures for the six-month period from October 1, 2023 through March 31, 2024.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>May 17, 2024</i>	
Implementation				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager.	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress-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 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft August 19, 2022 Final- September 9, 2022	
2c	Report activities and outcomes of 2023 MCHBG Action Plan using DOH- provided template.	Submit monthly Action Plan reports to DOH Contract manager.	July-Sept 2022 quarterly report due October 15, 2022 November 15, 2022 December 15, 2022 January 15, 2023 February 15, 2023 March 15, 2023 April 15, 2023 May 15, 2023 June 15, 2023 July 15, 2023 August 15, 2023 September 15, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
2d	Develop 2023-2024 MCHBG Action Plan for October 1, 2023 through September 30, 2024 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft- August 18, 2023 Final- September 8, 2023	
2e	<i>Report activities and outcomes of 2023-24 MCHBG-funded work using DOH-provided reporting template.</i>	<i>Submit monthly reports to DOH contract manager.</i>	<i>September report due October 15, 2023 November 15, 2023 December 15, 2023 January 15, 2024 February 15, 2024 March 15, 2024 April 15, 2024 May 15, 2024 June 15, 2024 July 15, 2024 August 15, 2024 September 15, 2024</i>	
2f	<i>Develop 2024-2025 MCHBG reporting document for October 1, 2024 through September 30, 2025 using DOH-provided template.</i>	<i>Submit MCHBG reporting document to DOH contract manager.</i>	<i>Draft- August 16, 2024 Final- September 6, 2024</i>	
2g	<i>Support statewide roll-out of Universal Developmental Screening Strong Start system as requested by DOH.</i>	<i>Submit updates as part of monthly reporting document as requested by DOH.</i>	<i>September 30, 2024</i>	
2h	<i>Determine how processes and programs can become more equitable, as a foundation of your MCHBG work.</i>	<i>Describe in your activities within each Domain of the monthly report how you are intentionally focused on equity in your work.</i>	<i>November 15, 2023 December 15, 2023 January 15, 2024 February 15, 2024 March 15, 2024 April 15, 2024 May 15, 2024 June 15, 2024 July 15, 2024 August 15, 2024 September 15, 2024</i>	
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress-Monthly Reports must

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	only reflect activities paid for with funds provided in this statement of work for the specified funding period.
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2022	See Program Specific Requirements and Special Billing Requirements.
3d	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.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2022 January 15, 2023 April 15, 2023 July 15, 2023	
3e	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.	
3f	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2023	
3g	<i>Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2023 January 15, 2024 April 15, 2024 July 15, 2024</i>	
3h	<i>Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.</i>	<i>Submit completed Health Services Authorization forms and Central Treatment.</i>	<i>30 days after forms are completed.</i>	
3i	<i>Review your program's entry on ParentHelp123.org annually for accuracy.</i>	<i>Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with Within Reach / Help Me Grow.</i>	<i>September 30, 2024</i>	
<i>MCHBG Assessment and Evaluation</i>				
4a	<i>As part of the 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH, as requested.</i>	<i>Submit documentation using guidance provided by DOH.</i>	<i>September 30, 2024</i>	<i>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.</i> <i>See Program Specific Requirements and Special Billing Requirements.</i>

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

Federal Funding Accountability and Transparency Act (FFATA) (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

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 (*contract manager*) explaining why the training is **necessary** to implement a strategy in the approved work plan. Details should also include total cost of the training and a link to or brochure of the training. Retain a copy of the Community Consultant's approval in your records.

Program Manual, Handbook, Policy References:

Children and Youth with Special Health Care Needs Manual -

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

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

Health Services Authorization (HSA) Form

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

Restrictions on Funds:

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used *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: Telephone calls with DOH contract manager as needed.

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

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

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

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

~~Restrictions listed above continue to apply.~~

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

DOH Program Name or Title: Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023

Local Health Jurisdiction Name: Skamania County Community Health Department

Contract Number: CLH31026

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

Funding Source	<input checked="" type="checkbox"/> Federal Subrecipient	Federal Compliance (check if applicable)	<input checked="" type="checkbox"/> Reimbursement
	<input type="checkbox"/> State		<input type="checkbox"/> Fixed Price
	<input type="checkbox"/> Other		<input type="checkbox"/> Research & Development

Period of Performance: July 1, 2023 through June 30, 2024

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

Revision Purpose: The purpose of this revision is to increase the allocation by 10%

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 CDC VFC Ops	74310241	93.268	333.93.26	07/01/23	06/30/24	5,600	560	6,160
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						5,600	560	6,160

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners (can use pre and post qualitative or quantitative collection methods) <u>Examples of qualitative & quantitative methods/measures:</u> <ul style="list-style-type: none"> ▪ Surveys, Questionnaires, Interviews ▪ Immunization coverage rates expressed in percentages ▪ Observations (i.e., feedback from surveys/interviews, social media posts comments) ▪ Analytic tools (i.e., google analytics measuring website traffic, page views etc.) 	Written proposal summarizing project plan and method of assessing/observing change in target population. (Template will be provided)	August 1, 2023	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	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2023 March 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates] Examples: <ul style="list-style-type: none"> ▪ Increased partner knowledge on immunization guidelines ▪ Change in attitudes about childhood vaccines ▪ Increase in school district immunization coverage rates 	Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?]. (Template will be provided)	June 15, 2024	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 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.

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

DOH Program Name or Title: Sexual & Reproductive Health Program - Effective January 1, 2022

Local Health Jurisdiction Name: Skamania County Community Health Department
Contract Number: CLH31026

SOW Type: Revision **Revision # (for this SOW)** 7

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input checked="" type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide sexual and reproductive health services (SRH) to Washington State residents. These services will comply with all state, federal, and DOH SRHP Manual requirements. It highlights specific requirements, but all must be complied with. Budgets are based on an approved allocation formula with funds available.

This Statement of Work spans Year 1 and Year 2 of the contract, which runs January 1, 2022 – March 31, 2024

For non-telehealth state funding, due dates after June 30, 2023 are for reporting only. LHJ may not bill under this statement of work for non-telehealth work done after June 30, 2023. For telehealth funding, due dates after May 31, 2023 are for reporting only. LHJ may not bill under this statement of work for telehealth work done after May 31, 2023.

Revision Purpose: The purpose of this revision is to add \$12,136 in Sexual & Rep Hlth Cost Share funds for the period of 07/01/2023 - 12/31/2023. No changes were made to the language of the amendment.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SFY22 Sexual & Rep Hlth Cost Share	78430120	N/A	334.04.91	01/01/22	06/30/22	13,380	0	13,380
FFY22 Title X Dire Needs	78430222	93.217	333.93.21	01/14/22	03/31/22	1,222	0	1,222
FFY22 Title X Family Planning	78430225	93.217	333.93.21	04/01/22	03/31/23	11,912	0	11,912
SFY23 Sexual & Rep Hlth Cost Share	78430130	N/A	334.04.91	07/01/22	06/30/23	26,695	0	26,695
FFY23 Title X Family Planning	78430241	93.217	333.93.21	04/01/23	03/31/24	11,333	0	11,333
SFY24 Sexual & Rep Hlth Cost Share	78430140	N/A	334.04.91	07/01/23	12/31/23	0	12,136	12,136
						0	0	0
TOTALS						64,542	12,136	76,678

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Sexual and Reproductive Health Program (SRHP) & Title X (TX) Services—excluding abortion and other surgical procedures related to SRHP. A. Comply with Washington State SRHP Manual, federal Title X requirements and all state and	<ul style="list-style-type: none"> A19 invoice vouchers submitted in a timely manner accompanied by an R&E workbook showing revenue and expenses for the month billed and any other required back up documentation per DOH policy. 	No more than monthly and no less than quarterly.	Billing must be based on a current cost analysis approved by DOH (see Reporting Requirements table).

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>federal laws. Also see Program Manual, Handbook, Policy References under Reporting Requirements below.</p> <p>B. Complete required Agency Information Dashboard that includes Title X Assurance of Compliance</p> <ol style="list-style-type: none"> 1. Compile all National Provider Identifier (NPI) billing numbers for SRHP services and submit to DOH. DOH will compile and send to Health Care Authority (HCA) in order for LHJ to qualify for the Medicaid Enhanced rate <p>C. Provide medical services, community education and outreach, and staff training, consistent with state requirements:</p> <ol style="list-style-type: none"> 1. LHJ is responsible for making sure all staff have the knowledge to carry out the requirements of the SOW. 2. Medical, laboratory, and other services related to abortion are not covered by this task. 3. Community education services must be based on the needs of the community. LHJ must have an Information & Education (I&E) committee with no fewer than five (5) members and up to as many members as the LHJ determines; be broadly representative of the population or community for which materials are intended; review all educational materials for clients; meet at least annually and establish a written record of its determination. (42 CFR 59 [59.6]) 4. Outreach is to ensure all populations in your community understands the services available. Focus your outreach efforts on increasing equity. 	<ul style="list-style-type: none"> • All reports described in Reporting Requirements table below. • Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.) • To facilitate DOH/TX desk reviews—requested documentation available to DOH in requested format. • To facilitate DOH/TX site-visits—appropriate staff and documentation readily available prior to and during review. <p>DOH performs site visits. Follow-up site visits are performed until identified issues are resolved.</p>	<p>As described in Reporting Requirements table below.</p> <p>As requested by DOH</p> <p>As requested by DOH</p>	<p>DOH reserves the right to withhold payment until:</p> <ul style="list-style-type: none"> • Compliance issues or a previous SOW are resolved in a way accepted by DOH • Current data is submitted to, and accepted by, Ahlers. • A 19 back up documentation required by DOH has been submitted and approved. • Other deliverables have been met. <p>Payment is limited to the maximum funds available for funding source.</p> <p>DOH will reimburse for:</p> <ul style="list-style-type: none"> • Actual allowable costs according to your approved cost analysis (see Reporting Requirements table). <p>or</p> <ul style="list-style-type: none"> • The amount remaining in the SOW divided by the number of months remaining in the funding source, plus one, whichever is less.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Washington State Sexual and Reproductive Health Network priority populations are:</p> <ul style="list-style-type: none"> • Teens • People who are uninsured or underinsured, and/or low-income (at or below 250% of the federal poverty line) • Rural communities • Hispanic • Black, Indigenous, People of Color <p>Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories.</p> <p>Provide all services in accordance with:</p> <ul style="list-style-type: none"> • DOH SRHP & Title X Manual • Other state and federal requirements • LHJ's Current Scope Report (defined under 3. Reporting Requirements below) <p>D. Collect, maintain, and provide data about each family planning clinic visit as defined in the SRH CVR Manual.</p> <ol style="list-style-type: none"> 1. Maintain a computer system that includes normal safety precautions against loss of information. 2. Ensure data entry personnel protect confidentiality of CVR data. 3. Have ability to retrieve all information for auditing and monitoring by DOH or its designee. <p>E. Notify DOH contract manager of all:</p> <ul style="list-style-type: none"> • Key staff and organizational changes. • Proposed clinic site additions. New clinic sites must be approved by DOH before offering services supported by SOW funding. • Expected clinic site closures. Note: DOH may, at its sole discretion, recalculate LHJ's funding allocation if it closes a clinic site. 	<p>CVR data submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> • Data for each month • Corrected CVR data <p>Email briefly describing change.</p>	<p>The last day of the next month. Within thirty (30) days of receiving error/rejection report or request from DOH Sexual and Reproductive Health data manager.</p> <p>As needed to keep information current.</p>	<p>Payment will be calculated by R&E provided by DOH (see Reporting Requirements table).</p> <p>All services through the end of this contract period must be billed within 60 days.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Any other change that might affect LHJ's ability to provide the sexual and reproductive services described in this SOW. 			
Reporting Requirements				
	<p>1. Agency Information Dashboard</p> <p>Information required at the beginning of this SOW period. This information ensures that DOH has accurate information about LHJ's organization and the services it provides.</p> <p>In addition, elements of this report allow DOH to ensure that SRHP & Title X requirements regarding client fees, required services, requirements are met. It also provides other information to assist DOH to manage this SOW and the Sexual & Reproductive Health Network as a whole.</p>	<p>This information must be reported using the template or format provided by DOH. All signatures and forms must be completed by April 30th during each year of this contract. It will include:</p> <p>Information about your agency contacts and your organization's staffing</p> <ul style="list-style-type: none"> A. Head of Organization B. Head of Finance C. Medical Director D. NPI numbers used to bill Medicaid E. The following (one person might fill more than one role) <ul style="list-style-type: none"> a. Contract Coordinator b. Clinical representative c. Billing contact d. Outreach and education contact e. Contact for CVR data f. Contact for EHR information <p>Information regarding sexual and reproductive health related services offered at each clinic site:</p> <ul style="list-style-type: none"> A. Cost analysis: How LHJ determines what it costs to provide services. LHJ uses this to help construct its fee schedule. A cost analysis must be performed by LHJ no more than three years prior to the start date of this SOW. B. Sliding fee schedule that includes all services required in the SRH Manual. Additional Task 1 SRH-related services may also be included on LHJ's sliding fee schedule. <ul style="list-style-type: none"> a. Sliding fee schedule must be based on cost analysis described above. b. Fee schedule mu be resubmitted for reapproval anytime there are any significant changes, which may include changing of services, fees, etc. 	<p>April 30th during each year of this contract.</p> <p>AND</p> <p>As needed or requested to maintain accuracy of information.</p> <p>Submit an updated income conversion table by March 15 of</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>c. LHJ must not implement a revised fee schedule until it has been approved in writing by DOH.</p> <p>d. Income conversion tables must be updated annually and approved by DOH</p> <p>Information related to current Community Outreach Plan: LHJ's community outreach plan follows a 5-year cycle. In the first year LHJ must assess, document and disseminate community health needs assessment, this process must include the following steps:</p> <ul style="list-style-type: none"> A. Define the populations LHJ serves and identify opportunities to expand reach within those populations and to unreached populations in each community it serves. B. Identify organizations and people representing the broad interests of the community and identify opportunities for partnership and collaboration. C. Gather available data and current assessments (secondary data) D. Seek community perspectives by gathering input from the various populations in LHJ's community (collect primary data) E. Aggregate secondary and primary data and analyze aggregated data F. Prioritize health issues, define areas of unmet need, and incorporate both in plans for outreach and education materials and activities G. Document and disseminate the community health needs assessment to LHJ's SRH consultant and appropriate stakeholders <p>Information related to billing and client fees</p> <p>Cost analysis: How LHJ determines appropriate expenses for the purpose of billing DOH.</p> <p>If LHJ cost analysis was approved by DOH at the beginning of the contract period, LHJ does not have to resubmit unless changes were made. LHJ does need to email DOH contract manager informing them that no changes were made.</p>	each year of the contract.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>2. Progress Summary Report</p> <p>Summary of activities from previous SRHP services SOW.</p> <p>It informs quality improvement of the Washington State SRH Network.</p>	<p>This information must be reported using the template or format provided by DOH. It will include information about contractor's work during the previous SOW:</p> <p>A. Community education and outreach strategies and activities and a discussion of their effectiveness.</p> <p>B. Staff training.</p>	As requested by DOH	
	<p>3. Family Planning Annual Report (FPAR)</p> <p>Information DOH is requesting to develop trend data. All information is for calendar year 2023 (January through December 2023). The subsequent agreements sent to the agency will request that these data be collected and reported on within the statement of work period of performance.</p>	<p>Organization-level data on clinical services emailed to DOH SRH data manager</p> <p>Number of:</p> <p>A. Pap tests with an ASC or higher result</p> <p>B. Pap tests with an HSIL or higher result</p> <p>C. HIV Positive confidential tests</p> <p>D. HIV Anonymous tests</p> <p>E. FTE required to provide sexual and reproductive health services:</p> <ul style="list-style-type: none"> • Physicians • Physician assistants + nurse practitioners + certified nurse midwives • Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment. <p>Financial data emailed to DOH Contract Manager R&E showing Other Revenue through 03-31-24 as described below.</p> <p>Subsequent agreements will request that data be collected and reported on during the appropriate contract period of performance. (FPAR due 01-31 annually through 2027)</p>	Data to be collected annually through the end of the grant (2027).	
	<p>4. Clinic Visit Reports (CVRs)</p>	<p>Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at: https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf.</p> <p>CVR data must be submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> - Each month's CVR data - Corrected CVR data 	The last day of the next month Within thirty (30) days of receiving error or rejection report or request from DOH SRH data manager.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		Data elements will be changed in 2024. CVRs submitted start 01-01-24 must be done so based on the new reporting requirements.		
	5. Revenue and Expense Reports (R&E)	<p>Completed R&E for time period that shows all revenue (including program income) that support Task 1 SRH Services and all expenses related to providing those services. R&E workbook will be provided by DOH.</p> <p>A. Expenses must match General Ledger. B. Other revenue/program income must reflect revenue actually received in the reporting month. All entries on "Other" rows must be accompanied by a description of the revenue source or expense, including any calculations uses.</p>	<p>Submitted with each invoice (A19). No more than monthly and no less than quarterly.</p> <p>R&E showing all sources of revenue that support services for: April 2023-March 2024 due through the end of this contract period must be billed within 60 days.</p>	

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

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

LHJ must comply with all state, federal, DOH SRHP, and Title X requirements, policies, and regulations and with their DOH approved Agency Information Dashboard.

Reference documents include:

- DOH SRHP Manual (DOH publication 930-122, available at [930-122-FPRHManualComplete.pdf \(wa.gov\)](#). Some provisions of this manual are highlighted in this SOW, but all provisions of the manual must be complied with.
- Clinic Visit Record Manual (<https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf>)
- LHJ's approved Agency Information Dashboard.

Billing Requirements:

See Payment column of Tasks and Deliverables table and R&E report description in Reporting Requirements table

Special Instructions:

Accessibility of Services

- Clients must not be denied services or subjected to variation in quality of services because of inability to pay.
- LHJ must make sure their communities are informed of the services available.
- LHJ must make sure that all services provided are accessible to target populations.
 - Facilities must be geographically accessible to the populations served.
 - As much as possible, services will be available at times convenient to those seeking services.
 - Clinics must comply with the Americans with Disabilities Act.
 - Facilities must meet applicable standards established by the Federal, State, and local governments, including local fire, building, and licensing codes.
 - Clinic settings must ensure respect for the privacy and dignity of the individual.
- Clients must be accepted on referral from any source.
- Services must be provided solely on a voluntary basis. Acceptance of SRH services must not be a prerequisite to eligibility for, or receipt of, services in any non-SRH programs of the LHJ.

Availability of Emergency Services

The LHJ must have written plans and procedures for the management of on-site medical emergencies, including emergencies that require transport and after-hours management of contraceptive emergencies. (See DOH SRH Manual)

If LHJ or DOH discontinues this contract:

See SRHP Manual for close out requirements and resources.

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

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

Local Health Jurisdiction Name: Skamania County Community Health Department
Contract Number: CLH31026

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2022 through December 31, 2024

Statement of Work Purpose: The purpose is to provide Women, Infants, and Children (WIC) Nutrition Program services by following WIC federal regulations, WIC state office policies and procedures, WIC directives, and other rules. Refer to the Program Specific Requirements section of this document.

Revision Purpose: To add FFY23 USDA FMNP MGMT funds, add FFY24 USDA WIC CLIENT SVS CONTRACTS funds and extend the funding period from 12/31/23 to 09/30/24, and add a special requirement.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 USDA WIC CLIENT SVS CONTRACTS	76101234	10.557	333.10.55	01/01/22	09/30/22	37,204	0	37,204
FFY23 USDA WIC CLIENT SVS CONTRACTS	76101244	10.557	333.10.55	10/01/22	09/30/23	31,925	0	31,925
FFY22 USDA FMNP PROG MGMT	76540237	10.572	333.10.57	05/01/22	09/30/22	160	0	160
FFY23 USDA WIC PROG MGMT CSS	76101242	10.557	333.10.55	01/01/23	09/30/23	2,000	0	2,000
FFY24 USDA WIC CLIENT SVS CONTRACTS	7610124B	10.557	333.10.55	10/01/23	09/30/24	7,875	2,000	9,875
FFY23 USDA FMNP MGMT	76540248	10.572	333.10.57	06/01/23	09/30/23	0	158	158
						0	0	0
TOTALS						79,164	2,158	81,322

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	WIC Nutrition Program			See "Billing Requirements" below.
1.1	Maintain authorized participating caseload at 100% based on quarterly average as determined from monthly caseload management reports generated at state WIC office. The Department of Health (Department) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when: <ol style="list-style-type: none"> 1. Unanticipated funding situations occur. 2. Reallocations are necessary to redistribute caseload statewide. 3. Caseload declines. 	Outcomes based on monthly participation data from state WIC caseload management reports.	Authorized participating caseload for January 2022 through December 2024 = <u>60</u> Revised authorized participating caseload for January 2023 through December 2024 = <u>50</u>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.2	Submit the annual Nutrition Services Plan for each year of the contract.	Nutrition Services Plan	First year due 9/30/22 Second year due 9/30/23	Payment withheld if not received by due date.
1.3	Submit the annual Nutrition Services Expenditure Report for each year of the contract.	Nutrition Services Expenditure Report	11/30/22 11/30/23	Payment withheld if not received by due date.
1.4	Tell participants about other health services in the agency. If needed, develop written agreements with other health care agencies and refer participants to these services.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.5	Provide nutrition education services to participants and caregivers in accordance with federal and state requirements.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.6	Issue WIC benefits while assuring adequate WIC card security and reconciliation.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.7	Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.8a	Submit entire WIC and Breastfeeding Peer Counseling Budget Workbook for each year of the contract	Budget Workbook	First year due 9/30/22 Second year due 9/30/23	
1.8b	Submit Rev-Exp Report spreadsheet from the WIC Budget Workbook monthly with A-19	Revenue and Expense Report and A-19	First year due monthly through December 31, 2022 Second year due monthly through December 31, 2023	
2	Breastfeeding Promotion			See "Billing Requirements" below.
2.1	Provide breastfeeding promotion activities in accordance with federal and state requirements.	Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 11/30/22 Second year due 11/30/23 Biennial WIC Monitor	
2.2	Work with community partners to improve practices that affect breastfeeding. Choose one or more of the following projects: <ul style="list-style-type: none"> ▪ Provide staff, health care providers and community partners virtual breastfeeding training resources. ▪ Work with employers who likely employ low-income people to create worksite environments that support breastfeeding. ▪ Work with birthing hospitals to improve maternity care practices that affect WIC participant breastfeeding rates. ▪ Provide participants access to lactation consultants. Other projects will need pre-approval from the State WIC Office	Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 8/30/22 Second year due 8/30/23 Biennial WIC Monitor	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Farmers Market Nutrition Program (FMNP)			See "Billing Requirements" below.
3.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC participants between June and September 30 of current year.	Send completed readable copy of FMNP check registers to State WIC office on a weekly basis following FMNP procedures. Documentation must be available for review by WIC monitor staff.	Weekly June-Sept. 2022 and June-Sept. 2023 All sent by Oct. 1, 2022 and by Oct. 1, 2023 Biennial WIC Monitor	

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

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

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

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

Staffing Requirements:

The LHJ shall:

- Use Competent Professional Authority staff, as defined by WIC policy, to determine participant eligibility, prescribe an appropriate food package and offer nutrition education based on the participants' needs.
- Use a Registered Dietitian (RD) or other qualified nutritionist to provide nutrition services to high risk participants, to include development of a high-risk care plan. The RD is also responsible for quality assurance of WIC nutrition services. See WIC Policy for qualifications for a Registered Dietitian and other qualified nutritionist.
- Assign a qualified person to be the Breastfeeding Coordinator to organize and direct local agency efforts to meet federal and state policies regarding breastfeeding promotion and support. The Breastfeeding Coordinator must be an International Board-Certified Lactation Consultant or attend an intensive lactation management course, or other state approved training.

Restrictions on Funds:

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

Special References:

What is the WIC program?

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

Monitoring Visits:

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

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

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

Assurances/Certifications:**1. Computer Equipment Loaned by the Department of Health WIC Nutrition Program**

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

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

The LHJ agrees to:

- a. Defend, protect and hold harmless the Department or any of its employees from any claims, suits or actions arising from the use of this Loaned Equipment.
- b. Assume responsibility for any loss or damage from abnormal wear or use, or from inappropriate storage or transportation. The Department may enforce this by:
 - 1) Requiring reimbursement from the LHJ of the value of the Loaned Equipment at the time of the loss or damage.
 - 2) Requiring the LHJ to replace the Loaned Equipment with equipment of the same type, manufacturer, and capabilities (as pre-approved by the Department), or
 - 3) Assertion of a lien against the Contractor's property.
- c. Notify the Department immediately of any damage to Loaned Equipment.
- d. Notify the Department prior to moving or replacing any Loaned Equipment.

The Department recommends Contractors carry insurance against possible loss or theft.

2. Civil Rights Assurance

- a. The LHJ shall perform all services and duties necessary to comply with federal law in accordance with the following Civil Rights Assurance.
- b. "The Program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR 50.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the ground of race, color, national origin, sex, age or handicap, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the Program applicant receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.
- c. "By accepting this assurance, the Program applicant agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, Food and Nutrition Service, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Program applicant, its successors, transferees, and assignees, as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear on the contract are authorized to sign this assurance on behalf of the Program applicant."

3. 2CFR 200

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

Billing Requirements:

1. Definitions

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

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

- There are four federal budget periods
 - January 1, 2022 through September 30, 2022;
 - October 1, 2022 through September 30, 2023;
 - October 1, 2023 through September 30, 2024;
 - October 1, 2024 through December 31, 2024.

2. Billing Information:

- a. Billings are submitted on an A-19-1A invoice. These invoices are provided by the Department in the WIC Budget Workbook and include accounting codes for different budget categories.
- b. A-19s are submitted monthly and must be received by the Department within 60 days following the close of each calendar month. Additional A-19s may be submitted at any time, but must be received within 90 days of the close of the federal budget period.
- c. Funds are allocated by budget categories and by federal budget periods (refer to the budget spreadsheet).
- d. Funds are encumbered or spent only during the budget period; no carry forward from previous time periods or borrowing from future time periods is allowed.
- e. Payments are limited to the amounts allocated for the budget period for each budget category.
- f. Billings are based on actual costs for completed activities. Advance payments are not allowed. Back up documentation must be retained by the LHJ and available for inspection by the Department or other appropriate authorities.
- g. Payments will be made only for WIC approved expenditures. Refer to the Washington State WIC Nutrition Program Policy and Procedure Manual Volume 2, Chapter 4 – Allowable Costs and 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- h. If billing for indirect costs, a Cost Allocation Plan or Federal Indirect Cost Agreement must be submitted prior to payment.

Special Instructions:

The LHJ shall:

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

SPECIAL REQUIREMENTS			
Contract Funding Period	Time Period special requirement funds are available	Amount	Special Requirement Description
January 2022 to September 2024	January 2022 to September 2022	\$2,100	Added in the USDA WIC Client Services Contracts category to cover training and travel expenses for all local WIC staff to participate in WIC-related trainings.
January 2023 - September 2023	January 2023 - September 2023	\$2,000	This funding is for all WIC staff to participate in WIC-related training. Added in the USDA WIC Client Services Contracts category to cover training registrations, travel expenses, staff time to participate in training (salary/benefits or contractor), and other approved WIC training expenses.
<i>October 2023 - September 2024</i>	<i>October 2023 - September 2024</i>	<i>\$2,000</i>	<i>This funding is for all WIC staff to participate in WIC-related training. Added in the USDA WIC Client Services Contracts category to cover training registrations, travel expenses, staff time to participate in training (salary/benefits for part-time or contractors), and other approved WIC training expenses.</i>

Other:

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

Indirect Rate January 1, 2022 through December 31, 2023: 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			
FFY24 USDA WIC Client Svs Contracts	NGA Not Received	Amd 13	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$2,000	\$9,875	\$79,004
FFY24 USDA WIC Client Svs Contracts	NGA Not Received	Amd 10, 13	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$7,875		
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 10	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$23,625	\$31,925	
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 1	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$8,300		
FFY22 USDA WIC Client Svs Contracts	7WA700WA7	Amd 4	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$10,204	\$37,204	
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	\$27,000		
FFY23 USDA WIC Prog Mgmt CSS	7WA700WA7	Amd 10	10.557	333.10.55	01/01/23	09/30/23	10/01/22	09/30/23	\$2,000	\$2,000	\$2,000
FFY23 USDA FMNP Prog Mgmt	7WA810WA7	Amd 13	10.572	333.10.57	06/01/23	09/30/23	10/01/22	09/30/23	\$158	\$158	\$318
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	\$160	\$160	
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 13	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$19,894	\$19,894	\$56,121
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	\$19,894	\$19,894	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 4	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$8,375	\$16,333	
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	\$7,958		
FFY22 Tele Health Expansion Rep Choice	FPHPA006613	Amd 10	93.217	333.93.21	05/15/22	05/31/23	05/15/22	05/31/23	(\$40,000)	\$0	\$0
FFY22 Tele Health Expansion Rep Choice	FPHPA006613	Amd 9	93.217	333.93.21	05/15/22	05/31/23	05/15/22	05/31/23	\$40,000		
FFY22 Title X Dire Needs	FPHPA006495	Amd 2	93.217	333.93.21	01/14/22	03/31/22	01/14/22	03/31/22	\$1,222	\$1,222	\$1,222
FFY23 Title X Family Planning	FPHPA006560	Amd 12	93.217	333.93.21	04/01/23	03/31/24	04/01/23	03/31/24	\$11,333	\$11,333	\$23,245
FFY22 Title X Family Planning	FPHPA006560	Amd 5	93.217	333.93.21	04/01/22	03/31/23	04/01/22	03/31/23	\$11,912	\$11,912	
FFY24 CDC VFC Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$560	\$6,160	\$6,160
FFY24 CDC VFC Ops	NH23IP922619	Amd 12	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$5,600		
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$345,228	\$345,228	\$345,228
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$359,803	\$359,803	\$359,803
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2, 11	93.323	333.93.32	01/01/22	01/31/23	05/19/20	01/31/23	\$45,049	\$45,049	\$45,049
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	\$400,589	\$400,589	\$400,589
FFY24 HRSA MCHBG LHJ Contracts	NGA Not Received	Amd 13	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$29,551	\$29,551	\$59,102
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$29,551	\$29,551	
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$7,095	\$29,258	\$29,258
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$22,163		

Indirect Rate January 1, 2022 through December 31, 2023: 12%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHM Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
SFY24 Sexual & Rep Hlth Cost Share		Amd 13	N/A	334.04.91	07/01/23	12/31/23	07/01/23	06/30/24	\$12,136	\$12,136	\$52,211
SFY23 Sexual & Rep Hlth Cost Share		Amd 10	N/A	334.04.91	07/01/22	06/30/23	07/01/22	06/30/23	\$13,381	\$26,695	
SFY23 Sexual & Rep Hlth Cost Share		Amd 7, 10	N/A	334.04.91	07/01/22	06/30/23	07/01/22	06/30/23	\$13,314		
SFY22 Sexual & Rep Hlth Cost Share		Amd 5	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/22	\$588	\$13,380	
SFY22 Sexual & Rep Hlth Cost Share		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/22	\$12,792		
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$906,000	\$906,000	\$1,399,000
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$493,000)	\$0	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$493,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$493,000	\$493,000	
FPHS-Local Health Jurisdiction		Amd 13	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$622,000	\$1,528,000	\$1,528,000
FPHS-Local Health Jurisdiction		Amd 12	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$906,000		
YR 25 SRF - Local Asst (15%) (FO-SW) SS		Amd 11	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$3,000	\$3,000	\$5,800
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	\$2,800	\$2,800	
Sanitary Survey Fees (FO-SW) SS-State		Amd 11	N/A	346.26.65	01/01/22	12/31/23	07/01/21	12/31/23	\$3,000	\$5,800	\$5,800
Sanitary Survey Fees (FO-SW) SS-State		Amd 1, 11	N/A	346.26.65	01/01/22	12/31/23	07/01/21	12/31/23	\$2,800		
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	\$1,000	\$1,000	\$1,000
TOTAL									\$4,398,910	\$4,398,910	
Total consideration:				\$3,712,611						GRAND TOTAL	\$4,398,910
				\$686,299							
GRAND TOTAL				\$4,398,910						Total Fed	\$1,407,099
										Total State	\$2,991,811

*Catalog of Federal Domestic Assistance

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