

**SKAMANIA COUNTY BOARD OF HEALTH**

Agenda for April 13, 2021

1:30 PM

Skamania County Courthouse

240 NW Vancouver Avenue, Room 18

Stevenson, WA 98648

**Board of Health Meetings are open to public attendance with limited available seating to ensure physical distancing. Meeting attendees must wear a proper face covering and maintain 6 feet of physical distance between other persons. Seating will be on a first come, first serve basis. If there is more attendance than seating, you will be asked to leave the Courthouse and phone in using ZOOM with the following numbers:**

1 346 248 7799 US

1 312 626 6799 US

1 646 558 8656 US

1 669 900 9128 US

1 253 215 8782 US

1 301 715 8592 US

**Meeting ID: 842 2933 3851 – New Meeting ID as of 3/2/21**

**Join Zoom Meeting**

- Audio only from your computer <https://us02web.zoom.us/j/84229333851>

**WRITTEN PUBLIC COMMENTS ACCEPTED AND ENCOURAGED BY MONDAY PRECEDING THE MEETING AT NOON. If you wish written comments to be listed on the agenda, they need to be submitted to the Clerk of the Board by noon on Thursday preceding the Tuesday/Wednesday meeting, otherwise they will be held for the following Tuesday/Wednesday. [slack@co.skamania.wa.us](mailto:slack@co.skamania.wa.us) When a holiday falls on Monday, the regular meeting is held on Wednesday of that week.**

**Tuesday, April 13, 2021**

**Call to Order**

**Public Comment (3 minutes)** - See message above regarding seating in the Commissioner's Meeting Room

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

1. Minutes for meeting of March 9, 2021
2. Contract Amendment #19 with Department of Health for COVID-19, Coordinated Response, Division of Emergency Preparedness & Response, Office of Drinking Water Group A Program

**Community Health report** – Kirby Richards, Community Health Administrative Director and Tamara Cissell, Community Health Deputy Health Director/Manager

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

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

**Adjourn**

## MINUTES OF SKAMANIA COUNTY BOARD OF HEALTH MEETING

March 9, 2021

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

The meeting was called to order at 1:30 p.m. on March 9, 2021 at the Skamania County Courthouse, 1<sup>st</sup> Floor Meeting Room, 240 NW Vancouver Avenue in Stevenson, with Board of Health Commissioners, Richard Mahar, Robert Hamlin and T.W. Lannen, Chair present.

There was no public comment.

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

1. Minutes for meeting of February 9, 2021
2. Memorandum of Understanding with Skamania County Public Hospital District to coordinate efforts related to COVID 19 vaccine, and provide onsite standby emergency medical services during vaccine clinics

The Board acknowledged receipt of a letter from Charles Hales regarding COVID-19.

Kirby Richards, Community Health Administrative Director reported on answering questions from a constituent regarding COVID-19. She also reported on upcoming vaccine clinics, Johnson and Johnson vaccines received, 2<sup>nd</sup> dose Moderna vaccines, law enforcement support during clinics, and legislation.

Tamar Cissell, Community Health Deputy Director, updated the Board on COVID- 19 variants, and Foundational Public Health Services.

Dr. Steven Krager, Deputy Health Officer reported on the Johnson and Johnson vaccine, COVID-19 variants, whooping cough,

Tamara reported that on February 16<sup>th</sup> those 65 and over will be able to sign up for a vaccine and February 25<sup>th</sup> is the date that 2<sup>nd</sup> doses will be out.

There was no Environmental Health report.

The meeting adjourned at 2:02 p.m.

Approved on \_\_\_\_ day of \_\_\_\_\_, 2021.

SKAMANIA COUNTY BOARD OF HEALTH

\_\_\_\_\_  
Chair – T.W. Lannen

\_\_\_\_\_  
Commissioner – Richard Mahar


\_\_\_\_\_  
Clerk of the Board of Health – Debbie Slack

\_\_\_\_\_  
Commissioner – Robert Hamlin

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 04/13/2021	
<b><u>SUBJECT</u></b>	Dept of Health Consolidated Contract 2018-2020 Amendment #19	
<b><u>ACTION REQUESTED</u></b>	BOH Signature	

### **SUMMARY/BACKGROUND**

Amends Department of Health (DOH) Consolidated Contract for Fiscal Period 2018-2021 by the following:

Amends Statement of Work for COVID-19 Coordinated Response, Division of Emergency Preparedness & Response, ELC COVID-19, Office of Drinking Water Group A Program

### **FISCAL IMPACT**

\$524,815

### **REVENUE CONTRACT**

### **RECOMMENDATION**

Sign Contract

### **LIST ATTACHMENTS**

- Face Sheet
- Amendment #19
- Exhibit A: Statements of Work
- Exhibit B: Allocations
- Exhibit C: Schedule of Federal Awards

**SKAMANIA COUNTY PUBLIC HEALTH DEPARTMENT  
2018 – 2021 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: CLH18260**

**AMENDMENT NUMBER: 19**

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

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

1. Exhibit A Statements of Work, attached and incorporated by this reference, are amended as follows:
  - Adds Statements of Work for the following programs:
  - Amends Statements of Work for the following programs:
    - COVID-19 Coordinated Response - Effective July 1, 2020
    - Division of Emergency Preparedness & Response COVID-19 - Effective January 20, 2020
    - Office of Drinking Water Group A Program - Effective January 1, 2018
  - Deletes Statements of Work for the following programs:
2. Exhibit B-19 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-18 Allocations as follows:
  - Increase of **\$524,815** for a revised maximum consideration of **\$1,817,394**.
  - 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-17 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-16.

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

\_\_\_\_\_ Date  \_\_\_\_\_ Date 

APPROVED AS TO FORM

APPROVED AS TO FORM ONLY  
Assistant Attorney General

**2018-2021 CONSOLIDATED CONTRACT**

**AMENDMENT #19**

**EXHIBIT A  
STATEMENTS OF WORK  
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**DOH Program Name or Title:** COVID-19 Coordinated Response - Effective July 1, 2020 ..... 3  
**DOH Program Name or Title:** Division of Emergency Preparedness & Response-COVID-19 - Effective January 20, 2020 ..... 16  
**DOH Program Name or Title:** Office of Drinking Water Group A Program - Effective January 1, 2018 ..... 26

Exhibit A  
Statement of Work  
Contract Term: 2018-2021

DOH Program Name or Title: COVID-19 Coordinated Response - Effective July 1, 2020

Local Health Jurisdiction Name: Skamania County Community Health Department

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

Contract Number: CLH18260

Period of Performance: July 1, 2020 through June 30, 2021

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

Statement of Work Purpose: The purpose of this statement of work is to provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread of COVID-19

NOTE: Pending execution of a new consolidated contract term or an extension to the 2018-2021 consolidated contracts which currently end December 31, 2021, DOH plans to continue the task activities and funding as noted in the task(s) below in a new or revised statement of work effective January 1, 2022.

Revision Purpose: The purpose of this revision is to extend the period of performance from June 30, 2021 to December 31, 2021; add funding and extend end date for Task 3 FFY21 COVID19 VACCINE SERVICES-CARES through December 31, 2021; remove FFY21 COVID GFS LHJ REGIONAL funding; add FFY20 ELC EDE LHJ ALLOCATION and FFY19 ELC COVID ED LHJ ALLOCATION funding and revise language for Tasks 1 and 2; add Task 4 and funding information for MASS VACCINATION FEMA 100% and add Program Specific Requirements and DOH program and fiscal 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 Increase (+)	Total Consideration
BITV-COVID ED LHJ ALLOCATION-CARES	21.019	333.21.01	1897129V	07/01/20	12/30/21	65,268	0	65,268
FEMA-75 COVID LHJ ALLOCATION	97.036	333.97.03	1897129W	07/01/20	12/30/20	0	0	0
FFY21 COVID19 VACCINE SERVICES-CARES	93.268	333.96.26	74310209	07/01/20	12/31/21	14,582	354,803	369,385
FFY21 COVID GFS LHJ REGIONAL	N/A	334.04.92	1897211G	12/31/20	06/30/21	125,000	-125,000	0
FFY20 ELC EDE LHJ ALLOCATION	93.323	333.93.32	1897120D	01/15/21	12/31/21	0	201,918	201,918
FFY19 ELC COVID ED LHJ ALLOCATION	93.323	333.93.32	1897129G	01/01/21	12/31/21	0	90,294	90,294
*MASS VACCINATION FEMA 100%	97.036	333.97.03	934V0200	01/21/21	04/20/21	0	0	0
<b>TOTALS</b>						<b>204,850</b>	<b>522,015</b>	<b>726,865</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19.				
	Examples of key activities include:				
	<ul style="list-style-type: none"> <li>Incident management for the response</li> <li>Testing</li> </ul>				



Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<ul style="list-style-type: none"> <li>Case Investigation/Contact Tracing</li> <li>Sustainable isolation and quarantine</li> <li>Care coordination</li> <li>Surge management</li> <li>Data reporting</li> </ul>	<p>Previous funding provided by DOH for COVID response (federal Crisis Cooperative Agreement funding, state Disaster Recovery Account funding) must be fully utilized before these funds can be accessed. The total state funding consideration is for the period of December 31, 2020 through June 30, 2021.</p> <p>NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations &amp; contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</p>				
<p><b>DCHS COVID-19 Response - Tasks 1 and 2</b></p>					
1	<p>Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the "Budget narrative Template", "Budget Guidance" and any other applicable documents that may be identified.</p> <p><b>DOH does recognize the public health response goes beyond December 2020 2021 and authorizes local health jurisdictions the ability to maximize funding streams available to them by using short term funding first to support the local health jurisdiction response activities beyond December 2020 2021 as applicable.</b></p>		<p>Submit the budget plan and narrative using the template provided.</p>	<p>Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.</p>	<p>Reimbursement of actual costs incurred, not to exceed <b>\$357,480 total.</b></p> <p>\$65,268 BITV-COVID ED LHJ ALLOCATION-CARES Funding (MI 1897129V)</p>
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH <i>and neighboring Tribes</i>, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: <i>Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</i></p> <p>i. Contact tracing</p> <p>1. Strive to maintain the capacity to surge a minimum of five (5) contact tracers for every 100,000 people in the jurisdiction, as</p>		<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from-DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	<p><del>\$125,000 FTY21 COVID-GFS LHJ REGIONS (MI 1897211G)</del></p> <p>\$201,918 FTY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120D)</p> <p>\$90,294 FTY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G)</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>needed, based on disease rates. DOH centralized investigations will count towards this minimum.</p> <p>2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with <i>Tribal</i>, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum.</p> <p>3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols.</p> <p>4. <i>Coordinate with Tribal partners in conducting contact tracing for Tribal members.</i></p> <p>5. <del>Follow up with 90% of contacts within the (2) days of positive lab reporting. This can be modified and adapted based on case loads and current case investigation and contact tracing prioritization recommendations.</del></p> <p>6. <i>Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. Strive to achieve DOH Case and Contact Tracing Metrics.</i>  <a href="https://www.doh.wa.gov/Portals/1/Documents/4600/external/data-tables/COVID19_CaseInvestigationContactTracingReport.pdf">https://www.doh.wa.gov/Portals/1/Documents/4600/external/data-tables/COVID19_CaseInvestigationContactTracingReport.pdf</a></p> <p>7. Perform daily monitoring for symptoms during quarantine period of contacts</p>				

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>ii. Case investigation</p> <ol style="list-style-type: none"> <li>1. Strive to maintain the capacity to surge a minimum of five (5) case investigators and contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigation will count toward this minimum.</li> <li>2. Enter all case investigation and outbreak data in WDRS following DOH guidance.               <ol style="list-style-type: none"> <li>a. Strive to enter all case investigation and outbreak data into <i>CREST</i> as directed by DOH.</li> <li>b. Ensure all staff designated to utilize WDRS have access and are trained in the system.</li> <li>c. Include if new positive cases are tied to a known existing positive case or indicate community spread.</li> <li>d. Conduct case investigation and monitor outbreaks.</li> <li>e. <i>Coordinate with Tribal partners in conducting case investigations for tribal members.</i></li> </ol> </li> </ol> <p><del><i>Strive to achieve DOH Case and Contact Tracing Metrics.</i></del>  <del><i>(<a href="https://www.doh.wa.gov/Portals/1/Documents/1600/external/data-tables/COVID19_CaseInvestigationContactTracingReport.pdf">https://www.doh.wa.gov/Portals/1/Documents/1600/external/data-tables/COVID19_CaseInvestigationContactTracingReport.pdf</a>)</i></del>  <del><i>3. Ensure contract tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHS, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics.</i></del></p> <p>b. Testing</p> <ol style="list-style-type: none"> <li>i. Work with partners <i>and Tribes</i> to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs.</li> </ol>		<p>Enter all case investigation data in WDRS-following guidance from-DOH.</p>		

Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>ii. Work with partners <i>and Tribes</i> to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy.</li> <li>iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested.</li> <li>c. Surveillance <i>FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below</i>.               <ul style="list-style-type: none"> <li>i. Ensure all COVID positive lab test results <i>from LHI</i> are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission.</li> <li>ii. Maintain records of all COVID negative lab test results <i>from the LHI</i> and enter into WDRS when resources permit or send test results to DOH.</li> <li>iii. <i>Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHI or DOH for entry.</i></li> <li>d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe, <del>if patient providers permission to notify tribes.</del></li> </ul> </li> </ul>		<p>manager on testing locations and volume as requested.</p> <p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance</p>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>e. Support Infection Prevention and control for high-risk populations</p> <p>i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers.</p> <p>ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities.</p> <p>iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks.</p> <p>iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis).</p> <p>v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations.</p> <p>vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings.</p>		<p>update should include status of all projects listed.</p>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>f. <i>Ensure adequate resources are directed towards h28 housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</i></p> <p>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine measures.</p> <p>i. Have at least one (1) location identified and confirmed through contract/formal agreement that can support isolation and quarantine adequate to the population for your jurisdiction with the ability to expand; alternatively, establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand.</p> <p>ii. Conduct at least one (1) exercise per year with the identified isolation and quarantine site to include a minimum of: confirmation of wrap around services (food service/delivery, laundry service, water/septic, garbage, ambulance service, cleaning/sanitation), facility intake and discharge procedures, transport procedures, and staffing.</p> <p>iii. Planning must incorporate transfer or receipt of isolation and quarantine patients to from adjacent jurisdictions or state facilities in the event of localized increased need.</p> <p>iv. Planning must incorporate triggers and coordination to request state isolation and quarantine support either through mobile teams or the state facility to include site identification and access</p>		<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, date of exercise to be conducted and confirmation of appropriate planning and coordination as required.</p>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p><b>COVID-19 Vaccine Services - Task 3 – will be extended through June 30, 2022 in new contract term effective January 1, 2022. Any unspent funds may be carried forward.</b></p>					
3.A	<p>Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline.  <b>Example 1:</b> Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.</p>		<p>Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.</p>	<p>January 31, <del>2021</del>  <i>Annually</i></p>	<p>Reimbursement of actual costs incurred, not to exceed:  <b>\$14,582,8369,385</b>                      FFY21 COVID19 VACCINE SERVICES-CARES (MI 74310209)</p>
3.B	<p><b>Example 2:</b> Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services</p>		<p>Mid-term written report describing activity/activities and progress made to-date and strategies used (template to be provided)</p>	<p>March 31, <del>2021</del>  <i>Annually</i></p>	
3.C	<p>Catalog activities and conduct an evaluation of the strategies used</p>		<p>Final written report, showing the strategies used and the final progress of the reach (template to be provided)</p>	<p>June 30, <del>2021</del>  <i>Annually</i></p>	

Task Number	Task Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Regional Incident Management Team (IMT) Mass Vaccination Clinics – Task 4</b>					
	<p><b>*NOTE: Task 4 activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.</b></p> <p>DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional IMT to administer the vaccine as efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented.</p> <p><b>Definition:</b> Mass vaccination clinics defined as those outside of the usual healthcare delivery, method such as pop-up clinics, mobile clinics, non-clinical facility (fairgrounds, arenas, etc.).</p> <p>Leaders Intent about this work from DOH is included as an attachment.</p> <p>Guidance on vaccination protocols must be followed as provided by DOH and CDC.</p>				<p>*Reimbursement of eligible costs.</p> <p>MASS VACCINATION FEMA 100% Funding (MI 934V0200)</p> <p>(See Program Specific Requirements for Mass Vaccination Task 4 below)</p>
4.4	<p>Local health jurisdiction (LHJ) will coordinate planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH.</p> <p>Request for regional IMT should be submitted through the normal process through WebEOC.</p> <p>Local health jurisdiction is the coordinating agency for the mass vaccination plan within the county.</p> <p>Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will</p>		<p>Submit to DOH a mass vaccination plan including:</p> <ul style="list-style-type: none"> <li>• type of site,</li> <li>• site locations,</li> <li>• throughput,</li> <li>• considerations made to ensure equity to historically marginalized populations, and to the extent possible a regional map of sites/locations.</li> </ul>	<p>Within 30 days of contract amendment execution.</p>	



Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4.B	<p>Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHI and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance. Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by IMT/DOH if it exceeds \$5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT and DOH finance know what expenditures were necessary to carry out the mission.</p>		<p>Submit estimated budget for the mass vaccination plan.                      Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.</p>	<p>Within 30 days of contract amendment execution.                      Monthly</p>	
4.C	<p>Vaccination data – will be maintained according to current state and federal requirements.</p> <p>Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.</p>		<p>Submission of vaccine use into WA IIS database within 24hrs of use.</p> <p>Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.</p>	<p>Daily</p>	
4.D	<p>Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).</p>		<p>Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHI procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period.</p>	<p>Monthly</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes <i>any challenges/successes of note, including assistance requested.</i>	Due Date/Time Frame	Payment Information and/or Amount

**\*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>

**Special Requirements**

**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 LHI must have a Data Universal Numbering System (DUNS@) number.

Information about the LHI 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 Specific Requirements/Narrative**

***DCHS COVID-19 Response - Tasks 1 and 2***

**Restrictions on Funds:** Indirects are NOT allowable for CARES funding from September 2, 2020 forward – LHI can charge administrative activities as direct costs but not incur indirects from September 2, 2020 through December 30, 2020 for activities funded with CARES funds (COVID LOCAL CARES - COVID LHI OFM ALLOCATION-CARES, BITV-COVID ED LHI ALLOCATION-CARES, FEMA-75 COVID LHI ALLOCATION)

- o Since the federal guidance was not updated until September 2, 2020, DOH understands that indirects could be charged from March–August, 2020.

**Payment:** Upon approval of deliverables and receipt of an invoice voucher, DOH will reimburse for actual allowable costs incurred. Billings for services on a monthly fraction of the budget will not be accepted or approved.

**Submission of Invoice Vouchers:** The LHI shall submit correct monthly A19-1A invoice vouchers for amounts billable under this statement of work to DOH by the 25<sup>th</sup> of the following month or on a frequency no less often than quarterly.

***Mass Vaccination – Task 4***

***Program Manual, Handbook, Policy References***

*Emergency Response Plan (or equivalent)*

*Medical Countermeasure/Mass Vaccination Plan*

***Restrictions on Funds (what funds can be used for which activities, not direct payments, etc.):***

*Non-mass vaccination efforts are not allowable through this funding stream.*

*Duplication of billing (sending request for reimbursement) to entities outside of this agreement is prohibited.*

*Indirect rates are not applicable to these funds.*

*Special References (RCWs, WACs, etc.)  
County Health Emergency Documentation if applicable*

*Monitoring Visits (frequency, type):  
Occasional visits from DOH or IMT/IMO personnel for the purpose of monitoring and surveillance of mass vaccination activities may be expected.*

*Definitions  
Mass vaccination clinic are those outside of the usual healthcare delivery methods such as pop-up clinics, mobile clinics, non-clinical facility clinics (i.e., fairgrounds, arenas, etc.).*

*Special Billing Requirements:  
Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.  
Contract (MJ) Code: 934V0200 General Mass Vaccination  
BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement*

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

*Detailed documentation must be maintained as directed by the regional IMT/Organization and DOH to substantiate costs associated with these activities for submission to FEMA upon request by DOH.*

*Eligible costs from the timeframe of January 21, 2021 through April 20, 2021 include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge. Timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed \$5,000 per piece. Equipment over \$5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.*

**DOH Program Contact**  
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DOH, PHOCIS  
1610 NE 150<sup>th</sup> St, Shoreline, WA 98155  
~~kasey.walker@doh.wa.gov~~ [alyssa.lavin@doh.wa.gov](mailto:alyssa.lavin@doh.wa.gov) / 360-236-3273

**DOH BITV-COVID ED LHJ Allocation-CARES Fiscal Contact (Tasks 1 and 2)**  
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**DOH ~~SES~~ ELC Allocation Fiscal Contact (Tasks 1 and 2)**

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PO Box 47840, Olympia, WA 98504-7841  
Ph: 360-236-4235 / [christie.durkin@doh.wa.gov](mailto:christie.durkin@doh.wa.gov)

**DOH COVID19 Vaccine Services Program Contacts (Task 3)**

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Deputy Director | Operations Manager  
Office of Immunization and Child Profile  
Department of Health  
PO Box 47843, Olympia WA 98504-7843  
[tawney.harper@doh.wa.gov](mailto:tawney.harper@doh.wa.gov) / 360-236-3525

Misty Ellis, Project Manager  
CDC Public Health Advisor  
Office of Immunization and Child Profile  
Department of Health  
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[misty.ellis@doh.wa.gov](mailto:misty.ellis@doh.wa.gov) / 360-236-3675

Sonja Morris, Program Manager  
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Department of Health  
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[sonja.morris@doh.wa.gov](mailto:sonja.morris@doh.wa.gov) / 360-236-3545

**DOH General Mass Vaccination Program and Fiscal Contact (Task 4)**

*Patrick Plumb*  
*COVID FEMA Project Management Analyst*  
*Washington State Department of Health*  
*Office of Financial Services*  
*111 Israel Road SE, Tumwater, WA 98501*  
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*Janice Baumgardt*  
*Financial Operations Manager*  
*Washington State Department of Health*  
*Office of Financial Services*  
*111 Israel Road SE, Tumwater, WA 98501*  
[janice.baumgardt@doh.wa.gov](mailto:janice.baumgardt@doh.wa.gov) / (360) 236-4505

Exhibit A  
Statement of Work  
Contract Term: 2018-2021

DOH Program Name or Title: Division of Emergency Preparedness & Response- COVID-19 - Effective January 20, 2020

Local Health Jurisdiction Name: Skamania County Community Health

Department  
Contract Number: CLH18260

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

Period of Performance: January 20, 2020 through December 31, 2021

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

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks for LHJs to prevent, prepare for, and respond to the COVID-19 disease outbreak.

Revision Purpose: The purpose of this revision is to extend the period of performance from June 30, 2021 to December 31, 2021, extend the funding period for federal COVID-19 funds, and add report deliverables and due dates. The funding period end date for the state Disaster Response funds remains June 30, 2021.

NOTE: Pending execution of a new contract or an extension to the 2018-2021 consolidated contracts which currently end December 31, 2021, program plans to extend the period of performance and funding in this statement of work through March 15, 2022. Deliverable due dates after December 31, 2021 are referenced for informational purposes only and will be updated in a new or revised statement of work effective January 1, 2022.

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 None	Total Consideration
FFY20 CDC COVID-19 Crisis Resp LHJ-Tribe	93.354	333.93.35	31104102	01/20/20	12/31/21	78,522	0	78,522
FY20/21 COVID-19 Disaster Response	N/A	334.04.92	934A0101	01/20/20	06/30/21	71,478	0	71,478
<b>TOTALS</b>						<b>150,000</b>	<b>0</b>	<b>150,000</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>Federal Funds</b> Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and or other preparedness and response activities for COVID-19.		Activity report(s) on template to be provided DOH.	June 30, 2020 December 31, 2020 <del>March 15, 2021</del> <del>June 30, 2021</del> <del>December 31, 2021</del> <del>March 15, 2022</del>	Reimbursement for actual costs not to exceed total funding consideration amount  <b>Note: Per Federal funding requirements, prior approval from DOH is required for reimbursement of expenses incurred on or</b>
	Activities must address one or more of the following six domains:			Frequency and due dates of reports may change based on federal requirements.	

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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
	<ul style="list-style-type: none"> <li>Incident management for early crisis response</li> <li>Jurisdictional recovery</li> <li>Information management</li> <li>Countermeasures and mitigation</li> <li>Surge management</li> <li>Biosurveillance</li> </ul> <p>DOH will provide additional guidance and technical assistance.</p> <p>Note: The total federal funding consideration is for the period of January 20, 2020 through March 15, <del>2021</del> 2022. Any unspent funds, tasks and deliverables with due dates after December 31, 2021 will be included in a new statement of work under the new consolidated contract term beginning January 1, 2022.</p>			<p>DOH will notify LHI of any changes via email.</p> <p>A final activity report is required prior to DOH releasing the final amount of funding.</p>	<p>after January 20, 2020 through March 4, 2020.</p> <p>After approval is received from DOH, LHI must submit a separate invoice for reimbursement of these expenses.</p>
2	<p><b>State Funds</b></p> <p>Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and or other preparedness and response activities for COVID-19.</p> <p>Activities must address one or more of the following six domains:</p> <ul style="list-style-type: none"> <li>Incident management for early crisis response</li> <li>Jurisdictional recovery</li> <li>Information management</li> <li>Countermeasures and mitigation</li> <li>Surge management</li> <li>Biosurveillance</li> </ul> <p>DOH will provide additional guidance and technical assistance.</p> <p>Note: The total state funding consideration is for the period of January 20, 2020 through June 30, 2021.</p>		<p>Activity report(s) on template to be provided DOH.</p>	<p>July 15, 2020            October 15, 2020            January 15, 2021            April 15, 2021            June 30, 2021</p>	<p>LHI has already received these funds as a one-time distribution.</p>

**\*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**

**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 LHI must have a Data Universal Numbering System (DUNS®) number.

Information about the LHI 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 (what funds can be used for which activities, not direct payments, etc)**

Please reference the Code of Federal Regulations:

[https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27726e9d12ceec462549&ty=HTML&h=L&mcc=true&r=PART&n=pt2.1.200#se2.1.200\\_1439](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27726e9d12ceec462549&ty=HTML&h=L&mcc=true&r=PART&n=pt2.1.200#se2.1.200_1439)

**Allowable Activities** - See list of allowable activities below, Appendix 2 from COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding, Interim Guidance, March 15, 2020.

**Costs that are NOT allowable**

- Facility purchases – May be if prior approval received from the feds and state. Send those requests to [Amy.Ferris@doh.wa.gov](mailto:Amy.Ferris@doh.wa.gov)
- Research
- Clinical care except as provided for individuals while under state or federal quarantine and isolation orders that are not eligible for payment by another source.
- Publicity and propaganda (lobbying):
  - Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
    - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients: [https://www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf)
- Funds cannot be used to supplant existing federal funds awarded by other federal sources
- Funds cannot be used to match funding on other federal awards.

**DOH Program Contact**

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Appendix 2. Allowable Activities

Domain	Activity Category	Allowable Activities
Incident Management for Early Crisis Response	Emergency Operations and Coordination	<p><b>Examples of allowable activities:</b></p> <ul style="list-style-type: none"> <li>o Conduct jurisdictional COVID-19 risk assessment.               <ul style="list-style-type: none"> <li>• Identify and prioritize risk-reduction strategies and risk-mitigation efforts in coordination with community partners and stakeholders.</li> <li>• Implement public health actions designed to mitigate risks in accordance with CDC guidance.</li> </ul> </li> <li>o Implement public health response plans based on CDC COVID-19 Preparedness and Response Planning Guidance for State, Local, Territorial, and Tribal Public Health Agencies.</li> <li>o Provide technical assistance to local and tribal health departments on development of COVID-19 response plans and respond to requests for public health assistance.</li> <li>o Activate the jurisdiction's emergency operations center (EOC) at a level appropriate to meet the needs of the response.               <ul style="list-style-type: none"> <li>• Staff the EOC with the numbers and skills necessary to support the response, assure worker safety, and continually monitor absenteeism.</li> <li>• Use established systems to ensure continuity of operations (COOP) and implement COOP plans as needed.</li> </ul> </li> <li>o Establish call centers or other communication capacity for information sharing, public information, and directing residents to available resources.</li> <li>o Activate emergency hiring authorities and expedited contracting processes.</li> <li>o Assess the jurisdiction's public health and healthcare system training needs.               <ul style="list-style-type: none"> <li>• Provide materials and facilitate training designed to improve the jurisdiction's public health and healthcare system response. Focus on infection prevention and control strategies and implementation/triggers for crisis/contingency standards of care.</li> <li>• Implement procedures to notify relevant personnel and participate in CDC national calls and Clinician Outreach and Communication Activity (COCA) calls.</li> </ul> </li> <li>o Ensure plans and jurisdictional response actions incorporate the latest CDC guidance and direction.</li> </ul>
Domain	Activity Category Responder Safety and Health	<p><b>Allowable Activities</b></p> <p><b>Examples of allowable activities:</b></p> <ul style="list-style-type: none"> <li>o Assure the health and safety of the jurisdiction's workforce, including but not limited to implementation of staff resiliency programs, occupational health/safety programs, and responder mental health support. Determine gaps and implement corrective actions.</li> <li>o Implement personal protective equipment (PPE)-sparing strategies for public health/healthcare system workforce in accordance with federal guidelines.</li> <li>o Develop an occupational safety and health strike team to ensure workers are protected, implement corrective actions, and gather lessons learned.</li> <li>o Establish a team of communicators who can interpret CDC guidance and assist with implementation of worker safety and health strategies.</li> <li>o Create tools to assist and anticipate supply chain shortages, track PPE inventory.</li> <li>o Develop PPE strategies consistent with CDC guidance for hospitals, outpatient clinics, long-term care facilities, and other health facilities; work with suppliers and coalitions to develop statewide plans for caching or redistributing/sharing. This strategy should be integrated with health care coalitions' system plans for purchasing, caching, and distributing PPE and accessing the Strategic National Stockpile.</li> <li>o Purchase required PPE (if available).</li> </ul>



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Domain	Activity Category	Allowable Activities
	Identification of vulnerable populations	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>o Implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.</li> <li>o Update response and recovery plans to include populations at risk.</li> <li>o Enlist other governmental and nongovernmental programs that can be leveraged to provide social services and ensure that patients with COVID-19 virus (or at risk of exposure) receive proper information to connect them with available social services.</li> <li>o Leverage social services and behavioral health within the community, including the Administration for Children and Families (ACF) and Health Resources and Services Administration (HRSA).</li> <li>o Conduct rapid assessment (e.g., focus groups) of concerns and needs of the community related to COVID-19 prevention.</li> <li>o Identify gaps and implement strategies that encourage risk-reduction behaviors.</li> </ul>
Jurisdictional Recovery	Jurisdictional Recovery	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>o Recovery efforts to restore to pre-event functioning.</li> <li>o Conduct a hot wash/after-action review and develop an improvement plan.</li> </ul>

Domain	Activity Category	Allowable Activities
Information Management	Information Sharing	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>o Ensure information sharing among public health staff, healthcare personnel, airport entry screening personnel, emergency medical services (EMS) providers, and the public.</li> <li>o Develop, coordinate, and disseminate information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and incident management responders.</li> <li>o Develop new systems or utilize existing systems to rapidly report public health data.</li> <li>o Develop community messages that are accurate, timely, and reach at-risk populations</li> </ul> <p>Emergency Public Information and Warning and Risk Communication</p> <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>o Ensure redundant platforms are in place for pushing out messages to the public and the healthcare sector regarding risks to the public, risk of transmission, and protective measures.             <ul style="list-style-type: none"> <li>• Work with health communicators and educators on risk communications efforts designed to prevent the spread of COVID-19 virus.</li> </ul> </li> <li>o Update scripts for jurisdictional call centers with specific COVID-19 messaging (alerts, warnings, and notifications).</li> <li>o Evaluate COVID-19 messaging and other communication materials and, based on feedback from target audiences, revise messages and materials as needed.             <ul style="list-style-type: none"> <li>• Conduct rapid assessment (e.g., focus groups) of existing messaging and communications activities (e.g., web-based, social media) related to COVID-19 prevention.                 <ul style="list-style-type: none"> <li>• Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and adjust communications as needed.</li> </ul> </li> </ul> </li> <li>o Contract with local vendors for translation (as necessary), printing, signage, and audiovisual/public service announcement development and dissemination.</li> <li>o Identify gaps and develop culturally appropriate risk messages for at-risk populations including messages that focus on risk-reduction behaviors.</li> <li>o Develop a COVID-19-specific media relations strategy, including identification of key spokespeople and an approach for regular media outreach.</li> </ul>

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Domain	Activity Category	Allowable Activities
Countermeasures and Mitigation	Nonpharmaceutical Interventions	<ul style="list-style-type: none"> <li>o Coordinate communication messages, products, and programs with key partners and stakeholders to harmonize response messaging.</li> <li>o Clearly communicate steps that health care providers should take if they suspect a patient has COVID-19 virus infection (e.g., diagnostic testing, clinical guidance).</li> </ul> <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>o Develop plans and triggers for the implementation of community interventions, including:               <ul style="list-style-type: none"> <li>• Activating emergency operations plans for schools, higher education, and mass gatherings;</li> <li>• Ensuring that community, faith-based, and business organizations are prepared to support interventions to prevent spread; and</li> <li>• Integrating interventions related to social services providers, criminal justice systems, homeless persons, and other vulnerable populations and at-risk populations.</li> </ul> </li> <li>o Anticipate disruption caused by community spread and interventions to prevent further spread.               <ul style="list-style-type: none"> <li>• Planning for school dismissal including continuity of education and other school-based services (e.g., meals);</li> <li>• Ensuring systems are active to provide guidance on closure of businesses, government offices, and social services agencies;</li> <li>• Ensuring systems are in place to monitor social disruption (e.g., school closures); and</li> <li>• Ensuring that services (e.g., housing, transportation, food) are in place for community members impacted by social distancing interventions.</li> </ul> </li> </ul> <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>o Provide lodging and wrap-around services, including food and beverage, cleaning, waste management, maintenance, repairs at quarantine/isolation sites, and clinical care costs for individuals while under state or federal quarantine and isolation orders that are not eligible for payment by another source.</li> <li>o Review and update state quarantine and isolation laws, regulations, and procedures. Funds may also be used to develop training and educational materials for local health departments and judicial officials.</li> </ul>
	Quarantine and Isolation Support	

Domain	Activity Category	Allowable Activities
	Distribution and Use of Medical Material	<ul style="list-style-type: none"> <li>o Identify and secure safe housing for persons subject to restricted movement and other public health orders.</li> <li>o Develop and implement behavioral health strategies to support affected populations.</li> <li>o Examples of allowable activities:               <ul style="list-style-type: none"> <li>o Ensure jurisdictional capacity for a mass vaccination campaign once vaccine becomes available, including:                   <ul style="list-style-type: none"> <li>• Enhancement of immunization information systems</li> <li>• Maintaining ability for vaccine-specific cold chain management</li> <li>• Coordinating mass vaccination clinics for emergency response</li> <li>• Assessing and tracking vaccination coverage</li> <li>• Rapidly identifying high-risk persons requiring vaccine</li> </ul> </li> <li>o Planning to prioritize limited medical countermeasures (MCM) based on guidance from CDC and the Department of Health and Human Services (HHS)</li> </ul> </li> <li>o Ensure jurisdictional capacity for distribution of MCM and supplies.</li> </ul>
Surge Management	Surge Staffing	<ul style="list-style-type: none"> <li>o Examples of allowable activities:               <ul style="list-style-type: none"> <li>o Activate mechanisms for surging public health responder staff.</li> <li>o Activate volunteer organizations including but not limited to Medical Reserve Corps.</li> </ul> </li> </ul>
	Public Health Coordination with Healthcare Systems	<ul style="list-style-type: none"> <li>o Examples of allowable activities:               <ul style="list-style-type: none"> <li>o In partnership with health care coalitions, develop triggers for enacting crisis/contingency standards of care.</li> <li>o Coordinate with Hospital Preparedness Program (HPP) entities, healthcare coalitions, health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.</li> <li>o Prepare for increased demands for services, expansions of public health functions, increases in administrative management requirements, and other emergency response surge needs.</li> <li>o Train hospitals, long-term care facilities and other high-risk facilities on infection prevention and control.</li> <li>o Actively monitor healthcare system capacity and develop mitigation strategies to preserve healthcare system resources.</li> </ul> </li> </ul>

Domain	Activity Category	Allowable Activities
	<p>Infection Control</p>	<ul style="list-style-type: none"> <li>o Execute authorities for responding to healthcare system surge and implement activities to mitigate demands on the healthcare system. Plan to activate crisis/contingency standards of care.</li> </ul> <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>o Follow updated CDC guidance on infection control and prevention and PPE.</li> <li>o Engage with healthcare providers and healthcare coalitions to address issues related to infection prevention measures, such as:               <ul style="list-style-type: none"> <li>• Changes in hospital/healthcare facility visitation policies,</li> <li>• Social distancing, and</li> <li>• Infection control practices in hospitals and long-term care facilities, such as:                   <ul style="list-style-type: none"> <li>▪ PPE use,</li> <li>▪ Hand hygiene,</li> <li>▪ Source control, and</li> <li>▪ Isolation of patients.</li> </ul> </li> </ul> </li> </ul>
<p>Biosurveillance</p>	<p>Public Health Surveillance and Real-time Reporting</p>	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>o Conduct surveillance and case identification (including, but not limited to, public health epidemiological investigation activities such as contact follow-up).</li> <li>o Assess risk of travelers and other persons with potential COVID-19 exposures.</li> <li>o Enhance surveillance systems to provide case-based and aggregate epidemiological data.</li> <li>o Enhance existing syndromic surveillance for respiratory illness such as influenza-like illness (ILI) or acute respiratory illness (ARI) by expanding data, inputs, and sites.</li> <li>o Enhance systems to identify and monitor the outcomes of severe disease outcomes, including among vulnerable populations.</li> <li>o Enhance systems to track outcomes of pregnancies affected by COVID-19.</li> <li>o Develop models for anticipating disease progression within the community.</li> </ul> <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>o Assess commercial and public health capacity for lab testing.</li> <li>o Develop a list of available testing sites and criteria for testing and disseminate to clinicians and the public.</li> </ul>
	<p>Public Health Laboratory Testing, Equipment, Supplies, and Shipping</p>	

Domain	Activity Category	Allowable Activities
		<ul style="list-style-type: none"> <li>○ Appropriately collect and handle hospital and other clinical laboratory specimens that require testing and shipping to Laboratory Response Network (LRN) or CDC laboratories designated for testing.</li> <li>○ Rapidly report test results between the laboratory, the public health department, healthcare facilities, and CDC to support public health investigations.</li> <li>○ Test a sample of outpatients with ILI or ARI for COVID-19 and other respiratory viruses and complete the following:               <ul style="list-style-type: none"> <li>● Report weekly percent positive COVID-19 outpatient visits by age group.</li> <li>● Determine the rate of ILI/ARI outpatient visits and the rate of COVID-10-confirmed ILI patients.                   <ul style="list-style-type: none"> <li>■ This allowable activity is similar to “Sentinel COVID-19 Surveillance, March 2020, and ILINet Enhancements in 2019.” It may include, but is not limited to the following:                       <ul style="list-style-type: none"> <li>– Conduct testing at public health laboratories</li> <li>– Describe modification of protocols and validation of specimen type other than NP/OP swabs, including validation of different swab types and self-swabbing for COVID-19</li> </ul> </li> </ul> </li> </ul> </li> <li>○ Collaborate with Emerging Infection Program and Influenza Hospitalization Surveillance Network to modify existing FluSurv-NET program for COVID-19.</li> <li>○ Enhance laboratory surge capacity plans.</li> <li>○ Determine maximum lab testing capacity and establish prioritization criteria and contingency plans for testing if maximum capacity is reached.</li> <li>○ Work with laboratory partners to ensure labs receive updated guidance on appropriate testing algorithms and sample types as additional information is acquired.</li> <li>○ Ensure clear guidance is communicated to clinical labs and physicians on how to obtain appropriate lab testing.</li> <li>○ Provide testing for impacted individuals.</li> </ul> <p><b>Data Management</b></p> <ul style="list-style-type: none"> <li>○ Examples of allowable activities:           <ul style="list-style-type: none"> <li>○ Ensure data management systems are in place and meet the needs of the jurisdiction.</li> <li>○ Implement analysis, visualization, and reporting for surveillance and other available data to support understanding of the outbreak, transmission, and impact of interventions.</li> <li>○ Ensure efficient and timely data collection.</li> </ul> </li> </ul>
<b>Domain</b>	<b>Activity Category</b>	<b>Allowable Activities</b>
		<ul style="list-style-type: none"> <li>○ Ensure ability to rapidly exchange data with public health partners (including CDC) and other relevant partners.</li> <li>○ Coordinate data systems for epidemiological and laboratory surveillance.</li> </ul>

Exhibit A  
Statement of Work  
Contract Term: 2018-2021

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) 6

Period of Performance: January 1, 2018 through December 31, 2021

<input checked="" type="checkbox"/> Funding Source <input checked="" type="checkbox"/> Federal Contractor <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.

Revision Purpose: The purpose of this revision is to extend the Period of Performance thru December 31, 2021, provide Sanitary Survey funding in Year 23, revise Special Billing Requirements and Special Instructions, and change DOH Fiscal Contact.

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
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	5,200	0	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	2,200	0	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
Yr 23 SRF - Local Asst (15%) (FO-SW) SS	N/A	346.26.64	24239223	01/01/21	12/31/21	0	2,800	2,800
<b>TOTALS</b>						<b>12,400</b>	<b>2,800</b>	<b>15,200</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,	Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$400 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 \$800 for each sanitary survey of a non-

AMENDMENT #19

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Trained LHIJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office.  See Special Instructions for task activity.		<ul style="list-style-type: none"> <li>1. recommendations, and referrals for further ODW follow-up.</li> <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> </ul> <p>*Final Reports reviewed and accepted by the ODW Regional Office.</p>	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	<p>Upon acceptance of the completed SPI Report, the LHIJ 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>
3	Trained LHIJ 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.	<p>Upon acceptance of the completed TA Report, the LHIJ shall be paid for each technical assistance activity as follows:</p> <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> <p>Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.</p>



AMENDMENT #19

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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	Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline.  Late or incomplete reports may not be accepted for payment.  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 SPLs, and provide technical assistance) for small community and non-community water systems with groundwater sources. ODW retains responsibility for conducting sanitary surveys (and SPLs, 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 ~~\$10,400~~ **\$13,200** 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 LHI 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 LHI 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.
- *No more than 3 surveys of non-community systems with three or fewer connections to be completed between January 1, 2021 and December 31, 2021.*
- *No more than 2 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2021 and December 31, 2021.*

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

### Task 2

Trained LHI 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 LHI staff.

### Task 3

Trained LHI 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 LHI to a water system.

### Task 4

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

If required trainings, workshops or meetings are not available, not scheduled, or if the LHI staff person is unable to attend these activities prior to conducting assigned tasks, the LHI 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. LHI 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  
243 Israel Rd SE  
Tumwater, WA 98501  
[Denise.Miles@doh.wa.gov](mailto:Denise.Miles@doh.wa.gov)  
(360) 236-3028

**DOH Fiscal Contact**

~~Karen McGovern~~ *Marcea Kato*  
DOH Office of Drinking Water  
243 Israel Rd SE  
Tumwater, WA 98501  
[Marcea.Kato@doh.wa.gov](mailto:Marcea.Kato@doh.wa.gov)  
(360) 236-3094

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

Contract Term: 2018-2021

Date: January 15, 2021

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY21 USDA WIC Program Mgmt CSS	217WAWA7W1003	Amd 18	10.557	333.10.55	10/01/20	09/30/21	10/01/20	09/30/21	\$1,400	\$1,400	\$69,030
FFY21 USDA WIC Program Mgmt CSS	217WAWA7W1003	Amd 14	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	(\$9,250)	\$0	
FFY21 USDA WIC Program Mgmt CSS	217WAWA7W1003	Amd 6	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	(\$135)		
FFY21 USDA WIC Program Mgmt CSS	217WAWA7W1003	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	207WAWA7W1003	Amd 14	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	(\$37,000)	\$0	
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	Amd 6	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	(\$540)		
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	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	187WAWA7W1003	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	187WAWA7W1003	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	187WAWA7W1003	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	187WAWA7W1003	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	187WAWA7W1003	N/A	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$28,155		
FFY22 USDA WIC Client Sys Contracts	NGA Not Received	Amd 18	10.557	333.10.55	10/01/21	12/31/21	10/01/21	12/31/21	\$9,340	\$9,340	\$86,090
FFY21 USDA WIC Client Sys Contracts	217WAWA7W1003	Amd 18	10.557	333.10.55	10/01/20	09/30/21	10/01/20	09/30/21	\$28,430	\$37,680	
FFY21 USDA WIC Client Sys Contracts	217WAWA7W1003	Amd 14, 18	10.557	333.10.55	10/01/20	09/30/21	10/01/20	09/30/21	\$9,250		
FFY20 USDA WIC Client Sys Contracts	207WAWA7W1003	Amd 14	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$520	\$39,070	
FFY20 USDA WIC Client Sys Contracts	207WAWA7W1003	Amd 14	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$37,000		
FFY20 USDA WIC Client Sys Contracts	207WAWA7W1003	Amd 11	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$1,550		
FFY20 USDA WIC Nutrition Ed	207WAWA7W1003	Amd 16	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$740	\$740	\$740
FFY20 USDA FMNP Prog Mgmt	207WAWA7Y8604	Amd 15	10.572	333.10.57	10/01/19	09/30/20	10/01/19	09/30/20	\$159	\$159	\$491
FFY19 CSS USDA FMNP Prog Mgmt	197WAWA7Y8604	Amd 8	10.572	333.10.57	01/01/19	09/30/19	10/01/18	09/30/19	\$166	\$166	
FFY18 CSS USDA FMNP Prog Mgmt	187WAWA7Y8604	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	16157WAWA6W522	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
BITV-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 18	21.019	333.21.01	07/01/20	12/30/21	07/01/20	12/30/21	\$48,951	\$65,268	\$65,268
BITV-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 16, 18	21.019	333.21.01	07/01/20	12/30/21	07/01/20	12/30/21	\$16,317		
COVID LHJ OFM Allocation-CARES	NGA Not Received	Amd 16, 18	21.019	333.21.01	03/01/20	06/30/21	03/01/20	06/30/21	\$241,200	\$241,200	\$241,200
FFY18 EBR PHEP Bp1 Supp LHJ Funding	NU907P921889-01	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 EBR PHEP Bp1 Supp LHJ Funding	NU907P921889-01	Amd 4	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$19,536		
FFY17 EBR PHEP Bp1 LHJ Funding	NU907P921889-01	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 EBR PHEP Bp1 LHJ Funding	NU907P921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$8,030		

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

Chart of Accounts Program Title	Federal Award Identification #	Amdt #	CFDA*	Code**	Start Date	End Date	Statement of Work Funding Period	DOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total
								Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
FFY20 PHEP BP2 LHI Funding	NU907TP922043	Amd 17	93.069	333.93.06	07/01/20	06/30/21	07/01/20	06/30/21	\$7,958	\$19,894	\$39,788	
FFY20 PHEP BP2 LHI Funding	NU907TP922043	Amd 16, 17	93.069	333.93.06	07/01/20	06/30/21	07/01/20	06/30/21	\$11,936	\$19,894		
FFY19 PHEP BP1 LHI Funding	NU907TP922043	Amd 9	93.069	333.93.06	07/01/19	06/30/20	07/01/19	06/30/20	\$19,894			
FFY19 Family Planning Title X	FPHPA006462	Amd 8, 11	93.217	333.93.21	04/01/19	06/30/19	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	5NH231P000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$144	\$144	\$144	
FFY17 AFIX	5NH231P000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$553	\$553	\$553	
<b>FFY21 COVID19 Vaccine Services-CARES</b>	<b>NH231P922619</b>	<b>Amd 19</b>	<b>93.268</b>	<b>333.93.26</b>	<b>07/01/20</b>	<b>12/31/21</b>	<b>07/01/20</b>	<b>12/31/21</b>	<b>\$354,803</b>	<b>\$369,385</b>	<b>\$369,385</b>	
FFY21 COVID19 Vaccine Services-CARES	NH231P922619	Amd 18, 19	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	\$14,582			
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	5NH231P000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$186	\$186	\$186	
FFY19 COVID CARES	NU50CK000515	Amd 15, 18	93.323	333.93.32	06/01/20	12/31/21	06/01/20	12/31/21	\$27,894	\$27,894	\$27,894	
<b>FFY19 ELC COVID Ed LHI Allocation</b>	<b>NGA Not Received</b>	<b>Amd 19</b>	<b>93.323</b>	<b>333.93.32</b>	<b>01/01/21</b>	<b>12/31/21</b>	<b>01/01/21</b>	<b>12/31/21</b>	<b>\$90,294</b>	<b>\$90,294</b>	<b>\$90,294</b>	
<b>FFY20 ELC EDE LHI Allocation</b>	<b>NGA Not Received</b>	<b>Amd 19</b>	<b>93.323</b>	<b>333.93.32</b>	<b>01/15/21</b>	<b>12/31/21</b>	<b>01/15/21</b>	<b>12/31/21</b>	<b>\$201,918</b>	<b>\$201,918</b>	<b>\$201,918</b>	
FFY20 CDC COVID-19 Crisis Resp LHI-Tribe	NU907TP922069	Amd 13, 18, 19	93.354	333.93.35	01/20/20	12/31/21	01/01/20	12/31/21	\$78,522	\$78,522	\$78,522	
FFY21 MCHBG LHI Contracts	<b>B0440169</b>	Amd 17	93.994	333.93.99	10/01/20	09/30/21	10/01/20	09/30/21	\$29,551	\$29,551	\$111,176	
FFY20 MCHBG LHI Contracts	B04M/C32578	Amd 10	93.994	333.93.99	10/01/19	09/30/20	10/01/19	09/30/20	\$29,551	\$29,551		
FFY19 MCHBG LHI Contracts	B04M/C32578	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 LHI Contracts	B04M/C31524	Amd 2	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$359	\$22,523		
FFY18 MCHBG LHI Contracts	B04M/C31524	N/A	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$22,164			
FEMA-75 COVID LHI Allocation	NGA Not Received	Amd 18	97.036	333.97.03	07/01/20	12/30/20	07/01/20	12/30/20	(\$48,951)	\$0	\$0	
FEMA-75 COVID LHI Allocation	NGA Not Received	Amd 16	97.036	333.97.03	07/01/20	12/30/20	07/01/20	12/30/20	\$48,951			

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CRDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
SFY21 Family Planning Cost Share		Amnd 18	N/A	334.04.91	07/01/20	06/30/21	07/01/19	06/30/21	\$6,600	\$14,185	\$63,591
SFY21 Family Planning Cost Share		Amnd 16, 18	N/A	334.04.91	07/01/20	06/30/21	07/01/19	06/30/21	\$7,585		
SFY20 Family Planning Cost Share		Amnd 16	N/A	334.04.91	12/01/19	06/30/20	07/01/19	06/30/21	(\$7,585)	\$8,849	
SFY20 Family Planning Cost Share		Amnd 11, 16	N/A	334.04.91	12/01/19	06/30/20	07/01/19	06/30/21	\$16,434		
SFY20 Family Planning Cost Share		Amnd 15	N/A	334.04.91	12/01/19	06/30/20	07/01/19	06/30/21	\$11,780	\$11,780	
SFY20 Family Planning Cost Share		Amnd 8, 9, 11	N/A	334.04.91	07/01/19	11/30/19	07/01/19	08/31/19	\$5,704	\$7,195	
SFY19 Family Planning Cost Share		Amnd 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		Amnd 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		Amnd 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		Amnd 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		Amnd 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		Amnd 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, Amnd 1	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/18	\$3,029		
FY20/21 COVID-19 Disaster Response Acct		Amnd 13, 18	N/A	334.04.92	01/20/20	06/30/21	01/01/20	06/30/21	\$71,478	\$71,478	\$71,478
<b>FY21 COVID GFS LHJ Regional</b>		<b>Amnd 19</b>	<b>N/A</b>	<b>334.04.92</b>	<b>12/31/20</b>	<b>06/30/21</b>	<b>12/31/20</b>	<b>06/30/21</b>	<b>(\$125,000)</b>	<b>\$0</b>	<b>\$0</b>
FY21 COVID GFS LHJ Regional		Amnd 18	N/A	334.04.92	12/31/20	06/30/21	12/31/20	06/30/21	\$125,000		
SFY2 Lead Environments of Children		Amnd 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		Amnd 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		Amnd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$1,500	\$1,500	
PPHS Funding for LHJs		Amnd 16, 18	N/A	336.04.25	07/01/20	06/30/21	07/01/19	06/30/21	\$58,000	\$100,000	\$242,000
PPHS Funding for LHJs		Amnd 10, 18	N/A	336.04.25	07/01/20	06/30/21	07/01/19	06/30/21	\$42,000		
PPHS Funding for LHJs		Amnd 16	N/A	336.04.25	07/01/19	06/30/20	07/01/19	06/30/21	\$58,000	\$100,000	
PPHS Funding for LHJs		Amnd 10	N/A	336.04.25	07/01/19	06/30/20	07/01/19	06/30/21	\$42,000		
PPHS Funding for LHJs Dir		Amnd 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		Amnd 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, Amnd 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		Amnd 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		Amnd 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		Amnd 3, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$3,600		
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amnd 11	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	\$1,400	\$2,200	\$2,200
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amnd 10, 11	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	\$800		

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
Sanitary Survey Fees (FO-SW) SS State		Amd 11	N/A	346.26.65	01/01/18	12/31/20	07/01/17	06/30/21	\$1,400	\$5,200	\$5,200
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		
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	(\$2,000)	\$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		
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	(\$4,000)	\$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		
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		
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>YR 23 SRF - Local Asst (15%) (FO-SW) TA</b>		<b>Amd 19</b>	<b>N/A</b>	<b>346.26.66</b>	<b>01/01/21</b>	<b>12/31/21</b>	<b>09/01/20</b>	<b>12/31/21</b>	<b>\$2,800</b>	<b>\$2,800</b>	<b>\$2,800</b>
<b>TOTAL</b>									<b>\$1,817,394</b>	<b>\$1,817,394</b>	<b>\$1,817,394</b>
Total consideration:									\$1,292,579		
									\$524,815		
<b>GRAND TOTAL</b>									<b>\$1,817,394</b>		<b>\$1,423,625</b>
*Catalog of Federal Domestic Assistance											<b>\$393,769</b>
**Federal revenue codes begin with "333". State revenue codes begin with "334".											

# Exhibit C-17 Schedule of Federal Awards

AMENDMENT #19

Date: January 15, 2021

SKAMANIA COUNTY COMMUNITY HEALTH-SWV0011110-01  
 CONTRACT CLH18280 - Skamania County Community Health Department  
 CONTRACT PERIOD: 01/01/2018-12/31/2021

Chart of Accounts Program Title	BARS	DOH		Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
		Federal Award Date	Received		Start Date	End Date						
FFY22 USDA WIC CLIENT SVS CONTRACTS	333.10.55	NGA Not Received	NGA Not Received	\$11,684,919	10/01/21	12/31/21	\$9,340	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	NGA Not Received	NGA Not Received
FFY21 USDA WIC PROGRAM MGMT CSS	333.10.55	10/01/20	10/01/20	\$11,684,919	10/01/20	09/30/21	\$1,400	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	217WAWA7W1003	WOMEN, INFANTS AND CHILDREN (2 YR)
FFY21 USDA WIC CLIENT SVS CONTRACTS	333.10.55	10/01/20	10/01/20	\$11,684,919	10/01/20	09/30/21	\$37,680	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	217WAWA7W1003	WOMEN, INFANTS AND CHILDREN (2 YR)
FFY20 USDA WIC NUTRITION ED	333.10.55	10/01/19	10/01/19	\$6,161,312	10/01/19	09/30/20	\$740	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	207WAWA7W1003	WOMEN, INFANTS AND CHILDREN
FFY20 USDA WIC CLIENT SVS CONTRACTS	333.10.55	10/01/19	10/01/19	\$6,161,312	10/01/19	09/30/20	\$39,070	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	207WAWA7W1003	WOMEN, INFANTS AND CHILDREN
FFY19 CSS USDA WIC PROGRAM MGMT	333.10.55	10/01/17	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	187WAWA7W1003	WOMEN, INFANTS AND CHILDREN
FFY18 CSS USDA WIC PROGRAM MGMT	333.10.55	10/02/17	10/01/17	\$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	187WAWA7W1003	USDA-WIC ADMIN
FFY20 USDA FMNP PROG MGMT	333.10.57	10/01/19	10/01/19	\$129,791	10/01/19	09/30/20	\$159	10.572	WIC Farmers' Market Nutrition Program (FMNP)	Department of Agriculture-Food and Nutrition Service	207WAWA7Y9604	COMMODITY ASSISTANCE PROGRAM
FFY19 CSS USDA FMNP PROG MGMT	333.10.57	10/01/18	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	197WAWA7Y9604	COMMODITY ASSISTANCE PROGRAM
FFY18 CSS USDA FMNP PROG MGMT	333.10.57	10/01/17	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	187WAWA7Y9604	COMMODITY ASSISTANCE PROGRAM
FFY16 CASCADES USDA WIC PROG MGMT-MIS	333.10.57	03/1/16	03/1/16	\$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	16157WAWA6W522	WOMEN, INFANTS AND CHILDREN WIC SAM PROJECTS
COVID LHJ OFM ALLOCATION-CARES	333.21.01	NGA Not Received	NGA Not Received		03/01/20	06/30/21	\$241,200	21.019	Coronavirus Relief Fund	Department of the Treasury	NGA Not Received	NGA Not Received
BITV-COVID ED LHJ ALLOCATION-CARES	333.21.01	NGA Not Received	NGA Not Received		07/01/20	12/30/21	\$65,288	21.019	Coronavirus Relief Fund	Department of the Treasury	NGA Not Received	NGA Not Received
FFY20 PHER BP2 LHJ FUNDING	333.93.06	06/12/20	06/12/20	\$11,385,797	07/01/20	06/30/21	\$19,894	93.089	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU907P922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHER) COOPERATIVE AGREEMENT



# Exhibit C-17 Schedule of Federal Awards

AMENDMENT #19

Date: January 15, 2021

SKAMANIA COUNTY COMMUNITY HEALTH-SWV0011110-01  
 CONTRACT CLH18260 - Skamania County Community Health Department  
 CONTRACT PERIOD: 01/01/2018-12/31/2021

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Start Date	Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
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	NU90TF922043	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	NU90TF921889-01	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	\$9,401	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TF921889-01	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	\$2,793,000	09/01/18	03/31/19	\$2,910	93.217	Family Planning Services	Department of Health and Human Services Office of Population Affairs	FPHPA006939	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
FFY21 COVID19 VACCINE SERVICES-CARES	333.93.26	01/15/21	\$68,807,053	07/01/20	12/31/21	\$369,385	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY17 VFC OPS	333.93.26	03/03/17	\$1,201,605	01/01/18	06/30/18	\$186	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 CHILDRENS 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 CHILDRENS PROGRAM
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 CHILDRENS PROGRAM
FFY20 ELC EDE LHJ ALLOCATION	333.93.32	NGA Not Received	NGA Not Received	01/15/21	12/31/21	\$201,918	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY19 ELC COVID ED LHJ ALLOCATION	333.93.32	NGA Not Received	NGA Not Received	01/01/21	12/31/21	\$90,294	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY19 COVID CARES	333.93.32	04/23/20	\$22,581,799	06/01/20	12/31/21	\$27,894	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)-Building and Strengthening Epidemiology, Laboratory and Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis	Department of Health and Human Services Centers for Disease Control and Prevention	NU90CK000515	EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)-BUILDING & STRENGTHENING EPIDEMIOLOGY LABORATORY & PUBLIC HEALTH EMERGENCY RESPONSE: COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE: PUBLIC HEALTH CRISIS RESPONSE CDC-RFA-TF18-1802
FFY20 CDC COVID-19 CRISIS RESP LHJ-TRIBE	333.93.35	03/16/20	\$13,230,799	01/20/20	12/31/21	\$78,522	93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TF922069	CDC COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE: PUBLIC HEALTH CRISIS RESPONSE CDC-RFA-TF18-1802

# Exhibit C-17 Schedule of Federal Awards

AMENDMENT #19

SKAMANIA COUNTY COMMUNITY HEALTH-SWV0011110-01  
 CONTRACT CLH18280 - Skamania County Community Health Department  
 CONTRACT PERIOD: 01/01/2018-12/31/2021

Date: January 15, 2021

Chart of Accounts Program Title	BARS	DOH		Total Amt	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
		Federal Award Date	Federal Award		Start Date	End Date						
FFY21 MCHBG LHJ CONTRACTS	333.93.99	02/08/21	\$2,662,201	10/01/20	09/30/21	\$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	E0440169	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT	
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	B04MCC32578	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	B04MCC32578	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	B04MCC31524	MATERNAL AND CHILD HEALTH SERVICES	
<b>TOTAL</b>							<b>\$1,423,625</b>					