

**SKAMANIA COUNTY BOARD OF HEALTH**

Agenda for January 14, 2020

1:30 PM

Skamania County Courthouse

240 NW Vancouver Avenue, Room 18

Stevenson, WA 98648

Call to Order

Public Comment

**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 of December 10, 2019
2. Contract Amendment #1 with Department of Health, amending statement of work and increasing funding for Family Planning, WIC, and Office of Drinking Water Group A, and updating language for PHEP BP1 LHJ funding

**Community Health report** – Kirby Richards, Community Health Director

- Introduction of Public Health Nurse

**Health Officer report** - Dr. Steven Krager, Deputy Health Officer

- Influenza update
- Suicide Prevention Data

**Environmental Health report** - Tim Elsea, Public Works Director

**MINUTES OF SKAMANIA COUNTY BOARD OF HEALTH MEETING**

December 10, 2019  
Skamania County Courthouse  
240 NW Vancouver Avenue, Room 18  
Stevenson, WA 98648

The meeting was called to order at 1:35 p.m. on December 10, 2019 at the Skamania County Courthouse, 1<sup>st</sup> Floor Meeting Room, 240 NW Vancouver Avenue in Stevenson, with Board of Health Commissioners, Robert Hamlin, T.W. Lannen, and Richard Mahar, Chair present.

There was no public comment.

Commissioner Hamlin moved, seconded by Commissioner Lannen and motion carried to approve the Consent Agenda as follows:

- 1. Minutes of November 13, 2019

Kirby Richards, Community Health Director, discussed department changes and trying to hire two (2) positions.

Dr. Steven Krager, Deputy Health Officer reported on the Flu season and the increase of cases, including 3 flu deaths in Washington State. He reported there was one case of measles in Clark County. He also reported on vaping updates and Adverse Childhood Experiences (ACE's).

Tim Elsea, County Engineer/Public Works Director reported on Environmental Health. He reported on the annual consolidated health water survey.

The meeting adjourned at 2:10 p.m.

**SKAMANIA COUNTY BOARD OF HEALTH**

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

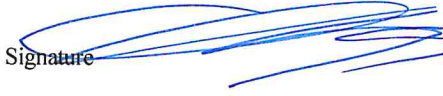
\_\_\_\_\_  
Clerk of the Board of Health

\_\_\_\_\_  
Commissioner

Aye \_\_\_\_\_  
Nay \_\_\_\_\_  
Abstain \_\_\_\_\_  
Absent \_\_\_\_\_



**COMMISSIONER'S AGENDA ITEM COMMENTARY**

<b><u>SUBMITTED BY</u></b>	Community Health Department	 Signature
<b><u>AGENDA DATE</u></b>	BOH 1/14/2020	
<b><u>SUBJECT</u></b>	Dept of Health Consolidated Contract 2018-2020 Amendment #11	
<b><u>ACTION REQUESTED</u></b>	BOH Signature	

**SUMMARY/BACKGROUND**

Amends Department of Health (DOH) Consolidated Contract for Fiscal Period 2018-2020 by the following:

Adds statement of work for Family Planning with an increase of \$16,434. Amends statements of work to increase \$1,550 for USDA WIC, \$2,800 for the Office of Drinking Water Group A contract and update language for PHEP BP1 LHJ Funding.

**FISCAL IMPACT**

**REVENUE CONTRACT**

\$20,784.00

**RECOMMENDATION**

Sign Contract at next BOH meeting

**LIST ATTACHMENTS**

- Face Sheet
- Amendment #11
- Exhibit A: Statements of Work
- Exhibit B: Allocations
- Exhibit C: Schedule of Federal Awards

**SKAMANIA COUNTY PUBLIC HEALTH DEPARTMENT  
2018 – 2020 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: CLH18260**

**AMENDMENT NUMBER: 11**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and SKAMANIA COUNTY PUBLIC HEALTH DEPARTMENT 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, attached and incorporated by this reference, are amended as follows:

Adds Statements of Work for the following programs:

- Family Planning - Effective December 1, 2019

Amends Statements of Work for the following programs:

- Family Planning - Effective September 1, 2018
- Office of Drinking Water Group A Program - Effective January 1, 2018
- Office of Emergency Preparedness & Response - Effective July 1, 2019
- WIC Nutrition Program - Effective January 1, 2018

Deletes Statements of Work for the following programs:

2. Exhibit B-11 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-10 Allocations as follows:

Increase of \$20,784 for a revised maximum consideration of \$444,221.

Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.

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

3. Exhibit C-10 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-9.

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 PUBLIC HEALTH  
DEPARTMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Robert Hamling Chair Date 4/14/20

\_\_\_\_\_  
Date

APPROVED AS TO FORM

APPROVED AS TO FORM ONLY  
Assistant Attorney General

2018-2020 CONSOLIDATED CONTRACT  
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Exhibit A  
Statement of Work  
Contract Term: 2018-2020

DOH Program Name or Title: Family Planning - Effective September 1, 2018

Local Health Jurisdiction Name: Skamania County Community Health Department  
Contract Number: CLH18260

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input checked="" 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: September 1, 2018 through November 30, 2019

**Statement of Work Purpose:** Provide family planning services to Washington State residents. These services will comply with all federal, state and DOH Family Planning Manual requirements. This statement of work replaces previous statements of work. It highlights specific requirements, but all must be complied with.  
Due dates after November 30, 2019 are for reporting only. LHJ may not bill under this contract for work done in December 2019.

**Revision Purpose:** The purpose of this revision is to shorten the period of performance and SFY20 Family Planning Cost Share end date from March 31, 2020 to November 30, 2019 and correct FFY19 Family Planning Title X end date from March 31, 2020 to June 30, 2019 and terminate this statement of work.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
SFY19 Family Planning Cost Share	N/A	334.04.91	78440190	09/01/18	06/30/19	7,675	0	7,675
SFY20 Family Planning Cost Share	N/A	334.04.91	78440100	07/01/19	11/30/19	7,195	0	7,195
FFY18 Family Planning Title X	93.217	333.93.21	78440280	09/01/18	03/31/19	2,910	0	2,910
SFY19 Family Planning Cost Share	N/A	334.04.91	78440190	09/01/18	03/31/19	822	0	822
FFY19 Family Planning Title X	93.217	333.93.21	78440290	04/01/19	06/30/19	4,164	0	4,164
<b>TOTALS</b>						<b>22,766</b>	<b>0</b>	<b>22,766</b>

Task Number	Task Number Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	<b>Title X Services</b> A. Comply with federal Title X requirements, Washington State Family Planning Network requirements and all state and federal laws. Also see Program Manual, Handbook, Policy References section below.		<ul style="list-style-type: none"> <li>A19 invoice vouchers submitted timely and accompanied with an R&amp;E showing revenue and expenses for the month billed and back up documentation per DOH policy.</li> </ul>	No more than monthly and no less than quarterly.	Billing will be submitted no more than monthly and no less than quarterly.  Billing must be based on a current cost methodology approved by

AMENDMENT #11

Task Number	Task Number Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>B. Provide medical services, community education, and outreach consistent with state and federal Title X requirements:</p> <ol style="list-style-type: none"> <li>1. Medical, laboratory, and related services that do not include abortion as a method of family planning.</li> <li>2. Community education services based on the needs of the community.</li> <li>3. Outreach to ensure all populations in community understand services available. Focus outreach efforts on increasing equity.</li> </ol> <p>Washington State Family Planning Network priority populations are:</p> <ul style="list-style-type: none"> <li>• People under 20 years old</li> <li>• People with incomes at or below 250% FPL</li> <li>• People who are uninsured or underinsured</li> <li>• People who require an extra level of confidentiality</li> <li>• People with low English proficiency</li> </ul> <p>Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories.</p> <p>All services will be provided in accordance with:</p> <ul style="list-style-type: none"> <li>• Title X Requirements</li> <li>• DOH Family Planning Manual</li> <li>• Other state and federal requirements</li> <li>• LHI's Current Scope Report</li> </ul> <p>C. Collect, maintain, and provide data about each Title X clinic visit.</p> <ol style="list-style-type: none"> <li>1. Maintain a computer system that includes normal safety precautions against loss of information.</li> </ol>		<ul style="list-style-type: none"> <li>• All reports described in Reporting Requirements table below.</li> <li>• Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.)</li> <li>• Facilitate DOH desk reviews by making requested documentation available to DOH in requested format.</li> <li>• Facilitate DOH site-visits by making appropriate staff and documentation readily available prior to and during review.</li> </ul> <p>DOH performs site visits at least every three years. Follow-up site visits are performed until identified issues are resolved.</p> <p>CVR data submitted to DOH data contractor (Ahlers &amp; Associates) electronically in a format compatible with Ahlers software.</p>	<p>As described in Reporting Requirements table below.</p> <p>As requested by DOH</p> <p>As requested by DOH</p>	<p>DOH (see Reporting Requirements table).</p> <p>DOH reserves the right to withhold payment until:</p> <ul style="list-style-type: none"> <li>• Compliance issues related to this or a previous contract are resolved in a way accepted by DOH</li> <li>• Current data is submitted to, and accepted by, Ahlers.</li> <li>• A19 back up documentation required by DOH has been submitted and approved.</li> <li>• Other deliverables have been met.</li> </ul> <p>Payment is limited to the maximum funds available for each funding source.</p> <p><b>In the event the DOH, at its sole discretion, withdraws from participation in federal Title X, unexpended federal funds will be removed from this contract.</b></p> <p>DOH will reimburse for:</p> <ul style="list-style-type: none"> <li>• Actual allowable costs according to your approved cost methodology (see Reporting Requirements table).</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• Actual allowable costs as described above up to the amount remaining in the</li> </ul>



AMENDMENT #11

Task Number	Task Number Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>2. Ensure data entry personnel protect confidentiality of Clinic Visit Record (CVR) data.</p> <p>3. Have ability to retrieve all information for auditing and monitoring by DOH or its designee.</p> <p>D. Notify DOH contract manager of all:</p> <ul style="list-style-type: none"> <li>• Equipment LHJ proposes to purchase with contract funds. Equipment is defined as having an acquisition cost of \$5,000 or more. All equipment must be approved by DOH prior to purchase.</li> <li>• Key staff and organizational changes.</li> <li>• Proposed clinic site additions. New clinic sites must be approved by DOH before offering Title X services.</li> <li>• Expected clinic site closures. DOH may, at its sole discretion, recalculate LHJ's funding allocation if it closes a clinic site.</li> <li>• Any other change that might affect LHJ's ability to provide Title X services.</li> </ul>		<ul style="list-style-type: none"> <li>• Data for each month</li> <li>• Corrected CVR data</li> </ul> <p>Email briefly describing change.</p>	<p>The last day of the next month.</p> <p>Within thirty (30) days of receiving error/ rejection report or request from DOH family planning data manager.</p> <p>As needed to keep information current.</p>	<p>contract divided by the number of months remaining in the funding source, plus one, whichever is less.</p> <p>Payment will be split among funding sources as calculated by R&amp;E provided by DOH (see Reporting Requirements table).</p> <p>All services through 03-31-19 must be billed by 04-30-19.</p> <p>All services through 06-30-19 must be billed by 08-15-19.</p> <p><del>All services through 03-31-20 must be billed by 04-30-20.</del></p> <p>All services through 11 30 19 must be billed by 12 31 19.</p>

AMENDMENT #11

Task Number	Task Number Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	<p><b>Services outside Title X project</b></p> <p>A. Title X funds (federal and state cost-share) may not be used for family planning related surgical procedures or for abortion. DOH encourages LHJ to provide these services using funding sources other than Title X.</p> <p>B. DOH will amend contract to designate up to 5% of LHJ's total state funds as nontitle X funds on LHJ request. These funds can then be used to provide family planning related surgical procedures and for abortion.</p> <ol style="list-style-type: none"> <li>1. Eligible clients are those with incomes at or below 250% FPL.</li> <li>2. DOH will pay for services at Health Care Authority (HCA) Medicaid approved reimbursement amounts. This will be considered payment in full. LHJ will not seek additional payment from the client or any other person or organization.</li> <li>3. If LHJ bills for services provided by someone outside their organization the outside provider must agree to accept DOH payment as payment in full. LHJ is responsible for ensuring that the outside provider does not seek additional payment from the client or any other person or organization.</li> </ol>		<p>Surgical A19 accompanied by Surgical Services Summary and Health Insurance Claim Form forms for each visit billed.</p> <p>DOH will provide Surgical Services Summary forms and surgical A19s as part of R&amp;E workbook for all LHJs who receive Non-Title X funds.</p>	<p>No more than six (6) months after date service was provided.</p>	<p>DOH will only reimburse for these services if this contract includes Non-Title X funds.</p>

Reporting Requirements:

Title and Purpose	Description	Due
<p><b>1. Current Scope Report</b></p> <p>Information required at the beginning of this contract period. This information ensures that DOH has accurate information about LHJ's organization and the services it provides. The federal Office of Population Affairs (OPA) requires DOH to maintain accurate information on the OPA Title X database: <a href="https://opa-fpclinicdb.hhs.gov/">https://opa-fpclinicdb.hhs.gov/</a>.</p> <p>In addition, elements of this report allow DOH to ensure that Title X and Washington State Family Planning Network requirements regarding client fees, required Title X services, composition of Information and Education (I&amp;E) committee meet Title X requirements. It also provides other information to assist DOH to manage this contract and the Washington State Family Planning Network as a whole.</p>	<p><b>This information must be reported using the template or format provided by DOH. All signatures must be after 04-01-2019. It will include:</b></p> <p><b>Information required by federal Title X</b></p> <ul style="list-style-type: none"> <li>A. Signed Assurances</li> <li>B. I&amp;E Committee roster with names and organizational affiliation</li> </ul> <p><b>Information about Title X contracts and LHJ's staffing</b></p> <ul style="list-style-type: none"> <li>A. Contact for Title X administrative issues</li> <li>B. Head of organization</li> <li>C. Contact for Title X clinical issues</li> <li>D. Contact for Title X billing issues</li> <li>E. Title X Medical Director</li> </ul> <p><b>Information related to family planning related services offered at each clinic site</b></p> <ul style="list-style-type: none"> <li>A. Services required by Washington State Family Planning Network. All must be on LHJ's Title X sliding fee schedule.</li> <li>B. Additional services LHJ offers on Title X sliding fee schedule.</li> <li>C. Other family planning-related services offered. (Services outside Title X).</li> </ul> <p><b>Information related to outreach and education plans</b></p> <ul style="list-style-type: none"> <li>A. Describe LHJ's plan for community education and outreach including any changes to previous efforts.</li> <li>B. Discuss plans to reach populations in LHJ's community that:                             <ul style="list-style-type: none"> <li>• Have a heightened need for translation/interpreter services</li> <li>• Are difficult to reach</li> <li>• Have cultural considerations best addressed through tailored efforts</li> </ul> </li> <li>C. Discuss plans to reach Washington State Family Planning Network priority populations:                             <ul style="list-style-type: none"> <li>• People under 20 years old</li> <li>• People with incomes at or below 250% FPL (federal poverty level)</li> <li>• People who are uninsured or underinsured</li> <li>• People who require an extra level of confidentiality</li> <li>• People with low English proficiency</li> </ul> </li> <li>D. Discuss extra efforts planned to provide information and services to people who intersect with multiple priority population categories.</li> </ul>	<p>05-31-19</p> <p>AND</p> <p>As needed to maintain accuracy of information.</p>

Title and Purpose	Description	Due
	<p><b>Information related to current Washington State Family Planning Network work plan</b></p> <p>Describe LHJ's plans to address portions of the Network work plan that it is responsible for or involved in. Include a description of the staff involved and timelines related to these activities.</p> <p><b>Information related to billing and client fees</b></p> <p>A. Budget that estimates LHJ's cost of providing Title X during this contract period. It must provide detail by budget category for these contract funds and other funds expected to support Title X services.</p> <p>B. Proposed cost methodology: How LHJ determines appropriate expenses for the purpose of billing DOH.</p> <ul style="list-style-type: none"> <li>• Cost methodologies DOH approved prior to 04-01-2019 are null and void.</li> <li>• LHJ may not use cost methodology until DOH has approved it in writing. This approval must be dated on or after 04-01-2019.</li> <li>• DOH may give preliminary approval contingent on DOH testing cost methodology onsite at LHJ facility. LHJ must facilitate such testing. LHJ may not use cost methodology until DOH gives final written approval.</li> </ul> <p>C. Cost analysis: How LHJ determines what it costs to provide services. LHJ uses this to help construct its fee schedule. Cost analysis performed no more than three years prior to 04-01-2019. The Family Planning National Training Center (FPNTC) offers information and resources on performing costs analyses at <a href="https://www.fpntc.org/search?keys=cost+analysis">https://www.fpntc.org/search?keys=cost+analysis</a>.</p> <p>D. Sliding fee schedule based on cost analysis described above.</p> <ul style="list-style-type: none"> <li>• LHJ may use the last fee schedule approved prior to this revision for up to sixty (60) days after this revision is fully executed.</li> <li>• LHJ must not implement the fee schedule submitted as part of this report until it has been approved in writing by DOH.</li> </ul>	06-10-19
<p><b>2. Past Progress Summary Report</b></p> <p>Summary of activities from previous family planning services contract period. This information allows DOH to provide required reports to the federal Office of Population of Affairs (OPA).</p> <p>It also informs quality improvement of the Washington State Family Planning Network.</p>	<p><b>This information must be reported using the template or format provided by DOH. It will include information about LHJ's work during the previous contract period:</b></p> <ul style="list-style-type: none"> <li>A. Progress on portions of the Network work plan LHJ was responsible for or involved in.</li> <li>B. Community education and outreach strategies and activities and a discussion of their effectiveness.</li> <li>C. Training provided to LHJ staff.</li> <li>D. Equipment purchased with previous contract funds, if any.</li> </ul>	06-10-19

AMENDMENT #11

Title and Purpose	Description	Due
<p><b>3. Mid-contract Progress Report</b></p> <p>Information DOH is required to submit to its federal funders through FPAR (Family Planning Annual Report).</p> <p>All information is for calendar year 2019 (<del>January through December 2019</del>) (<i>January through November 2019</i>)</p>	<p><b>Organization-level data on clinical services emailed to DOH family planning data manager</b></p> <p>Number of:</p> <ul style="list-style-type: none"> <li>A. Pap tests with an ASC or higher result</li> <li>B. Pap tests with an HSIL or higher result</li> <li>C. HIV Positive confidential tests</li> <li>D. HIV Anonymous tests</li> <li>E. FTE required to provide Title X services:                             <ul style="list-style-type: none"> <li>• Physicians</li> <li>• Physician assistants + nurse practitioners + certified nurse midwives</li> <li>• Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment.</li> </ul> </li> </ul> <p>Financial data emailed to DOH Contract Manager</p> <ul style="list-style-type: none"> <li>A. R&amp;E showing Other Revenue through 12-31-19 as described in item 5, below.</li> </ul>	<p>01-31-20 12-31-19</p>
<p><b>4. Clinic Visit Reports (CVRs)</b></p>	<p><b>Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at: <a href="https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf">https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf</a>.</b></p> <p>CVR data must be submitted to DOH data contractor (Ahlers &amp; Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> <li>• Each month's CVR data</li> <li>• Corrected CVR data</li> </ul>	<p>The last day of the next month</p> <p>Within thirty (30) days of receiving error or rejection report or request from DOH family planning data manager.</p>
<p><b>5. Revenue and Expense Reports (R&amp;E)</b></p>	<p><b>Completed R&amp;E for time period that shows all sources of revenue that support Title X services and all expenses related to providing those services. R&amp;E workbook will be provided by DOH.</b></p> <ul style="list-style-type: none"> <li>A. Expenses must match General Ledger.</li> <li>B. Other Funding must reflect revenue actually received in the reporting month.</li> <li>C. All entries on "Other" rows must be accompanied by a description of the revenue source or expense, including any calculations uses.</li> </ul>	<p>Submitted with each invoice (A19). No more than monthly and no less than quarterly.</p> <p>R&amp;E showing all sources of revenue that support Title X services for <del>January-December 2019</del> <i>are due 01-31-20</i>.</p>

Title and Purpose	Description	Due
		January – November 2019 are due 12/31/19.

**\*For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

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

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

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

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

**Program Manual, Handbook, Policy References**

LHJ must comply with all federal Title X, state, and DOH Family Planning requirements, policies, and regulations and with their DOH-approved Current Scope Report.

Reference documents include:

- DOH Family Planning Manual (DOH publication 930-122) available at <https://www.doh.wa.gov/portals/1/Documents/Pubs/930-122-FPRHManualComplete.pdf>. Some provisions of this manual are highlighted in this (Program Specific Requirements) section, but all provisions of the manual must be complied with.
- Title X Guidelines (<https://www.hhs.gov/opa/guidelines/program-guidelines/index.html>)
- Client Visit Record Manual (<https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf>)
- Current Washington State Family Planning Network work plan
- LHJ's approved Current Scope Report.

**Definitions**

DOH contract manager is the same as DOH program contact. Changes to the DOH contract manager will be emailed to LHJ (no contract amendment will be executed for DOH contract manager changes).

Title X Project means services that have been designated by LHJ as TX services and included on their TX sliding fee scale. These must be services that are allowed under federal Title X requirements.

**Special Billing Requirements**

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

**Accessibility of Services**

- Clients must not be denied services or subjected to variation in quality of services because of inability to pay.
- Adolescents and low-income clients must receive priority in the provision of services.
- 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.

## AMENDMENT #11

- 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 family planning services must not be a prerequisite to eligibility for, or receipt of, services in any non-family planning programs of the LHI.

### Availability of Emergency Services

The LHI 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 Family Planning Manual)

### **DOH Program Contact**

Carol C Oakes, Program Consultant  
PO Box 47855, Olympia, WA 98504-7855  
[Carol.Oakes@doh.wa.gov](mailto:Carol.Oakes@doh.wa.gov)  
(360) 236-3588

Exhibit A  
Statement of Work  
Contract Term: 2018-2020

DOH Program Name or Title: Family Planning - Effective December 1, 2019

Local Health Jurisdiction Name: Skamania County Community Health Department  
Contract Number: CLH18260

SOW Type: Original Revision # (for this SOW)

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 checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: December 1, 2019 through December 31, 2020

**Statement of Work Purpose:** The purpose of this statement of work is to provide family planning services to Washington State residents. These services will comply with all state and DOH Family Planning Manual requirements. This statement of work replaces previous statements of work. It highlights specific requirements, but all must be complied with.

Due dates after December 31, 2020 are for reporting only. LHJ may not bill under this statement of work for work done in January 2021.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
Family Planning Cost Share	N/A	334.04.91	78440100	12/01/19 12/31/20	0	16,434	16,434
<b>TOTALS</b>					<b>0</b>	<b>16,434</b>	<b>16,434</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	<b>Family Planning Services—excluding abortion and other surgical procedures related to family planning</b> A. Comply with Washington State 2019 Family Planning Manual, Family Planning Network requirements and all state laws. Also see Program Manual, Handbook, Policy References section below. B. Provide medical services, community education and outreach, and staff training, consistent with state requirements: 1. LHJ is responsible for making sure all staff have the knowledge to carry out the requirements of the SOW.		<ul style="list-style-type: none"> <li>A19 invoice vouchers submitted timely and accompanied with an R&amp;E showing revenue and expenses for the month billed and back up documentation per DOH policy.</li> <li>All reports described in Reporting Requirements table below.</li> </ul>	No more than monthly and no less than quarterly.  As described in Reporting Requirements table below.	Billing must be based on a current cost methodology approved by DOH (see Reporting Requirements table).  DOH reserves the right to withhold payment until: <ul style="list-style-type: none"> <li>Compliance issues related to this or a previous SOW are resolved in a way accepted by DOH</li> </ul>



Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>2. Medical, laboratory, and other services related to abortion are not covered by this task.</p> <p>3. Community education services must be based on the needs of the community.</p> <p>4. Outreach is to ensure all populations in your community understands the services available. Focus your outreach efforts on increasing equity.</p> <p>Washington State Family Planning Network priority populations are:</p> <ul style="list-style-type: none"> <li>• People under 20 years old</li> <li>• People with incomes at or below 250% FPL</li> <li>• People who are uninsured or underinsured</li> <li>• People who require an extra level of confidentiality</li> <li>• People with low English proficiency</li> </ul> <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"> <li>• DOH Family Planning Manual</li> <li>• Other state and federal requirements</li> <li>• LHJ's Current Scope Report (defined below)</li> </ul> <p>C. Collect, maintain, and provide data about each family planning clinic visit as defined in the Family Planning Manual.</p> <ol style="list-style-type: none"> <li>1. Maintain a computer system that includes normal safety precautions against loss of information.</li> <li>2. Ensure data entry personnel protect confidentiality of CVR data.</li> <li>3. Have ability to retrieve all information for auditing and monitoring by DOH or its designee.</li> </ol>		<ul style="list-style-type: none"> <li>• Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.)</li> <li>• To facilitate DOH desk reviews—requested documentation available to DOH in requested format.</li> <li>• To facilitate DOH site-visits—appropriate staff and documentation readily available prior to and during review.</li> </ul> <p>DOH performs site visits at least every three-years. Follow-up site visits are performed until identified issues are resolved.</p> <p>CVR data submitted to DOH data contractor (Ahlers &amp; Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> <li>• Data for each month</li> <li>• Corrected CVR data</li> </ul>	<p>As requested by DOH</p> <p>As requested by DOH</p> <p>The last day of the next month. Within thirty (30) days of receiving error/rejection report or request from DOH family planning data manager.</p>	<ul style="list-style-type: none"> <li>• Current data is submitted to, and accepted by, Ahlers.</li> <li>• A19 back up documentation required by DOH has been submitted and approved.</li> <li>• Other deliverables have been met.</li> </ul> <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"> <li>• Actual allowable costs according to your approved cost methodology (see Reporting Requirements table).</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• The amount remaining in the SOW divided by the number of months remaining in the funding source, plus one, whichever is less.</li> </ul> <p>Payment will be calculated by R&amp;E provided by DOH (see Reporting Requirements table).</p> <p>All services through 12-31-20 must be billed by 01-31-21.</p>

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Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>D. Notify DOH contract manager of all:</p> <ul style="list-style-type: none"> <li>• Key staff and organizational changes.</li> <li>• Proposed clinic site additions. New clinic sites must be approved by DOH before offering services supported by SOW funding.</li> <li>• Expected clinic site closures. Note: DOH may, at its sole discretion, recalculate LHJ's funding allocation if it closes a clinic site.</li> <li>• Any other change that might affect LHJ's ability to provide the family planning services described in this SOW.</li> </ul>		<p>Email briefly describing change.</p>	<p>As needed to keep information current.</p>	
2.	<p><b>Abortion and other surgical procedures related to family planning</b></p> <p>A. LHJ may choose to use up to 3% of its total SOW funds for medical and surgical abortions and other family planning related surgical procedures.</p> <p>B. LHJ must notify the DOH contract manager prior to providing services with SOW funds. DOH will move the appropriate amount to the appropriate funding source. This may or may not require an amendment.</p> <p>C. Comply with Washington State 2019 Family Planning Manual, Family Planning Network requirements and all state laws. Also see Program Manual, Handbook, Policy References section below.</p> <p>D. Eligible clients are those with incomes at or below 250% FPL.</p> <p>E. If LHJ bills for services provided by someone outside their organization the outside provider must agree to accept DOH payment as payment in full. LHJ is responsible for ensuring that the outside provider does not seek additional payment from the client or any other person or organization. (Also see Payment column.)</p>		<p>Surgical A19 accompanied by Surgical Services Summary and Health Insurance Claim Forms form for each visit billed.</p> <p>DOH will provide Surgical Services Summary forms and surgical A19s as part of R&amp;E workbook for all LHJ's who receive surgical funds.</p>	<p>No more than six (6) months after date service was provided.</p>	<p>DOH will only reimburse LHJ for these services if this SOW includes surgical funds.</p> <p>DOH will pay for services at Health Care Authority (HCA) Medicaid reimbursement amounts.</p> <ul style="list-style-type: none"> <li>• This will be considered payment in full.</li> <li>• LHJ will not seek additional payment from the client or any other person or organization.</li> </ul>

Reporting Requirements:

Title and Purpose	Description	Due
<p><b>1. Current Scope Report</b></p> <p>Information required at the beginning 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 Washington State Family Planning Network requirements regarding client fees, required services, requirements. It also provides other information to assist DOH to manage this SOW and the Washington State Family Planning Network as a whole.</p>	<p><b>This information must be reported using the template or format provided by DOH. All signatures and forms must be completed by 01-31-20 It will include:</b></p> <p>Information about your agency contacts and your organization's staffing</p> <ul style="list-style-type: none"> <li>A. Head of Organization</li> <li>B. Head of Finance</li> <li>C. Medical Director</li> <li>D. The following (one person might fill more than one role)                             <ul style="list-style-type: none"> <li>a. Contract Coordinator</li> <li>b. Clinical representative</li> <li>c. Billing contact</li> <li>d. Outreach and education contact</li> <li>e. Contact for CVR data</li> <li>f. Contact for EHR information</li> </ul> </li> </ul> <p>Information regarding family planning related services offered at each clinic site:</p> <ul style="list-style-type: none"> <li>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.</li> <li>B. Sliding fee schedule that includes all services required in the Family Planning Manual. Additional Task 1 family planning-related services may also be included on LHJ's sliding fee schedule.                             <ul style="list-style-type: none"> <li>a. Sliding fee schedule must be based on cost analysis described above.</li> <li>b. LHJ may use the last fee schedule approved prior to this SOW as long as it was approved later than 04-01-19. LHJ must email the DOH contract manager letting them know it is using a prior approved fee schedule.</li> <li>c. LHJ must not implement a revised fee schedule until it has been approved in writing by DOH.</li> </ul> </li> <li>C. Income conversion tables must be updated annually and approved by DOH</li> </ul> <p>Information related to current Community Outreach Plan</p> <p>LHJ's community outreach plan follows a 5-year cycle. In the first year LHJ must assess, document and disseminate community health needs, this process must include the following steps:</p> <ul style="list-style-type: none"> <li>A. Define the populations LHJ serves and identify opportunities to expand reach within those populations and to unreached populations in each community it serves.</li> <li>B. Identify organizations and people representing the broad interests of the community and identify opportunities for partnership and collaboration.</li> <li>C. Gather available data and current assessments (secondary data)</li> <li>D. Seek community perspectives by gathering input from the various populations in LHJ's community (collect primary data)</li> <li>E. Aggregate secondary and primary data and analyze aggregated data</li> </ul>	<p>01-31-20</p> <p>AND</p> <p>As needed to maintain accuracy of information.</p>

<p>F. Prioritize health issues, define areas of unmet need, and incorporate both in plans for outreach and education materials and activities</p> <p>G. Document and disseminate the community health needs assessment to LHJ's FFP consultant and appropriate stakeholders</p>	<p>Information related to current Washington State Family Planning Network work plan</p> <p>Periodically, the Family Planning Network develops a statewide work plan. LHJ will be involved in developing and finalizing this plan. Activities focus on improving the strength of the Network and access to Network services for everyone who wants and needs them.</p> <p>Describe plans to address portions of the Network work plan that LHJ is responsible for or involved in. Include a description of the staff involved and timelines related to your activities.</p> <p>Information related to billing and client fees</p> <p>Cost methodology: How LHJ determines appropriate expenses for the purpose of billing DOH.</p> <p>If LHJ cost methodology was approved by DOH after 04-01-19, 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>	
<p><b>2. Progress Summary Report</b></p> <p>Summary of activities from previous Family Planning services SOW. This information allows DOH to provide required reports to the federal Office of Population of Affairs.</p> <p>It also informs quality improvement of the Washington State Family Planning Network.</p>	<p><b>This information must be reported using the template or format provided by DOH. It will include information about LHJ's work during the previous SOW:</b></p> <p>A. Progress on portions of the Network work plan LHJ was responsible for or involved in.</p> <p>B. Community education and outreach strategies and activities and a discussion of their effectiveness.</p> <p>C. Staff training.</p>	
<p><b>3. Family Planning Annual Report (FPAR)</b></p> <p>Information DOH is requesting to develop trend data. All information is for calendar year 2020 (January through December 2020).</p>	<p><b>Organization-level data on clinical services emailed to DOH family planning data manager</b></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 Title X services:</p> <ul style="list-style-type: none"> <li>• Physicians</li> <li>• Physician assistants + nurse practitioners + certified nurse midwives</li> <li>• Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment.</li> </ul> <p>Financial data emailed to DOH Contract Manager</p> <p>A. R&amp;E showing Other Revenue through 12-31-20 as described in item 5, below.</p>	<p>01-31-20</p>

<p><b>4. Clinic Visit Reports (CVRs)</b></p>	<p>Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at: <a href="https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf">https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf</a>.</p> <p>CVR data must be submitted to DOH data contractor (Ahlers &amp; Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> <li>• Each month's CVR data</li> <li>• Corrected CVR data</li> </ul>	<p>The last day of the next month</p> <p>Within thirty (30) days of receiving error or rejection report or request from DOH family planning data manager.</p>
<p><b>5. Revenue and Expense Reports (R&amp;E)</b></p>	<p>Completed R&amp;E for time period that shows all revenue (including program income) that support Task 1 Family Planning Services and all expenses related to providing those services. R&amp;E workbook will be provided by DOH.</p> <ol style="list-style-type: none"> <li>Expenses must match General Ledger.</li> <li>Other revenue/program income must reflect revenue actually received in the reporting month.</li> <li>All entries on "Other" rows must be accompanied by a description of the revenue source or expense, including any calculations uses.</li> </ol>	<p>Submitted with each invoice (A19). No more than monthly and no less than quarterly.</p> <p>R&amp;E showing all sources of revenue that support services for:</p> <ul style="list-style-type: none"> <li>• January-December 2019 due 01-31-20</li> <li>• January-December 2020 due 01-31-21</li> </ul>

**\*For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

**Program Manual, Handbook, Policy References**

LHJ must comply with all state and DOH Family Planning requirements, policies, and regulations and with their DOH approved Current Scope Report. Reference documents include:

- DOH Family Planning Manual (DOH publication 930-122, available at <https://www.doh.wa.gov/portals/1/Documents/Pubs/930-122-FPRManualComplete.pdf>). 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>)
- Current Washington State Family Planning Network work plan
- LHJ's approved Current Scope Report

**Special 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 family planning services must not be a prerequisite to eligibility for, or receipt of, services in any non-family planning 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 Family Planning Manual)

**DOH Program Contact**

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(360) 236-3588

Exhibit A  
Statement of Work  
Contract Term: 2018-2020

DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1, 2018

Local Health Jurisdiction Name: Skamania County Community Health Department  
Contract Number: CLH18260

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

Period of Performance: January 1, 2018 through December 31, 2020

<input checked="" type="checkbox"/> Federal Contractor	<input checked="" type="checkbox"/> Federal Compliance (check if applicable)	<input type="checkbox"/> Reimbursement
<input checked="" type="checkbox"/> State	<input type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Fixed Price
<input type="checkbox"/> Other	<input type="checkbox"/> Research & Development	

**Statement of Work Purpose:** The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.

**Revision Purpose:** The purpose of this revision is to extend funding periods from 12/31/19 to 12/31/20 for Yr22 SRF SS, TA and SS-State, increase Total Consideration to incorporate 2020 SS and TA, and revise Special Billing Requirements and Special Instructions.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
Yr 20 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139220	01/01/18	12/31/18	0	0	0
Sanitary Survey Fees (FO-SW) SS-State	N/A	346.26.65	24232522	01/01/18	12/31/20	3,800	1,400	5,200
Yr 20 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139220	01/01/18	12/31/18	0	0	0
Yr 21 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139221	01/01/18	06/30/19	3,000	0	3,000
Yr 21 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139221	01/01/18	06/30/19	0	0	0
Yr 22 SRF - Local Asst (15%) (FO-SW) SS	N/A	346.26.64	24239222	01/01/19	12/31/20	800	1,400	2,200
Yr 22 SRF - Local Asst (15%) (FO-SW) TA	N/A	346.26.66	24239222	01/01/19	12/31/20	2,000	0	2,000
<b>TOTALS</b>						<b>9,600</b>	<b>2,800</b>	<b>12,400</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office.  See Special Instructions for task activity.		Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and	Final Sanitary Survey Reports must be received by the ODW Regional Office within <b>30 calendar days</b> of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$400</b> for each sanitary survey of a non-community system with three or fewer connections.  Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$800</b> for each sanitary survey of a non-

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Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			<p>referrals for further ODW follow-up.</p> <ol style="list-style-type: none"> <li>2. Completed Small Water System checklist.</li> <li>3. Updated Water Facilities Inventory (WFI).</li> <li>4. Photos of water system with text identifying features</li> <li>5. Any other supporting documents.</li> </ol> <p>*Final Reports reviewed and accepted by the ODW Regional Office.</p> <p>The LHJ surveyor will record at least two (2) GPS data points, for each source, into the preloaded Excel template on the tablet and submit that data file with the associated sanitary survey.</p>		<p>community system with four or more connections and each community system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
2	<p>Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office.</p> <p>See Special Instructions for task activity.</p>		<p>Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.</p>	<p>Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.</p>	<p>Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed SPI Report within the 2 working day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>



Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office.  See Special Instructions for task activity.		Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: <ul style="list-style-type: none"> <li>• Up to 3 hours of work: \$250</li> <li>• 3-6 hours of work: \$500</li> <li>• More than 6 hours of work: \$750</li> </ul> Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.  Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline.
4	LHJ staff performing the activities under tasks 1, 2 and 3 must have completed the mandatory Sanitary Survey Training.  See Special Instructions for task activity.		Prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact below for approval (to ensure that enough funds are available).	Annually	Late or incomplete reports may not be accepted for payment.  LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website  <a href="http://www.ofm.wa.gov/resources/travel.asp">http://www.ofm.wa.gov/resources/travel.asp</a>

**\*For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

**Program Specific Requirements/Narrative**

**Special References (RCWs, WACs, etc)**

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

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

**Special Billing Requirements**

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$7,600~~ *\$10,400* for **Task 1**, and **\$2,000** for **Task 2**, **Task 3** and **Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

When invoicing for **Task 1**, submit the list of WS Name, ID #, Amount Billed, Survey Date and Letter Date that you are requesting payment. When invoicing for **Task 2-3**, submit the list of WS Name, ID #, TA Date and description of TA work performed, and Amount Billed. When invoicing for **Task 4**, submit receipts and the signed pre-authorization form for non-employee travel to the ODW Program Contact below and a signed A19-1A Invoice Voucher to the DOH Grants Management, billing to BARS Revenue Code 346.26.66 under Technical Assistance (TA).

**Special Instructions**

**Task 1**

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

- No more than **3** surveys of non-community systems with three or fewer connections to be completed between January 1, 2018 and December 31, 2018.
- No more than **6** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2018 and December 31, 2018.
- No more than **2** surveys of non-community systems with three or fewer connections to be completed between January 1, 2019 and December 31, 2019.
- No more than **1** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2019 and December 31, 2019.
- *No more than 1 surveys of non-community systems with three or fewer connections to be completed between January 1, 2020 and December 31, 2020.*
- *No more than 3 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2020 and December 31, 2020.*

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

**Task 2**

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

**Task 3**

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

**Task 4**

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. LHJ staff performing the activities under tasks 1, 2 and 3 must have completed, with a passing score, the ODW Online Sanitary Survey Training and the ODW Sanitary Survey Field Training. LHJ staff performing activities under tasks 1, 2, and 3 must attend the Annual ODW Sanitary Survey Workshop, and are expected to attend the Regional ODW LHJ Drinking Water Meetings.

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

**Program Manual, Handbook, Policy References**

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-486.pdf>

**DOH Program Contact**

Denise Miles  
DOH Office of Drinking Water  
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Exhibit A  
Statement of Work  
Contract Term: 2018-2020

DOH Program Name or Title: Office of Emergency Preparedness & Response - Effective July 1, 2019

Local Health Jurisdiction Name: Skamania County Community Health Department  
Contract Number: CLH18260

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

<input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Funding Source</b>	<input checked="" type="checkbox"/> Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Federal Compliance</b>	<input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price	<b>Type of Payment</b>
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Period of Performance: July 1, 2019 through June 30, 2020

**Statement of Work Purpose:** The purpose of this statement of work is to establish the funding and tasks for the Public Health Emergency Preparedness and Response program for the 2019 grant period.

**Revision Purpose:** The purpose of this revision is to add regional or statewide to scope of emergency preparedness events to be attended, spell out acronyms, update several deliverables and due dates to match activities, and update DOH contact information.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change	Total Consideration
FFY19 PHEP BPI LHJ FUNDING	93.069	333.93.06	31102190	07/01/19 06/30/20	19,894	None	19,894
<b>TOTALS</b>					<b>19,894</b>	<b>0</b>	<b>19,894</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Attend emergency preparedness events, (e.g. trainings, meetings, conference calls, and conferences) to advance LHJ <i>regional or statewide</i> preparedness or complete the deliverables in this statement of work.		Submit summary on the mid-year and end of year progress report.	December 31, 2019 and June 30, 2020	Reimbursement for actual costs not to exceed total funding consideration amount
2	Complete reporting templates as requested by DOH to comply with program and federal grant requirements such as: gap analysis, mid-year report and end-of-year report, etc.		Submit completed templates to DOH.	Upon request	
3	Complete all performance measure reporting requirements as requested by DOH.		Submit completed performance measure data.	Upon request	
4	Participate in at least one emergency preparedness training provided to LHJ staff by DOH or a DOH-contracted partner. Training may be conducted in-person or via webinar.		Submit mid-year and end of year progress reports.	December 31, 2019 and June 30, 2020	

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Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<p><b>Washington Secure Electronic Communication, Urgent Response and Exchange System (WASECURES):</b></p> <p>5.1) Maintain WASECURES program as the primary emergency notification system within the LHJ for receiving alerts from DOH, and include all critical LHJ positions as registered users.</p> <p>5.2) Participate in DOH-led WASECURES notification drills.</p> <p>5.3) Conduct a notification drill using LHJ's preferred staff notification system.</p> <p><b>Notes:</b> Registered users must log in quarterly at a minimum. DOH will provide on-site technical assistance to LHJs, as needed, on using WASECURES. LHJs may choose to use other notification systems <u>in addition</u> to WASECURES to alert staff during incidents.</p>		<p>Submit documentation of participation in trainings. If training is conducted by a partner, provide a sign in sheet with participants' contact information.</p> <p>Submit mid-year and end of year progress reports.</p> <p>A list of registered users to include their title and role in the emergency response plan.</p> <p>Submit results of notification drills conducted or participated in.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>December 31, 2019</p> <p>Within one week of the drill, but no later than June 30, 2020</p>	
6	<p><b>Communications:</b></p> <p>6.1) Participate in at least one risk communications webinar hosted by DOH. Webinars will be offered twice; one in the first half of the budget period and one in the second half of the budget period.</p> <p>6.2) Participate in DOH Public Information Officer Workgroup.</p> <p>6.3) Participate in at least one risk communications drill conducted by DOH. Drill will occur via webinar, conference call, and email. Drill will test LHJ's ability to develop and disseminate key messages via social media, email to community</p>		<p>Submit mid-year and end of year progress reports.</p> <p>Submit messaging used to inform the public during drills, including a summary of how communication tools were used.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>Within 90 days of drill, but no later than June 30, 2020</p>	

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Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>partners, phone trees, newsletters, and other means preferred by the LHJ.</p> <p>6.4 Conduct a hot wash evaluating LHJ participation in the drill.</p> <p>6.5 Participation in a real-world incident will satisfy the need to participate in a communications drill.</p>		<p>Submit documentation of items identified in hot wash in mid-year and end of year reports.</p> <p>Submit documentation of participation in incident including communication methods and tools used. Submit After-Action Review (AAR).</p>	<p><del>Within 90 days of the drill, but no later than June 30, 2020</del></p> <p>December 31, 2019 and June 30, 2020</p> <p>Within 90 days of the end of the incident, but no later than June 30, 2020</p>	
7	<p>Update plans to request, receive, and dispense Medical Countermeasures (MCM). Plans should include the addresses of all local public Points of Dispensing (PODs) (not including pharmacies or healthcare facilities), sources of public POD staffing, local receiving and pickup sites (Hubs) identified by the LHJ, and whether the LHJ intends to pick up countermeasures from DOH.</p> <p><b>Note #1:</b> LHJs are not required to maintain a Hub; LHJs may partner with other organizations to centralize distribution.</p> <p><b>Note #2:</b> DOH will provide technical assistance to LHJs on core elements of an MCM plan.</p>		<p>Submit mid-year and end of year progress reports.</p> <p>Submit updated Medical Countermeasures Plan.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>June 30, 2020</p>	
8	<p>Provide immediate notification to the DOH Duty Officer at 360-888-0838 or <a href="mailto:hanalert@doh.wa.gov">hanalert@doh.wa.gov</a> for all response incidents involving utilization of emergency response plans and structures.</p>		<p>Submit mid-year and end of year progress reports including documentation that notification to DOH was provided; or statement that no incident response occurred.</p> <p>Notification to DOH duty officer.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>As soon as possible (performance measure target is within 60 minutes)</p>	

AMENDMENT #11

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
9	Produce and provide situation reports documenting LHJ activity to DOH during all incidents involving an emergency response or activation by the LHJ. Situation reports may be developed by the LHJ, or may be jurisdictional situation reports that include input from the LHJ.		Submit situation reports to DOH Duty Officer by email to <a href="mailto:HANALERT@doh.wa.gov">HANALERT@doh.wa.gov</a> .  Submit mid-year and end of year progress reports to include situation reports demonstrating DOH was notified of incident response, or statement that no incident response occurred.	Upon completion, but no later than June 30, 2020  December 31, 2019 and June 30, 2020	
10	Provide Essential Elements of Information (EEIs) during incident response upon request by DOH.  <b>Note:</b> DOH will convey requests for specific data elements (EEIs) to the LHJ during an incident.		Provide essential elements of information upon request.	Upon request	
11	Attend at least one Region 4 Alliance meeting.		Submit mid-year and end of year progress reports documenting participation in meetings and/or webinars.	December 31, 2019 and June 30, 2020	
12	Participate with Region 4 Alliance in the information sharing process during incidents and at least one planning process or exercise conducted to inform on the roles and responsibilities of public health.		Submit mid-year and end of year progress reports documenting participation and information sharing during incident(s), planning process(es), and/or exercise(s).	December 31, 2019 and June 30, 2020	
13	Complete an evaluation of your response capabilities based on a standard evaluation tool provided by DOH.		Document evaluation participation in the <del>mid-year</del> end of year progress reports.	<del>December 31, 2019</del> June 30, 2020	
14	Produce a budget plan including a detailed 12-month spending plan demonstrating how the LHJ plans to spend the funds during this period of performance, using a budget template provided by DOH.  <b>Note:</b> 20% of LHJ's annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHJ.		Submit budget plan using DOH-provided template.	August 1, 2019	

**\*For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

**Program Specific Requirements/Narrative**

Any subcontract/s must be approved by DOH prior to executing the contract/s.

Deliverables are to be submitted to the ConCon deliverables mailbox at [concondeliverables@doh.wa.gov](mailto:concondeliverables@doh.wa.gov)

**Special Requirements (if applicable)**

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

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

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

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

**Restrictions on Funds**

Please reference the Code of Federal Regulations:

[https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200\\_1439](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439)

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Exhibit A  
Statement of Work  
Contract Term: 2018-2020

DOH Program Name or Title: WIC Nutrition Program - Effective January 1, 2018

Local Health Jurisdiction Name: Skamania County Community Health Department  
Contract Number: CLH18260

SOW Type: Revision Revision # (for this SOW) 5

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, 2018 through December 31, 2020

**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:** The purpose of this revision is to add FFY20 USDA WIC Client Services Contracts funds to support training, add a Special Requirement, update fiscal contact information, and add master index codes for FFY20 and FFY21 CSS USDA WIC Program Mgmt.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY18 CSS USDA WIC PROGRAM MGNT	10.557	333.10.55	76211280	01/01/18 09/30/18	31,155	0	31,155
FFY19 CSS USDA WIC PROGRAM MGNT	10.557	333.10.55	76211290	10/01/18 09/30/19	36,475	0	36,475
FFY20 USDA WIC PROGRAM MGNT CSS	10.557	333.10.55	76101202	10/01/19 09/30/20	37,000	0	37,000
FFY21 USDA WIC PROGRAM MGNT CSS	10.557	333.10.55	76101212	10/01/20 12/31/20	9,250	0	9,250
FFY18 CSS USDA FMNP PROGRAM MGNT	10.572	333.10.57	76211284	01/01/18 09/30/18	166	0	166
FFY16 CASCADES USDA WIC PROGRAM MGNT-MIS	10.578	333.10.57	76411261	10/01/18 09/30/19	1,095	0	1,095
FFY19 CSS USDA FMNP PROGRAM MGNT	10.572	333.10.57	76211294	01/01/19 09/30/19	166	0	166
FFY20 USDA WIC CLIENT SVS CONTRACTS	10.557	333.10.55	76101204	10/01/19 09/30/20	0	1,550	1,550
<b>TOTALS</b>					<b>115,307</b>	<b>1,550</b>	<b>116,857</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	WIC Nutrition Program				See "Special Billing Requirements" below.
1.1	Maintain authorized participating caseload at 100% based on quarterly average as determined from monthly caseload management reports generated at the state WIC office.	7.2	Outcomes based on monthly participation data from state WIC caseload management reports.		

AMENDMENT #11

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>The Department of Health (DOH) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when:</p> <ol style="list-style-type: none"> <li>1. Unanticipated funding situations occur.</li> <li>2. Reallocations are necessary to redistribute caseload statewide.</li> </ol> <p><b>Authorized participating caseload for January 2018 through December 2020 = 115</b>  <b>Authorized participating caseload for January 2019 through December 2020 = 110</b></p>				
1.2	Submit the annual Nutrition Services Plan for each year of the Contract.	9.2	Nutrition Services Plan	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20	Payment withheld if not received by due date.
1.3	Submit the annual Nutrition Services Expenditure Report for each year of the Contract.	11.2	Nutrition Services Expenditure Report	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20	Payment withheld if not received by due date.
1.4	Tell clients about other health services in the agency. If needed, develop written agreements with other health care agencies and refer clients to these services.	3.1	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.5	Provide nutrition education services to clients and caregivers in accordance with federal and state requirements.	3.1	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.6	Issue WIC checks while assuring adequate check security and reconciliation.	11.2	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).	7.1	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	

AMENDMENT #11

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.8a	Submit WIC Budget Workbook for each year of the contract.	11.2	Budget Workbook	First year due 10/31/18 Second year due 09/30/19 Third year due 09/30/20	
1.8b	Submit Rev-Exp Report spreadsheet from the WIC Budget Workbook monthly with A19-invoice and submit entire revised WIC Budget Workbook for each year of the contract.	11.2	Rev-Exp Report and revised Budget Workbook.	Mid-year revision due 04/30/19 Mid-year revision due 04/30/20	
2	<b>Breastfeeding Promotion</b>				See "Special Billing Requirements" below
2.1	Provide breastfeeding promotion and support activities in accordance with federal and state requirements	3.1	Status report of chosen activities in Nutrition Services Plan.	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20  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"> <li>▪ Change worksite policies of employers who likely employ low income women</li> <li>▪ Provide breastfeeding education to health care providers who serve low income pregnant and breastfeeding women</li> <li>▪ Work with birthing hospitals to improve maternity care practices that affect WIC client breastfeeding rates</li> <li>▪ Provide clients access to lactation consultants</li> <li>▪ Provide staff and community partners breastfeeding training</li> </ul> Other projects will need pre-approval from the State WIC Office.	4.2	Documentation must be available for review by WIC monitor staff.  Status report of chosen activities in Nutrition Services Plan.  Documentation must be available for review by WIC monitor staff.	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20  Biennial WIC monitor	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<b>Farmers Market Nutrition Program (FMNP)</b>				
3.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC clients 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. 2018 Weekly June-Sept. 2019 Weekly June-Sept. 2020  All registers sent by Oct. 1, 2018; Oct. 1, 2019, and Oct. 1, 2020  Biennial WIC Monitor	See "Special Billing Requirements" below

**\*For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

**Program Specific Requirements/Narrative**

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number. Information about the LHJ and this statement of work will be made available on [USASpending.gov](http://USASpending.gov) by DOH as required by P.L. 109-282.

**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, FNS 7CFR Part 246, 3016, 3017 and 3018
- Washington State WIC Nutrition Program Policy and Procedure Manual
- Farmers Market Nutrition Program Federal Regulations, USDA, FNS 7CFR Part 248
- Other directives issued during the term of the Contract

**Staffing Requirements:**

The LHJ must:

- Use Competent Professional Authority staff, as defined by WIC policy, to determine client eligibility, prescribe an appropriate food package and offer nutrition education based on the clients' needs.
- Use a Registered Dietitian (RD) or other qualified nutritionist to provide nutrition services to high risk clients, 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.

**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:

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

**Definitions:**

What is the WIC program?

- (1) The WIC program in the state of Washington is administered by DOH.
- (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, clients, persons acting on behalf of a client, 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 clients 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 checks or WIC food but who are not WIC clients.

**Assurances/Certifications:**

**1. Computer Equipment Loaned by the DOH WIC Nutrition Program**

In order to perform WIC program activities, DOH requires computers and printers to be in local WIC clinics or to be transported to mobile clinics. This equipment ("Loaned Equipment") is owned by DOH, and loaned to the local agency (LHJ). The Loaned Equipment is supported by DOH. This equipment shall be used for WIC business only or according to WIC Policy and Procedures.

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

The LHJ agrees to:

- a. Defend, protect and hold harmless DOH 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.  
DOH 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 DOH), or
  - 3) Assertion of a lien against the LHJ's property.
- c. Notify DOH immediately of any damage to Loaned Equipment.
- d. Notify DOH prior to moving or replacing any Loaned Equipment.

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

**2. Civil Rights Assurance**

The LHJ shall perform all services and duties necessary to comply with federal law in accordance with the following Civil Rights Assurance:

- a. "The LHJ 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 LHJ receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this Contract.
- b. "By accepting this assurance, the LHJ 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 LHJ, its successors, transferees, and assignees, as long as it receives assistance or retains possession of any assistance from DOH. The person or persons whose signatures appear on the contract are authorized to sign this assurance on behalf of the LHJ."

**3. 7CFR Parts 3016, 3017, 3018**

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), 7CFR part 3016, the debarment and suspension requirements of 7CFR part 3017, if applicable, the lobbying restrictions of 7CFR part 3018, and FNS guidelines and instructions and shall provide on a timely basis to the state agency all required information regarding fiscal and program information.

**Special Billing Requirements:**

1. Definitions

**Contract Period:** January 1, 2018-December 31, 2020

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

- There are four federal budget periods

January 1, 2018 through September 30, 2018;  
 October 1, 2018 through September 30, 2019;  
 October 1, 2019 through September 30, 2020;  
 October 1, 2020 through December 31, 2020.

2. Billing Information

- a. Billings are submitted on an A19-1A form, which is coded and provided by DOH prior to each federal fiscal budget period. Submit summary level financial data to support each individual program billing.
- b. A19-1A forms are submitted monthly following the close of each calendar month or upon completion of services, before the end of the federal contract budget period.
- c. Funds are allocated by budget categories (refer to Chart of Accounts Program names) and by state and federal budget periods (refer to the allocation sheet).
- d. Expenses are incurred only during the budget period; no carry forward from previous time periods, or borrowing from future time periods is allowed. Advance payments are not allowed.
- e. Payments for a budget period are limited to the amounts allocated for the budget period for each budget category.
- f. Billings are based on actual costs, with back up documentation retained by the LHJ and available for inspection by DOH 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.

**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 the LHJ to have a single audit performed should LHJ spend \$750,000 or more of federal grants or awards from all sources. The LHJ is a subrecipient of federal funds.
- 3) Staff must 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 clients. 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 clients.

**Special Requirements:**

Contract Funding Period	Time Period Special Requirement Funds Available	Amount	Description of Special Requirement
January 2018 - September 2018	January 2018 - September 2018	\$3,000	Added in the USDA/WIC Program Management "Other" category to fund training and travel expenses for WIC staff to attend WIC-related trainings. This doesn't include out of state trainings.
October 2018 - September 2019	October 2018 - September 2019	\$3,090	Added in the USDA/WIC Program Management "Other" category to fund training and travel expenses for WIC staff to attend WIC-related trainings and for WIC staff salaries to complete local agency provided WIC-related trainings. This doesn't include out of state trainings.
October 2018 - September 2019	October 2018 - September 2019	\$1,095	Added in the FFY16 Cascades USDA WIC Program Management-MIS category to fund training and travel expenses for WIC staff to attend Cascades trainings.
October 2019 - September 2020	January 2020 - September 2020	\$1,550	Added in the USDA WIC Client Services Contracts category to fund trainings and travel expenses for all WIC staff to participate in WIC-related trainings.

**Other**

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

**DOH Program Contact**  
 Sonia Ferguson, HSC1  
 WIC Nutrition Program  
 PO Box 47886, Olympia, WA 98504-7886  
 Sonia.Ferguson@doh.wa.gov  
 360-236-3618

**DOH Fiscal Contact**

~~Danielle LamDethoof, HSC3~~ Chris Keese, F-1  
 WIC Nutrition Program  
 PO Box 47886, Olympia, WA 98504-7886  
~~Danielle.LamDethoof@doh.wa.gov~~ christopher.keese@doh.wa.gov  
 360-236-3676 or 1-800-841-1410 x-3676 360-236-3631 or 1-800-841-1410 x-3631



Skamania County Community Health Department  
 Indirect Rate as of January 2018 through December 2019: 11%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA * Code**	BARS Revenue		Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
				Code**	Code**	Start Date	End Date	Start Date	End Date			
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	Amd 6	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	(\$135)	\$9,250	\$113,880	
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	N/A	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	\$9,385			
FFY20 USDA WIC Program Mgmt CSS	207WA WA 7W1003	Amd 6	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	(\$540)	\$37,000		
FFY20 USDA WIC Program Mgmt CSS	207WA WA 7W1003	N/A	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$37,540			
FFY19 CSS USDA WIC Program Mgmt	187WA WA 7W1003	Amd 6	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19	(\$4,155)	\$36,475		
FFY19 CSS USDA WIC Program Mgmt	187WA WA 7W1003	Amd 5	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19	\$3,090			
FFY19 CSS USDA WIC Program Mgmt	187WA WA 7W1003	N/A	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19	\$37,540			
FFY18 CSS USDA WIC Program Mgmt	187WA WA 7W1003	Amd 2	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$3,000	\$31,155		
FFY18 CSS USDA WIC Program Mgmt	187WA WA 7W1003	N/A	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$28,155			
<b>FFY20 USDA WIC Client Svs Contracts</b>	<b>NGA Not Received</b>	<b>Amd 11</b>	<b>10.557</b>	<b>333.10.55</b>	<b>10/01/19</b>	<b>09/30/20</b>	<b>10/01/19</b>	<b>09/30/20</b>	<b>\$1,550</b>	<b>\$1,550</b>	<b>\$1,550</b>	
FFY19 CSS USDA FMNP Prog Mgmt	197WA WA 7Y8604	Amd 8	10.572	333.10.57	01/01/19	09/30/19	10/01/18	09/30/19	\$166	\$166	\$332	
FFY18 CSS USDA FMNP Prog Mgmt	187WA WA 7Y8604	Amd 2	10.572	333.10.57	01/01/18	09/30/18	10/01/17	09/30/18	\$166	\$166		
FFY16 Cascades USDA WIC Prog Mgmt-MIS	16157WA WA 6W522	Amd 6, 8	10.578	333.10.57	10/01/18	09/30/19	03/11/16	09/30/19	\$1,095	\$1,095	\$1,095	
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 5	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$358	\$19,894	\$19,894	
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 4	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$19,536			
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$371	\$8,401	\$8,401	
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$8,030			
FFY19 PHEP BP1 LHJ Funding	<b>NU90TP922043</b>	Amd 9	93.069	333.93.06	07/01/19	06/30/20	07/01/19	06/30/20	\$19,894	\$19,894	\$19,894	
FFY19 Family Planning Title X	FPHPA006462	Amd 8, 11	93.217	333.93.21	04/01/19	<b>06/30/19</b>	04/01/19	03/31/20	\$4,164	\$4,164	\$11,556	
FFY18 Family Planning Title X	FPHPA006359	Amd 4	93.217	333.93.21	09/01/18	03/31/19	09/01/18	08/31/19	\$2,910	\$2,910		
FFY17 Family Planning Title X	FPHPA106286	Amd 3	93.217	333.93.21	01/01/18	08/31/18	04/01/17	08/31/18	\$3,350	\$4,482		
FFY17 Family Planning Title X	FPHPA106286	N/A, Amd 3	93.217	333.93.21	01/01/18	08/31/18	04/01/17	03/31/18	\$1,132			
FFY17 317 Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$144	\$144	\$144	
FFY17 AFIJ	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$553	\$553	\$553	
FFY17 Increasing Immunization Rates	NGA Not Received	Amd 5	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	(\$5,600)	\$0	\$0	
FFY17 Increasing Immunization Rates	NGA Not Received	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$5,600			
FFY17 VFC Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$186	\$186	\$186	

EXHIBIT B-11  
ALLOCATIONS

Contract Number: CLH18260  
Date: November 15, 2019

Contract Term: 2018-2020

Indirect Rate as of January 2018 through December 2019: 11%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue		Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
				Code**	Start Date	End Date	Start Date	End Date				
FFY20 MCHBG LHJ Contracts	B04MC32578	Amd 10	93.994	333.93.99	10/01/19	09/30/20	10/01/19	09/30/20	\$29,551	\$29,551	\$81,625	
FFY19 MCHBG LHJ Contracts	B04MC32578	Amd 4	93.994	333.93.99	10/01/18	09/30/19	10/01/18	09/30/19	\$29,551	\$29,551		
FFY18 MCHBG LHJ Contracts	B04MC31524	Amd 2	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$359	\$22,523		
FFY18 MCHBG LHJ Contracts	B04MC31524	N/A	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$22,164			
<b>SFY20 Family Planning Cost Share</b>		<b>Amd 11</b>	N/A	<b>334.04.91</b>	12/01/19	12/31/20	07/01/19	06/30/21	<b>\$16,434</b>	<b>\$16,434</b>	<b>\$45,211</b>	
SFY20 Family Planning Cost Share		Amd 8, 9, 11	N/A	334.04.91	07/01/19	11/30/19	07/01/19	08/31/19	\$5,704	\$7,195		
SFY20 Family Planning Cost Share		Amd 4, 9, 11	N/A	334.04.91	07/01/19	11/30/19	07/01/19	08/31/19	\$1,491			
SFY19 Family Planning Cost Share		Amd 7	N/A	334.04.91	09/01/18	03/31/19	07/01/18	06/30/19	\$822	\$822		
SFY19 Family Planning Cost Share		Amd 8	N/A	334.04.91	09/01/18	06/30/19	07/01/18	06/30/19	\$219	\$7,675		
SFY19 Family Planning Cost Share		Amd 4	N/A	334.04.91	09/01/18	06/30/19	07/01/18	06/30/19	\$7,456			
SFY19 Family Planning Cost Share		Amd 3	N/A	334.04.91	07/01/18	08/31/18	07/01/18	06/30/19	\$4,018	\$4,018		
SFY18 Family Planning Cost Share		Amd 1	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/18	\$6,038	\$9,067		
SFY18 Family Planning Cost Share		N/A, Amd 1	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/18	\$3,029			
SFY2 Lead Environments of Children		Amd 8	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	(\$1,500)	\$0	\$1,500	
SFY2 Lead Environments of Children		Amd 4	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$1,500			
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$1,500	\$1,500		
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/20	12/31/20	07/01/19	06/30/21	\$42,000	\$42,000	\$126,000	
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/19	06/30/20	07/01/19	06/30/21	\$42,000	\$42,000		
FPHS Funding for LHJs Dir		Amd 3	N/A	336.04.25	07/01/18	06/30/19	07/01/17	06/30/19	\$42,000	\$42,000		
YR 20 SRF - Local Asst (15%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	(\$3,600)	\$0	\$0	
YR 20 SRF - Local Asst (15%) (FS) SS		N/A, Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	\$3,600			
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	(\$1,400)	\$3,000	\$3,000	
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$800			
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$3,600			
<b>YR 22 SRF - Local Asst (15%) (FO-SW) SS</b>		<b>Amd 11</b>	N/A	<b>346.26.64</b>	01/01/19	12/31/20	01/01/19	06/30/21	<b>\$1,400</b>	<b>\$2,200</b>	<b>\$2,200</b>	
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 10, 11	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	\$800			
<b>Sanitary Survey Fees (FO-SW) SS State</b>		<b>Amd 11</b>	N/A	<b>346.26.65</b>	01/01/18	12/31/20	07/01/17	06/30/21	<b>\$1,400</b>	<b>\$5,200</b>	<b>\$5,200</b>	
Sanitary Survey Fees (FO-SW) SS State		Amd 10	N/A	346.26.65	01/01/18	12/31/20	07/01/17	12/31/19	(\$600)			
Sanitary Survey Fees (FO-SW) SS State		Amd 6, 11	N/A	346.26.65	01/01/18	12/31/20	07/01/17	12/31/19	\$800			
Sanitary Survey Fees (FO-SW) SS-State		Amd 3, 6, 11	N/A	346.26.65	01/01/18	12/31/20	07/01/17	12/31/19	\$3,600			

**EXHIBIT B-11  
ALLOCATIONS**

Skamania County Community Health Department

Indirect Rate as of January 2018 through December 2019: 11%

Contract Term: 2018-2020

Contract Number: CLH18260  
Date: November 15, 2019

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA* Code**	BARS Revenue		Statement of Work		DOH Use Only		Funding Period Sub Total	Chart of Accounts Total
				Revenue	Code**	Start Date	End Date	Start Date	End Date		
YR 20 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$0	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) TA		N/A, Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$2,000	\$2,000	\$0
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$0	\$0	\$0
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$2,000	\$2,000	\$0
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$2,000	\$2,000	\$0
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 10, 11	N/A	346.26.66	01/01/19	12/31/20	01/01/19	06/30/21	\$2,000	\$2,000	\$2,000
<b>TOTAL</b>									\$444,221	\$444,221	\$444,221
<b>Total consideration:</b>											\$423,437
											\$20,784
<b>GRAND TOTAL</b>											\$444,221
											<b>GRAND TOTAL</b>
											\$444,221
											<b>Total Fed</b>
											\$259,110
											<b>Total State</b>
											\$185,111

\*Catalog of Federal Domestic Assistance

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

# Exhibit C-10 Schedule of Federal Awards

AMENDMENT #11

Date: November 15, 2019

SKAMANIA COUNTY COMMUNITY HEALTH-SWV0011110-01  
 CONTRACT CLH18260 - Skamania County Community Health Department  
 CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	Allocation Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY21 USDA WIC PROGRAM MGMT CSS	333.10.55	NGA Not Received	NGA Not Received	10/01/20	12/31/20	\$9,250	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	NGA Not Received	NGA Not Received
FFY20 USDA WIC PROGRAM MGMT CSS	333.10.55	10/01/19	\$6,161,312	10/01/19	09/30/20	\$37,000	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	207WAWAW7W1003	WOMEN, INFANTS AND CHILDREN
FFY20 USDA WIC CLIENT SVS CONTRACTS	333.10.55	NGA Not Received	NGA Not Received	10/01/19	09/30/20	\$1,550	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	NGA Not Received	NGA Not Received
FFY19 CSS USDA WIC PROGRAM MGMT	333.10.55	10/01/17	\$40,101,357	10/01/18	09/30/19	\$36,475	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	187WAWAW7W1003	WOMEN, INFANTS AND CHILDREN
FFY18 CSS USDA WIC PROGRAM MGMT	333.10.55	10/02/17	\$27,576,710	01/01/18	09/30/18	\$31,155	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	187WAWAW7W1003	USDA-WIC ADMIN
FFY19 CSS USDA FMNP PROG MGMT	333.10.57	10/01/18	\$130,973	01/01/19	09/30/19	\$166	10.572	WIC Farmers' Market Nutrition Program (FMNP)	Department of Agriculture-Food and Nutrition Service	197WAWAW7Y8604	COMMODITY ASSISTANCE PROGRAM
FFY18 CSS USDA FMNP PROG MGMT	333.10.57	10/01/17	\$86,117	01/01/18	09/30/18	\$166	10.572	WIC Farmers' Market Nutrition Program (FMNP)	Department of Agriculture Food and Nutrition Service	187WAWAW7Y8604	COMMODITY ASSISTANCE PROGRAM
FFY16 CASCADES USDA WIC PROG MGMT-MIS	333.10.57	03/11/16	\$2,224,476	10/01/18	09/30/19	\$1,095	10.578	WIC Grants to States (WGS)	Department of Agriculture Food and Nutrition Service	16157WAWAW6W522	WOMEN, INFANTS AND CHILDREN WIC SAM PROJECTS
FFY19 PHEP BP1 LHJ FUNDING	333.93.06	06/29/19	\$11,307,904	07/01/19	06/30/20	\$19,894	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY18 EPR PHEP BP1 SUPP LHJ FUNDING	333.93.06	08/01/18	\$11,062,782	07/01/18	06/30/19	\$19,894	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921869-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY17 EPR PHEP BP1 LHJ FUNDING	333.93.06	07/18/17	\$11,062,782	01/01/18	06/30/18	\$8,401	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921869-01	HPP AND PHEP COOPERATIVE AGREEMENT
FFY19 FAMILY PLANNING TITLE X	333.93.21	03/26/19	\$4,100,000	04/01/19	06/30/19	\$4,164	93.217	Family Planning Services	Department of Health and Human Services Office of Population Affairs	FPHPA006462	TITLE X FAMILY PLANNING SERVICES
FFY18 FAMILY PLANNING TITLE X	333.93.21	09/12/18	\$2,783,000	09/01/18	03/31/19	\$2,910	93.217	Family Planning_Services	Department of Health and Human Services Office of Population Affairs	FPHPA006359	TITLE X FAMILY PLANNING SERVICES
FFY17 FAMILY PLANNING TITLE X	333.93.21	03/30/17	\$1,940,000	01/01/18	08/31/18	\$4,482	93.217	Family Planning_Services	Department of Health and Human Services Office of Population Affairs	FPHPA106286	TITLE X FAMILY PLANNING SERVICES GRANT
FFY17 VFC OPS	333.93.26	03/03/17	\$1,201,605	01/01/18	06/30/18	\$188	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 AFIX	333.93.26	03/03/17	\$1,672,289	01/01/18	06/30/18	\$553	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM

# Exhibit C-10 Schedule of Federal Awards

AMENDMENT #11

Date: November 15, 2019

SKAMANIA COUNTY COMMUNITY HEALTH-SWV0011110-01  
 CONTRACT CLH18260 - Skamania County Community Health Department  
 CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
				Start Date	End Date						
FFY17 317 OPS	333.93.26	03/03/17	\$575,969	01/01/18	06/30/18	\$144	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY20 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/19	09/30/20	\$29,551	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY19 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/18	09/30/19	\$29,551	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY18 MCHBG LHJ CONTRACTS	333.93.99	10/20/17	\$1,650,528	01/01/18	09/30/18	\$22,523	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC31524	MATERNAL AND CHILD HEALTH SERVICES
TOTAL						\$259,110					