

SKAMANIA COUNTY BOARD OF HEALTH

Agenda for May 10, 2022

11:30 PM

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

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

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

Meeting ID: 889 0632 1210 – New Meeting ID as of 6/01/2020

Join Zoom Meeting

- Audio only from your computer <https://us02web.zoom.us/j/88906321210>

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 When a holiday falls on Monday, the regular meeting is held on Wednesday of that week.

Tuesday, May 10, 2022

11:30 PM Call to Order
 Public Comment (3 minutes)

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

1. Minutes for meeting April 12, 2022
2. Ratify Contract Amendment #2 with Department of Health for 2022-2024 Consolidated Contract
3. Ratify Contract Amendment #3 with Department of Health for 2022-2024 Consolidated Contract
4. Contract Amendment #4 with Department of Health for 2022-2024 Consolidated Contract

Community Health Report – Tamara Cissell, Community Health Director

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

Environmental Health report – Alan Peters, Community Development Director

Adjourn

MINUTES OF SKAMANIA COUNTY BOARD OF HEALTH MEETING

April 12, 2022

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

The meeting was called to order at 1:30 p.m. on April 12, 2022, at the Skamania County Courthouse, 1st Floor Meeting Room, 240 NW Vancouver Avenue in Stevenson, with Board of Health Commissioners, Robert Hamlin, T.W. Lannen, and Richard Mahar, Chair present.

There was no public comment.

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

I. Minutes for meeting March 8, 2022

Dr. Steven Krager, Deputy Health Officer reported on social determinate health, giving data on employment and economics for various counties including Skamania. He also reported on COVID -19 and the Healthy Communities Program, coordinator for the group.

Tamara Cissell, Community Health Director discussed Pathways, air quality, WIC program, and the Community Garden. She and Dr. Krager were attending a conference at Skamania Lodge that week.

Alan Peters, Community Development Director, reported on environmental health, septic and water permits, and a new hire in Community Development, and Carson zoning.

The meeting adjourned at 2:20 p.m.

SKAMANIA COUNTY BOARD OF HEALTH

Chair – Richard Mahar

Attest:


Commissioner – T.W. Lannen

Clerk of the Board of Health – Debbie Slack

Commissioner – Robert Hamlin

Aye _____
Nay _____
Abstain _____
Absent _____

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	Community Health Department	Signature 
<u>AGENDA DATE</u>	BOCC 4/19/2022 RATIFY BOH 5/10/2022	
<u>SUBJECT</u>	Dept of Health Consolidated Contract 2022-2024 Amendment 2	
<u>ACTION REQUESTED</u>	BOCC Signature & Ratify by BOH	

SUMMARY/BACKGROUND

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

ADD Statements of Work for DCHS-ELC-COVID19 Response and Emergency Preparedness, Resilience & Response and AMENDS Statements of Work for Office of Immunization COVID19 Vaccine and Sexual & Reproductive Health Program.

FISCAL IMPACT

\$446,860

REVENUE CONTRACT

RECOMMENDATION

Sign Contract

LIST ATTACHMENTS

- Face Sheet
- Amendment #2
- Exhibit A: Statements of Work
- Exhibit B: Allocations

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

CONTRACT NUMBER: CLH31026

AMENDMENT NUMBER: 2

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
https://stateofwa.sharepoint.com/sites/doh-ofs/fundingsources/sitesnaus/home.aspx?_e1=9a94688da2d94d3ca80ac71bc32e1d7c
 - Adds Statements of Work for the following programs:
 - DCHS-ELC-COVID19 Response - Effective January 1, 2022 NEW
 - Emergency Preparedness, Resilience & Response - PHEP- Effective January 1, 2022 NEW
 - Amends Statements of Work for the following programs:
 - Office of Immunization COVID19 Vaccine - Effective January 1, 2022 REV1
 - Sexual & Reproductive Health Program - Effective January 1, 2022 REV1
 - Deletes Statements of Work for the following programs:

2. Exhibit B-2 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-1 Allocations as follows:
 - Increase of \$446,860 for a revised maximum consideration of \$1,869,518.
 - Decrease of _____ for a revised maximum consideration of _____.
 - No change in the maximum consideration of _____.Exhibit B Allocations are attached only for informational purposes.

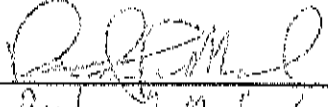
Unless designated otherwise herein, the effective date of this amendment is the date of execution.

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


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

SKAMANIA COUNTY COMMUNITY HEALTH
DEPARTMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



Richard Michal
Chair
4/19/22
Date



Brenda Henrikson
Date
04/21/22

APPROVED AS TO FORM ONLY
Assistant Attorney General

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

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<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - Adds Statements of Work for the following programs:
 - DCHS-ELC-COVID19 Response - Effective January 1, 2022 NEW
 - Emergency Preparedness, Resilience & Response - PHEP- Effective January 1, 2022 NEW
 - Amends Statements of Work for the following programs:
 - Office of Immunization COVID19 Vaccine - Effective January 1, 2022 REV1
 - Sexual & Reproductive Health Program - Effective January 1, 2022 REV1
 - Deletes Statements of Work for the following programs:

2. Exhibit B-2 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-1 Allocations as follows:
 - Increase of \$446,860 for a revised maximum consideration of \$1,869,518.
 - Decrease of _____ for a revised maximum consideration of _____.
 - No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.


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

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

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

SKAMANIA COUNTY COMMUNITY HEALTH
DEPARTMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



Richard Mahar
Chair

4/19/22

Date

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Emergency Preparedness, Resilience & Response - PHEP - Effective January 1, 2022

Local Health Jurisdiction Name: Skamania County Community Health Department

Contract Number: CLH31026

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

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

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

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

Revision Purpose: NA

NOTE: This statement of work (ending 06/30/22) includes 40% of the total allocation of these funds. Once all invoices have been submitted and balances are reconciled for the previous statement of work ending 12/31/21, any remaining funds will be added to a revised January - June 2022 statement of work.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHI Funding Period Start Date	LHI Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY21 PHEP BP3 LHI Funding	31102380	93.069	333.93.06	01/01/22	06/30/22	0	7,958	7,958
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	7,958	7,958

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Across Domains and Capabilities Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.	End-of-year report on template provided by DOH. Additional reporting may be required if federal requirements change.	June 30, 2022	Reimbursement for actual costs not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>Across Domains and Capabilities</p> <p>2.1 Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator, and accounting and/or financial staff.</p> <p>2.2 Submit emergency contacts to be published in the confidential Yellow Book, including but not limited to Administrator, Health Officer, and Emergency Response Coordinator. For each contact include name, role, email, daytime phone number and after-hours phone number.</p> <p>Across Domains and Capabilities</p>	<p>Submit any changes to contact information (submitted in 2021) within 30 days of the change.</p> <p>End-of-year report on template provided by DOH. Note any changes or no change.</p>	<p>Within 30 days of the change.</p> <p>June 30, 2022</p>	
3	<p>Participate in a site visit with DOH staff to discuss LHJ response capabilities, upon request from DOH. Site visit may be held virtually due to pandemic restrictions.</p> <p>Across Domains and Capabilities</p>	<p>DOH will maintain documentation of site visit participation.</p>	<p>Upon request from DOH.</p>	
4	<p>Develop a budget demonstrating how the LHJ plans to spend funds during this period of performance, using a budget template provided by DOH.</p> <p>Note: 20% of the LHJ's annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHJ.</p> <p>Across Domains and Capabilities</p>	<p>Budget, using template provided by DOH.</p>	<p>Upon request from DOH.</p>	
5	<p>Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.</p> <p>Domain 1 Community Resilience</p> <p>Capability 1 Community Preparedness</p>	<p>End-of-year report on template provided by DOH.</p> <p>Input provided to DOH upon request from DOH.</p>	<p>June 30, 2022</p>	
6	<p>Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness.</p> <p>Across Domains and Capabilities</p>	<p>End-of-year report on template provided by DOH.</p> <p>Documentation of training available upon request.</p>	<p>June 30, 2022</p>	
7	<p>DOH/EPR anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ may use PHEP funding to participate in training and/or learning discussions in the following areas:</p> <ul style="list-style-type: none"> • Adaptive Leadership • Change Management • Trauma-Informed Change Management • Outward Mindset • Growth Mindset • Racial Equity and/or Social Justice • Community Resilience • Related topics -- prior approval from EPR required. 	<p>End-of-year report on template provided by DOH. Note training and briefly describe key learning and any resulting changes in practice and/or policy.</p>	<p>June 30, 2022</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	<p>Note: Prior approval from DOH/EPR is required for any out-of-state travel.</p> <p>Domain 1 Community Resilience Capability 1 Community Preparedness Connect with new and/or existing partners in order to develop working relationships that promote capabilities, capacity and community resilience, including, but not limited to:</p> <ul style="list-style-type: none"> Local and/or regional Emergency Manager(s). Local and/or regional hospitals. Local and/or regional elected officials. Local and/or regional organizations that work with vulnerable populations. <p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Based on availability of training, participate in at least one Foundational Public Health Emergency Preparedness Training provided by region, DOH, DOH-contracted partner, or DOH-approved trainer in person or via webinar.</p> <p>Notes:</p> <ul style="list-style-type: none"> This is one or more specific trainings coordinated by DOH. DOH will work with LHJ to implement. Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above. 	End-of-year report on template provided by DOH. Briefly describe connections, lessons learned, and any changes made.	June 30, 2022	
9	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Based on availability of training, participate in at least one Foundational Public Health Emergency Preparedness Training provided by region, DOH, DOH-contracted partner, or DOH-approved trainer in person or via webinar.</p> <p>Notes:</p> <ul style="list-style-type: none"> This is one or more specific trainings coordinated by DOH. DOH will work with LHJ to implement. Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above. 	End-of-year report on template provided by DOH.	June 30, 2022	
10	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2022.</p> <p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>11.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanaleri@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>11.2 Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.</p>	Participation in IPPW unless cancelled.	As requested by DOH.	
11	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>11.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanaleri@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>11.2 Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.</p>	End-of-year report on template provided by DOH. Indicate that this was done or that no response incident occurred. 11.1 Notification to DOH Duty Officer within 60 minutes of activation. 11.2 Sitreps submitted to DOH Duty Officer	June 30, 2022	
12	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Complete or participate in After Action Reports (AARs) after each incident or exercise. Note: An AAR may be completed part-way through an extended response, for example, COVID-19.</p>	End-of-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned – or note that no AARs	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
13	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Convene a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to:</p> <ul style="list-style-type: none"> • Local Health Officer • Public Health Official(s) • Emergency Manager • Regional Health Care Coalition • Local and regional hospitals • Federally Qualified Health Center(s) if they are in your county • Accountable Community of Health • Emergency Medical Services Medical Program Director • County Coroner or Medical Examiner <p>Notes:</p> <ul style="list-style-type: none"> • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. • This may be completed part-way through the COVID-19 response • This AAR may be used to meet the requirement above as well (Task #12). 	<p>were completed. Submit AAR(s).</p> <p>End-of-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned. Submit AAR(s).</p>	June 30, 2022	
14	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>14.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (e.g. Basecamp).</p> <p>14.2 Participate in at least one risk communication drill offered by DOH between July 1, 2021 and June 30, 2022. Drill will occur via webinar, phone and email. DOH will offer one in July 1 – December 31, 2021 and one drill between January 1 – June 30, 2022.</p> <p>14.3 Conduct a hot wash evaluating LHH participation in the drill.</p> <p>14.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After-Action Review (AAR) evaluating LHH participation in communication strategies during the incident.</p> <p>If, the real-world event response is ongoing, LHH may opt to conduct a hot wash or AAR evaluating communication strategies to date OR include a summary of communication activities in mid-year and/or end-of year reports and one sample of communication.</p> <p>Note: Participation in a real-world event may meet the requirement for 14.2, 14.3 and 14.4.</p>	<p>End-of-year report on template provided by DOH.</p> <p>14.3 and 14.4 Hotwash or After-Action Review (AAR) OR summary of communication activities and one sample.</p>	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
15	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>15.1 Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system.</p> <p>15.2 Participate in DOH-led notification drills.</p> <p>15.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> Registered users must log in quarterly at a minimum. DOH will provide technical assistance to LHJs on using WASECURES. LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents. 	End-of-year report on template provided by DOH.	June 30, 2022	
16	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EEIs) during incident response upon request from DOH.</p> <p>Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.</p>	<p>Provide EEIs upon request.</p> <p>Note in end-of-year report that EEIs were provided or none were requested.</p>	<p>Upon request</p> <p>June 30, 2022</p>	
17	<p>Domain 4 Countermeasures and Mitigation Capability 8 Medical Countermeasures Dispensing Capability 9 Medical Countermeasures Management and Distribution</p> <p>Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or Region.</p> <p>Notes:</p> <ul style="list-style-type: none"> MCM plans include number of local distribution sites and number for which a detailed point-to-point distribution plan from RSS to distribution site has been jointly confirmed by LHJ and DOH. MCM plans include number of local points of dispensing (PODs) and number for which a detailed point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (nursing home, local agency, public POD, and independent pharmacy). LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan. DOH will provide technical assistance to LHJs on core elements of an MCM plan. 	<p>End-of-year report on template provided by DOH.</p> <p>If there is a regional plan, provide input to the RERC.</p> <p>Updated MCM plan</p>	June 30, 2022	
18	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>18.1 Attend at least one Region IV Alliance meeting, in person or virtually.</p>	End-of-year report on template provided by DOH.	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	18.2 Participate with Region IV Alliance in the information sharing process during incidents and at least one planning process or exercise conducted to inform on the roles and responsibilities of public health.			

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

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent. To comply with this act and be eligible to perform the activities in this statement of work, the 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](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

Special Requirements:

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

Submit deliverables to the Emergency Preparedness, Resilience & Response ConCon deliverables mailbox at concondeliverables@doh.wa.gov, unless otherwise specified.

Restrictions on Funds:

Please reference the Code of Federal Regulations:

<https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12cccc462549&ty=HTML&h=L&mc=true&rl=PART&n=pt2.1.200#sec2.1.200.1439>

Exhibit A
Statement of Work
Contract Term: 2022-2024

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

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

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

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

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

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

For federal funding, due dates after March 31, 2022 are for reporting only. LHJ may not bill under this contract for work done after March 31, 2022.

For state funding, due dates after June 30, 2022 are for reporting only. LHJ may not bill under this contract for work done after June 30, 2022.

Revision Purpose: Adding federal funding to be spent by 3/31/2022

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY22 Sexual & Rep Hlth Cost Share	78430120	N/A	334.04.91	01/01/22	06/30/22	12,792	0	12,792
FFY22 Title X Dire Needs	78340222	93.217	333.93.21	01/14/22	03/31/22	0	1,222	1,222
						0	0	0
						0	0	0
						0	0	0
TOTALS						12,792	1,222	14,014

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Sexual and Reproductive Health Program Services—excluding abortion and other surgical procedures related to SRH. A. Comply with Washington State 2019 SRH Program Manual, SRH Program Network requirements and all state laws. Also see Program Manual, Handbook, Policy References section below.	<ul style="list-style-type: none"> A 19 invoice vouchers submitted timely and accompanied with an R&E showing revenue and expenses for the month billed and back up documentation per DOH policy. During the COVID-19 crisis you may enter FTE related expenses for SRH staff temporarily assigned to other duties due to COVID-19 or staff not working due to COVID-19, but still being paid by your organization as paid leave. 	No more than monthly and no less than quarterly.	Billing must be based on a current cost methodology approved by DOH (see Reporting Requirements table). DOH reserves the right to withhold payment until:

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
B.	<p>Provide medical services, community education and outreach, and staff training, consistent with state requirements:</p> <ol style="list-style-type: none"> LHD is responsible for making sure all staff have the knowledge to carry out the requirements of the SOW. Medical, laboratory, and other services related to abortion are not covered by this task. Community education services must be based on the needs of the community. Outreach is to ensure all populations in your community understands the services available. Focus your outreach efforts on increasing equity. <p>Washington State SRH Network priority populations are:</p> <ul style="list-style-type: none"> People under 20 years old People with incomes at or below 250% FPL People who are uninsured or underinsured People who require an extra level of confidentiality People with low English proficiency <p>Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories.</p> <p>Provide all services in accordance with:</p> <ul style="list-style-type: none"> DOH SRH Manual Other state and federal requirements LHJ's Current Scope Report (defined below) 	<ul style="list-style-type: none"> All reports described in Reporting Requirements table below. Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.) To facilitate DOH desk reviews—requested documentation available to DOH in requested format. To facilitate DOH site-visits—appropriate staff and documentation readily available prior to and during review. <p>DOH performs site visits. Follow-up site visits are performed until identified issues are resolved.</p>	<p>As described in Reporting Requirements table below.</p> <p>As requested by DOH</p> <p>As requested by DOH</p>	<ul style="list-style-type: none"> Compliance issues related to this or a previous SOW are accepted by DOH Current data is submitted to, and accepted by, Ahlers. A19 back up documentation required by DOH has been submitted and approved. Other deliverables have been met. <p>Payment is limited to the maximum funds available for funding source.</p> <p>DOH will reimburse for:</p> <ul style="list-style-type: none"> Actual allowable costs according to your approved cost methodology (see Reporting Requirements table). <p>or</p> <ul style="list-style-type: none"> The amount remaining in the SOW divided by the number of months remaining in the funding source, plus one, whichever is less.
C.	<p>Collect, maintain, and provide data about each family planning clinic visit as defined in the SRH CVR Manual.</p> <ol style="list-style-type: none"> Maintain a computer system that includes normal safety precautions against loss of information. 	<p>CVR data submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software.</p>	<p>The last day of the next month. Within thirty (30) days of receiving</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	<p>2. Ensure data entry personnel protect confidentiality of CVR data.</p> <p>3. Have ability to retrieve all information for auditing and monitoring by DOH or its designee.</p> <p>D. Notify DOH contract manager of all:</p> <ul style="list-style-type: none"> • Key staff and organizational changes. • Proposed clinic site additions. New clinic sites must be approved by DOH before offering services supported by SOW funding. • Expected clinic site closures. Note: DOH may, at its sole discretion, recalculate LHJ's funding allocation if it closes a clinic site. • Any other change that might affect LHJ's ability to provide the sexual and reproductive services described in this SOW. 	<ul style="list-style-type: none"> • Data for each month • Corrected CVR data <p>Email briefly describing change.</p>	<p>error/rejection report or request from DOH Sexual and Reproductive Health data manager.</p> <p>As needed to keep information current.</p>	<p>Payment will be calculated by R&E provided by DOH (see Reporting Requirements table).</p> <p>All services through 06-30-22 must be billed by 07-31-22</p>
2.	<p>Abortion and other surgical procedures related to SRH</p> <p>A. LHJ may choose to use up to 3% of its total STATE funds for medical and surgical abortions and other SRH related surgical procedures.</p> <p>B. LHJ must notify the DOH contract manager prior to providing services with STATE funds. DOH will move the appropriate amount to the appropriate funding source. This may or may not require an amendment.</p> <p>C. Comply with Washington State 2019 SRH Network requirements and all state laws. Also see Program Manual, Handbook, Policy</p> <p>D. Eligible clients are those with incomes at or below 250% FPL.</p> <p>If LHJ bills for services provided by someone outside their organization the outside provider must agree to accept DOH payment as payment in full. LHJ is responsible for ensuring that the outside</p>	<p>Surgical A19 accompanied by Surgical Services Summary and Health Insurance Claim Forms form for each visit billed.</p> <p>DOH will provide Surgical Services Summary forms and surgical A19s as part of R&E workbook for all LHJ's who receive surgical funds.</p>	<p>No more than six (6) months after date service was provided.</p>	<p>DOH will only reimburse LHJ for these services if this SOW includes surgical funds.</p> <p>DOH will pay for services at Health Care Authority (HCA) Medicaid reimbursement amounts.</p> <ul style="list-style-type: none"> • This will be considered payment in full. <p>LHJ will not seek additional payment from the client or any other person or organization.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>provider does not seek additional payment from the client or any other person or organization. (Also see Payment column.)</p>			
3. Reporting Requirements				
1. Current Scope Report	<p>Information required at the beginning this SOW period. This information ensures that DOH has accurate information about LHI's organization and the services it provides.</p> <p>In addition, elements of this report allow DOH to ensure that Washington State SRH Network requirements regarding client fees, required services, requirements. It also provides other information to assist DOH to manage this SOW and the Washington State SRH Network as a whole.</p>	<p>This information must be reported using the template or format provided by DOH. All signatures and forms must be completed by 01-31-22. It will include:</p> <p>Information about your agency contacts and your organization's staffing</p> <p>A. Head of Organization B. Head of Finance C. Medical Director D. The following (one person might fill more than one role)</p> <p>a. Contract Coordinator b. Clinical representative c. Billing contact d. Outreach and education contact e. Contact for CVR data f. Contact for EHR information</p> <p>Information regarding sexual and reproductive health related services offered at each clinic site:</p> <p>A. Cost analysis: How LHJ determines what it costs to provide services. LHJ uses this to help construct its fee schedule. A cost analysis must be performed by LHJ no more than three years prior to the start date of this SOW. B. Sliding fee schedule that includes all services required in the SRH Manual. Additional Task 1 SRH-related services may also be included on LHJ's sliding fee schedule.</p> <p>a. Sliding fee schedule must be based on cost analysis described above. b. LHJ may use the last fee schedule approved prior to this SOW as long it was approved later than 04-01-20. LHJ must email the DOH contract manager letting them know it is using a prior approved fee schedule.</p>	<p>01-31-22</p> <p>AND</p> <p>As needed to maintain accuracy of information.</p> <p>Submit 2022 sliding fee scale to DOH by 01-05-22</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>c. LHJ must not implement a revised fee schedule until it has been approved in writing by DOH.</p> <p>d. Income conversion tables must be updated annually and approved by DOH</p> <p>Information related to current Community Outreach Plan:</p> <p>LHJ's community outreach plan follows a 5-year cycle. In the first year LHJ must assess, document and disseminate community health needs assessment, this process must include the following steps:</p> <ul style="list-style-type: none"> A. Define the populations LHJ serves and identify opportunities to expand reach within those populations and to unreached populations in each community it serves. B. Identify organizations and people representing the broad interests of the community and identify opportunities for partnership and collaboration. C. Gather available data and current assessments (secondary data) D. Seek community perspectives by gathering input from the various populations in LHJ's community (collect primary data) E. Aggregate secondary and primary data and analyze aggregated data F. Prioritize health issues, define areas of unmet need, and incorporate both in plans for outreach and education materials and activities G. Document and disseminate the community health needs assessment to LHJ's SRH consultant and appropriate stakeholders <p>Information related to current Washington State SRH Network work plan</p> <p>Periodically, the SRH Network develops a statewide work plan. LHJ will be involved in developing and finalizing this plan. Activities focus on improving the strength of the Network and access to Network services for everyone who wants and needs them.</p> <p>Describe plans to address portions of the Network work plan that LHJ is responsible for or involved in. Include a</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>description of the staff involved and timelines related to your activities.</p> <p>Information related to billing and client fees</p> <p>Cost methodology: How LHJ determines appropriate expenses for the purpose of billing DOH.</p> <p>If LHJ cost methodology was approved by DOH after 04-01-20, LHJ does not have to resubmit unless changes were made. LHJ does need to email DOH contract manager informing them that no changes were made.</p>		
<p>2. Progress Summary Report</p> <p><i>Survey about how Title X Dire Needs grant funding was used to increase infrastructure and the outcomes experienced as a result of those funds.</i></p> <p>Summary of activities from previous SRH services SOW.</p> <p>It informs quality improvement of the Washington State SRH Network.</p>	<p><i>Completed Survey Response</i></p> <p>This information must be reported using the template or format provided by DOH. It will include information about LHJ's work during the previous SOW:</p> <p>A. Progress on portions of the Network work plan LHJ was responsible for or involved in.</p> <p>B. Community education and outreach strategies and activities and a discussion of their effectiveness.</p> <p>C. Staff training.</p>	<p><i>Returned by 3-31-2022</i></p>		
<p>3. Family Planning Annual Report (FPAR)</p> <p>Information DOH is requesting to develop trend data. All information is for calendar year 2022(January through December 2022).</p>	<p>Organization-level data on clinical services emailed to DOH SRH data manager</p> <p>Number of:</p> <p>A. Pap tests with an ASC or higher result</p> <p>B. Pap tests with an HSIL or higher result</p> <p>C. HIV Positive confidential tests</p> <p>D. HIV Anonymous tests</p> <p>E. FTE required to provide sexual and reproductive health services:</p> <ul style="list-style-type: none"> • Physicians • Physician assistants + nurse practitioners + certified nurse midwives 	<p>Data to be collected through the end of the contract period (6-30-22).</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment.</p> <p>Financial data emailed to DOH Contract Manager R&E showing Other Revenue through 6-30-22 as described in item 5, below.</p> <p>Subsequent agreements will request that data be collected and reported on during the appropriate contract period of performance. (FPAR doc 01-31-23)</p>	<p>• Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment.</p> <p>Financial data emailed to DOH Contract Manager R&E showing Other Revenue through 6-30-22 as described in item 5, below.</p> <p>Subsequent agreements will request that data be collected and reported on during the appropriate contract period of performance. (FPAR doc 01-31-23)</p>		
4.	Clinic Visit Reports (CVRs)	<p>Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at: https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf.</p> <p>CVR data must be submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> - Each month's CVR data - Corrected CVR data 	<p>The last day of the next month</p> <p>Within thirty (30) days of receiving error or rejection report or request from DOH SRH data manager.</p>	
5.	Revenue and Expense Reports (R&E)	<p>Completed R&E for time period that shows all revenue (including program income) that support Task 1 SRH Services and all expenses related to providing those services. R&E workbook will be provided by DOH.</p> <ul style="list-style-type: none"> A. Expenses must match General Ledger. B. Other revenue/program income must reflect revenue actually received in the reporting month. <p>All entries on "Other" rows must be accompanied by a description of the revenue source or expense, including any calculations uses.</p>	<p>Submitted with each invoice (A19). No more than monthly and no less than quarterly.</p> <p>R&E showing all sources of revenue that support services for: January-June 2022 due within 30 days after 6-30-22</p>	

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

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

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent. To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number. Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Manual, Handbook, Policy References:

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

- DOH SRH Manual (DOH publication 930-122, available at <https://www.doh.wa.gov/portals/1/Documents/Pubs/930-122-FPRHManualComplete.pdf>). Some provisions of this manual are highlighted in this SOW, but all provisions of the manual must be complied with.
- Clinic Visit Record Manual (<https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf>)
- Current Washington State SRH Network work plan
- LHF's approved Current Scope Report

Billing Requirements:

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

Special Instructions:

Accessibility of Services

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

Availability of Emergency Services

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization COVID-19 Vaccine - Effective January 1, 2022

Local Health Jurisdiction Name: Skamania County Community Health Department

Contract Number: CLH31026

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

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to conduct COVID-19 vaccine activities.

Revision Purpose: Modify statement of work for COVID vaccine depot work (Task 3D)

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	359,803	None	359,803
						0		0
						0		0
						0		0
						0		0
TOTALS						359,803	0	359,803

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. Example 1: 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.	Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.	January 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.B	<p>Example 2: 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>Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.</p>	Mid-term written report describing activity/activities and progress made to-date and strategies used (template to be provided)	June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	Catalog activities and conduct an evaluation of the strategies used	Final written report, showing the strategies used and the final progress of the reach (template to be provided)	December 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	Between January 1, 2022 and February 28, 2022, June 30, 2022, perform as a vaccine depot to provide COVID vaccine. Duties include ordering and redistributing of COVID-19 vaccine, assure storage space for minimum order sizes, initiating transfer in the Immunization Information System (IIS), coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.	<ul style="list-style-type: none"> a. Complete a redistribution agreement. b. Report inventory reconciliation page. c. Report lost (expired, spoiled, wasted) vaccine to the IIS. d. Report transfer doses in the IIS and VaccineFinder. e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years. 	<ul style="list-style-type: none"> a. Complete by January 31 (if not previously submitted) b. Reconcile and submit inventory once monthly in the IIS. c. Report lost vaccine within 72 hours in the IIS. d. Update within 24 hours from when transfers occur. e. Download as needed (retain temperature data on site for 3 years) 	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.E	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends). Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below)	Quarterly reports summarizing quantity, type, and frequency of activities	March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.F	At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to <i>LHJ Guidance for COVID Initiatives Application</i> requirements and allowable/unallowable use of federal funds.	<ul style="list-style-type: none"> a. LHJ Incentive Plan Proposal b. Quarterly report that summarizes quantity of incentives purchased and distributed 	<ul style="list-style-type: none"> a. Prior to implementing b. March 31, Annually June 30, Annually 	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Specific Requirements

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

Coverage of co-administration costs for other vaccines administered at vaccination events does NOT apply to the FEMA Mass Vaccination funding. Coverage of co-administration costs only applies to the vaccine funding (COVID19 Vaccine R4, MI 74310230) allocated for Task 3 of the consolidated contract. FEMA Mass Vaccination funding is only available to cover the costs for COVID vaccine administration and cannot be used for co-administration costs of other vaccines.

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

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

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

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

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

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19. This funding is the estimated carryforward amount.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY19 ELC COVID ED ALLOCATION	1897129G	93.323	333.93.32	01/01/22 10/18/22	0	45,049	45,049
FFY20 ELC EDE LHJ ALLOCATION	1897120E	93.323	333.93.32	01/01/22 12/31/22	0	400,589	400,589
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	445,638	445,638

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19.			
	Examples of key activities include:			
	<ul style="list-style-type: none"> • Incident management for the response • Testing • Case Investigation/Contact Tracing • Sustainable isolation and quarantine • Care coordination • Surge management • Data reporting 			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</p>				
<p>DCHS COVID-19 Response</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>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:</p>
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</p> <ol style="list-style-type: none"> i. Contact tracing <ol style="list-style-type: none"> 1. Strive to maintain the capacity to surge a minimum of five (5) contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigations will count towards this minimum. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 	<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>\$45,049 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022</p> <p>\$400,589 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics.</p> <p>6. Perform daily monitoring for symptoms during quarantine period of contacts</p> <p>ii. Case investigation</p> <ol style="list-style-type: none"> 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. 2. Enter all case investigation and outbreak data in WDRS following DOH guidance. <ol style="list-style-type: none"> a) Strive to enter all case investigation and outbreak data into <i>CREST</i> as directed by DOH. b) Ensure all staff designated to utilize WDRS have access and are trained in the system. c) Include if new positive cases are tied to a known existing positive case or indicate community spread. d) Conduct case investigation and monitor outbreaks. e) Coordinate with Tribal partners in conducting case investigations for tribal members. 3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. <ol style="list-style-type: none"> b. Testing <ol style="list-style-type: none"> i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs. 	<p>Enter all case investigation data in WDRS following guidance from-DOH.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy. 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. 	<p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p>		
	<ul style="list-style-type: none"> c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below. <ul style="list-style-type: none"> i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission. ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH. iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry. 	<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 update should include status of all projects listed.</p>		
	<ul style="list-style-type: none"> 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. e. Support Infection Prevention and control for high-risk populations <ul style="list-style-type: none"> 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. 			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<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>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</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>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>h. Establish sustainable isolation and quarantine measures.</p> <ul style="list-style-type: none"> 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. ii. Maintain ongoing census data for isolation and quarantine for your population. 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>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, and confirmation of appropriate planning and coordination as required.</p> <p>Report census numbers to include historic total by month and monthly total for current quarter to date</p>		

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

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

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

CDC Funding Regulations and Policies: <https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>

Monitoring Visits (frequency, type)

The DOH program contact may conduct monitoring visits during the life of this project. The type, duration, and timing of visit will be determined and scheduled in cooperation with the subawardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project

All work will be performed in accordance with the revised and approved project plans to be submitted to DOH.

Special Billing Requirements

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

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

Other: Required activities, deliverables, and funding is for the entire project period: January 2021 through specified date above. Unspent funds and tasks not completed by December 31, 2021 were reauthorized for work in this new consolidated contract term beginning January 1, 2022. It is the LHF's responsibility to assure that the unspent funding amount carried forward to this statement of work does not exceed the remaining available balance from the 2018-2021 contract.

EXHIBIT B-2
ALLOCATIONS
Contract Term: 2022-2024

Skamania County Community Health Department
Indirect Rate January 1, 2022-December 31, 2023: 12%

Contract Number: CLH31026
Date: February 1, 2022

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
FFY23 USDA WIC Client Sys Contracts	NGA Not Received	Amd 1	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$8,300	\$8,300	\$35,300
FFY22 USDA WIC Client Sys Contracts	202222W100347	Amd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$27,000	\$27,000	
FFY22 Title X Dire Needs	NGA Not Received	Amd 2	93.217	333.93.21	01/14/22	03/31/22	01/14/22	03/31/22	\$1,222	\$1,222	\$1,222
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$359,803	\$359,803	\$359,803
FFY19 ELC COVID E4 LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$45,049	\$45,049	\$45,049
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	\$400,589	\$400,589	\$400,589
FFY22 MCHBG LHJ Contracts	B0443251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$22,163	\$22,163	\$22,163
SFY22 Sexual & Rep Hlth Cost Share		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/22	\$12,792	\$12,792	\$12,792
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$493,000	\$493,000	\$986,000
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$493,000	\$493,000	
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$2,800	\$2,800	\$2,800
Sanitary Survey Fees (FO-SW) SS-State		Amd 1	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$2,800	\$2,800	\$2,800
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$1,000	\$1,000
TOTAL									\$1,869,518	\$1,869,518	\$1,869,518
Total consideration:									\$1,422,658		\$1,422,658
									\$446,860		\$446,860
GRAND TOTAL									\$1,869,518		\$1,869,518

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

COUNTY FACE SHEET FOR CONTRACTS/LEASES/AGREEMENTS

1. Contract Number CLH31026

2. Contract Status: (Check appropriate box) Original Renewal Amendment #3

3. Contractor Information: Contractor: **Department of Health
Office of Contracts & Procurement**
Contact Person: **Brenda Henrikson**
Title: **Contracts Specialist**
Address: **PO Box 47905**
Address: **Olympia WA 98504-7905**
Phone: **360-236-3933**

4. Brief description of purpose of the contract and County's contracted duties:
Amends Department of Health Contract to Amend Statements of Work for COVID-19 Mass Vaccination-FEMA

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

6. Contract Award Process: (Check appropriate box)

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

- Exempt (Purchase is \$2,500 or less upon order of the Board of Commissioners)
- Informal Bid Process (Formal Quotes between \$2,500 and \$25,000)
- Formal Sealed Bid Process (Purchase is over \$25,000)
- Other Exempt (explain and provide RCW) 39.29

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

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

7. Original Contract Amount: \$ 0 Source: State DOH Consolidated Contract
Contract Amendment #1-2 \$1,869,518
Contract Amendment #3 \$ 0
Total County Funds Committed: \$ 0
TOTAL FUNDS COMMITTED: \$1,869,518


8. County Contact Person: Name: Allen Esaacson
Title: Community Health Data & Finance Manager

9. Department Approval: 
Department Head or Elected Official Signature

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

Emailed signed copy to Brenda 4/20/22

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	Community Health Department	Signature 
<u>AGENDA DATE</u>	BOCC 4/19/2022 RATIFY BOH 5/10/2022	
<u>SUBJECT</u>	Dept of Health Consolidated Contract 2022-2024 Amendment 3	
<u>ACTION REQUESTED</u>	BOCC Signature & Ratify by BOH	

SUMMARY/BACKGROUND

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

Amends Statements of Work for COVID-19 Mass Vaccination-FEMA

FISCAL IMPACT

REVENUE CONTRACT

No change

RECOMMENDATION

Sign Contract

LIST ATTACHMENTS

- Face Sheet
- Amendment #3
- Exhibit A: Statements of Work
- Exhibit B: Allocations

SKAMANIA COUNTY COMMUNITY HEALTH DEPARTMENT
2022-2024 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH31026

AMENDMENT NUMBER: 3

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sites/pages/home.aspx?e1:9a94688da2d94d3ca80ac71bc32edd7c>
 - Adds Statements of Work for the following programs:
 - Amends Statements of Work for the following programs:
COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
 - Deletes Statements of Work for the following programs:
2. Exhibit B-3 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-2 Allocations as follows:
 - Increase of _____ for a revised maximum consideration of _____.
 - Decrease of _____ for a revised maximum consideration of _____.
 - No change in the maximum consideration of **\$1,877,476**.
Exhibit B Allocations are attached only for informational purposes.

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

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

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

SKAMANIA COUNTY COMMUNITY HEALTH
DEPARTMENT

Brenda Henrikson 04/21/22

Date



Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

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

CONTRACT NUMBER: CLH31026

AMENDMENT NUMBER: 3

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

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 - Adds Statements of Work for the following programs:
 - Amends Statements of Work for the following programs:
COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
 - Deletes Statements of Work for the following programs:

2. Exhibit B-3 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-2 Allocations as follows:
 - Increase of _____ for a revised maximum consideration of _____.
 - Decrease of _____ for a revised maximum consideration of _____.
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Unless designated otherwise herein, the effective date of this amendment is the date of execution.

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

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

SKAMANIA COUNTY COMMUNITY HEALTH
DEPARTMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



_____ Date

_____ Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022

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

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

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

Statement of Work Purpose: The purpose of this statement of work is to establish the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

Revision Purpose: The purpose of this revision is to extend the period of performance and funding period for mass vaccination clinics from April 1, 2022 through July 1, 2022.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
*MASS VACCINATION FEMA 100%	934V0200	97.036	333.97.03	01/01/22	07/01/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	0	0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	<p>*NOTE: Task activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.</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 Incident Management Team (IMT) to administer the vaccine efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented.</p>			<p>*Reimbursement of eligible costs.</p> <p>MASS VACCINATION FEMA 100% Funding (MI 934V0200)</p> <p>(See Program Specific Requirements below)</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1A	<p>Definition: 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>Guidance on vaccination protocols must be followed as provided by DOH and CDC.</p> <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>LHJ 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 maintain all decisional authority around vaccination planning and execution within their jurisdiction/district.</p>	<p>Submit to DOH a mass vaccination plan including:</p> <ul style="list-style-type: none"> • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, • and to the extent possible a regional map of sites/locations. 	<p>Within 30 days of contract amendment execution.</p>	
1B	<p>Provide any information as requested by the regional IMT.</p> <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 LHJ 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.</p> <p>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</p>	<p>Submit estimated budget for the mass vaccination plan.</p> <p>Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.</p>	<p>Within 30 days of contract amendment execution.</p> <p>Monthly</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1C	and DOH finance know what expenditures were necessary to carry out the mission. Vaccination data -- will be maintained according to current state and federal requirements. 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.	Submission of vaccine use into WA IIS database within 24hrs of use. Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.	Daily	
1D	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).	Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.	Monthly	

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

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References
Emergency Response Plan (or equivalent)
Medical Countermeasure/Mass Vaccination Plan

Billing Requirements:

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

Special Instructions:

The LHH 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 1, 2022 through April 1, 2022 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.

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	RARS Revenue		Statement of Work		BOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total
				Code**	Start Date	End Date	Start Date	End Date	Start Date			
FFY23 USDA WIC Client Svs Contracts	NGA Not Received	Amnd 1	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$8,300	\$8,300	\$35,300	
FFY22 USDA WIC Client Svs Contracts	202222W100347	Amnd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$27,000	\$27,000		
FFY21 PHIEP BP3 LHJ Funding	NU90TP922043	Amnd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$7,958	\$7,958	\$7,958	
FFY22 Title X Dire Needs	NGA Not Received	Amnd 2	93.217	333.93.21	01/14/22	03/31/22	01/14/22	03/31/22	\$1,222	\$1,222	\$1,222	
COVID19 Vaccines R4	NH23IP922619	Amnd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$359,803	\$359,803	\$359,803	
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amnd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$45,049	\$45,049	\$45,049	
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amnd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	\$400,589	\$400,589	\$400,589	
FFY22 MCHBG LHJ Contracts	B0445251	Amnd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$22,163	\$22,163	\$22,163	
SFY22 Sexual & Rep Hlth Cost Share		Amnd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/22	\$12,792	\$12,792	\$12,792	
FPHS-LHJ-Previse (YR2)		Amnd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$493,000	\$493,000	\$986,000	
FPHS-LHJ-Previse (YR1)		Amnd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$493,000	\$493,000		
YR24 SRP - Local Asst (15%) (FO-SW) SS		Amnd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$2,800	\$2,800	\$1,800	
Sanitary Survey Fees (FO-SW) SS-State		Amnd 1	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$2,800	\$2,800	\$2,800	
YR24 SRP - Local Asst (15%) (FO-SW) TA		Amnd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$1,000	\$1,000	
TOTAL									\$1,877,476	\$1,877,476	\$1,877,476	
Total consideration:											GRAND TOTAL	\$1,877,476
GRAND TOTAL											Total Fed	\$872,884
											Total State	\$1,005,392

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

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	Community Health Department	Signature 
<u>AGENDA DATE</u>	BOH 5/10/2022	
<u>SUBJECT</u>	Dept of Health Consolidated Contract 2022-2024 Amendment 4	
<u>ACTION REQUESTED</u>	BOCC Signature & Ratify by BOH	

SUMMARY/BACKGROUND

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

Amends Statements of Work for COVID-19 Mass Vaccination-FEMA, DCHS-ELC COVID-19 Response, EPRR-PHEP, MCHBG, Office of Immunization COVID-19 Vaccine & WIC Nutrition Programs

FISCAL IMPACT

REVENUE CONTRACT

Increase of \$371,062

RECOMMENDATION

Sign Contract

LIST ATTACHMENTS

- Face Sheet
- Amendment #4
- Exhibit A: Statements of Work
- Exhibit B: Allocations

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

CONTRACT NUMBER: CLH31026

AMENDMENT NUMBER: 4

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - Adds Statements of Work for the following programs:
 - Amends Statements of Work for the following programs:
 COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
 DCHS-ELC COVID-19 Response - Effective January 1, 2022
 Emergency Preparedness, Resilience & Response-PHEP - Effective January 1, 2022
 Maternal & Child Health Block Grant - Effective January 1, 2022
 Office of Immunization COVID-19 Vaccine - Effective January 1, 2022
 WIC Nutrition Program - Effective January 1, 2022
 - Deletes Statements of Work for the following programs:

2. Exhibit B-4 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-3 Allocations as follows:
 - Increase of \$371,062 for a revised maximum consideration of \$2,248,538.
 - Decrease of _____ for a revised maximum consideration of _____.
 - No change in the maximum consideration of _____.
 Exhibit B Allocations are attached only for informational purposes.

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

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

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

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

APPROVED AS TO FORM ONLY
Assistant Attorney General

Exhibit A
Statement of Work
Contract Term: 2022-2024

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

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

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

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

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

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

Revision Purpose: To add FFY22 USDA WIC Client Services Contracts funds and FFY22 USDA FMNP Program Management funds.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 USDA WIC CLIENT SVS CONTRACTS	76101234	10.557	333.10.55	01/01/22	09/30/22	27,000	10,204	37,204
FFY23 USDA WIC CLIENT SVS CONTRACTS	76101244	10.557	333.10.55	10/01/22	09/30/23	8,300	0	8,300
FFY22 USDA FMNP PROG MGMI	76540237	10.572	333.10.57	05/01/22	09/30/22	0	160	160
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						35,300	10,364	45,664

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

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

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

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

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

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

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

Staffing Requirements:

The LHJ shall:

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

Restrictions on Funds:

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

Special References:

What is the WIC program?

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

Monitoring Visits:

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

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

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

Assurances/Certifications:

1. Computer Equipment Loaned by the Department of Health WIC Nutrition Program

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

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

The LHJ agrees to:

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

- c. Notify the Department immediately of any damage to Loaned Equipment.
 - d. Notify the Department prior to moving or replacing any Loaned Equipment.
- The Department recommends Contractors carry insurance against possible loss or theft.

2. Civil Rights Assurance

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

3. 2CFR 200

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

Billing Requirements:

1. Definitions

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

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

- There are four federal budget periods

January 1, 2022 through September 30, 2022;
October 1, 2022 through September 30, 2023;
October 1, 2023 through September 30, 2024;
October 1, 2024 through December 31, 2024.

2. Billing Information:

- a. Billings are submitted on an A-19-1A invoice. These invoices are provided by the Department in the WIC Budget Workbook and include accounting codes for different budget categories.
- b. A-19s are submitted monthly and must be received by the Department within 60 days following the close of each calendar month. Additional A-19s may be submitted at any time, but must be received within 90 days of the close of the federal budget period.
- c. Funds are allocated by budget categories and by federal budget periods (refer to the budget spreadsheet).
- d. Funds are encumbered or spent only during the budget period; no carry forward from previous time periods or borrowing from future time periods is allowed.
- e. Payments are limited to the amounts allocated for the budget period for each budget category.
- f. Billings are based on actual costs for completed activities. Advance payments are not allowed. Back up documentation must be retained by the LHJ and available for inspection by the Department or other appropriate authorities.

- g. Payments will be made only for WIC approved expenditures. Refer to the Washington State WIC Nutrition Program Policy and Procedure Manual Volume 2, Chapter 4 – Allowable Costs and 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- h. If billing for indirect costs, a Cost Allocation Plan or Federal Indirect Cost Agreement must be submitted prior to payment.

Special Instructions:

The LHJ shall:

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

SPECIAL REQUIREMENTS			
Contract Funding Period	Time Period special requirement funds are available	Amount	Special Requirement Description
January 2022 to September 2024	January 2022 to September 2022	\$2,100	Added in the USDA WIC Client Services Contracts category to cover training and travel expenses for all local WIC staff to participate in WIC-related trainings.

Other:

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization COVID-19 Vaccine -
 Effective January 1, 2022

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

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

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

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to conduct COVID-19 vaccine activities.

Revision Purpose: The purpose of this revision is to add a purpose statement for the tasks and to add carryover funds from the 2021 contract. NOTE: either allocations can be used when billing for any activity in this statement of work.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	359,803	0	359,803
COVID 19 Vaccines	74310229	93.268	333.93.26	01/01/22	06/30/24	0	345,228	345,228
						0	0	0
						0	0	0
						0	0	0
TOTALS						359,803	345,228	705,031

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. Example 1: 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	Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.	January 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

The purpose of this statement of work is to identify activities and provide funding to support COVID vaccine response outreach, education, and operations. The activities may include other vaccines recommended for the audience population, as long as COVID vaccine is the primary focus and references to other vaccines are secondary.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>providers and other partners and the locally identified population anticipated to reach.</p> <p>Example 2: 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>			
3.B	<p>Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support 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>June 30, Annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</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>December 31, Annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.D	<p>Between January 1, 2022 and June 30, 2022, perform as a vaccine depot to provide COVID vaccine. Duties include ordering and redistributing of COVID-19 vaccine, assure storage space for minimum order sizes, initiating transfer in the Immunization Information System (IIS), coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.</p>	<p>a. Complete a redistribution agreement. b. Report inventory reconciliation page. c. Report lost (expired, spoiled, wasted) vaccine to the IIS. d. Report transfer doses in the IIS and VaccineFinder. e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.</p>	<p>a. Complete by January 31 (if not previously submitted) b. Reconcile and submit inventory once monthly in the IIS. c. Report lost vaccine within 72 hours in the IIS. d. Update within 24 hours from when transfers occur. e. Download as needed (retain temperature data on site for 3 years)</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.E	<p>As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends). Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the</p>	<p>Quarterly reports summarizing quantity, type, and frequency of activities</p>	<p>March 31, Annually June 30, Annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.F	local health department or in collaboration with community partners. (see Restrictions on Funds below) At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to <i>LHJ Guidance for COVID Initiatives Application</i> requirements and allowable/unallowable use of federal funds.	a. LHJ Incentive Plan Proposal b. Quarterly report that summarizes quantity of incentives purchased and distributed	a. Prior to implementing b. March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

Federal Funding Accountability and Transparency Act (FFATA)

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

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

Program Specific Requirements

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

Coverage of co-administration costs for other vaccines administered at vaccination events does NOT apply to the FEMA Mass Vaccination funding. Coverage of co-administration costs only applies to the vaccine funding (COVID19 Vaccine R4, MI 74310230) allocated for Task 3 of the consolidated contract. FEMA Mass Vaccination funding is only available to cover the costs for COVID vaccine administration and cannot be used for co-administration costs of other vaccines.

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

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

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

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2022 through September 30, 2022

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

Revision Purpose: The purpose of the revision is to carry over unspent funds from the Oct-Dec contract for continuation of MCHBG-related activities.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22	09/30/22	22,163	7,095	29,258
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						22,163	7,095	29,258

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Implementation				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager	Draft August 19, 2022 Final- September 9, 2022	See Program Specific Requirements and Special Billing Requirements.
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	See Program Specific Requirements and Special Billing Requirements.
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2022	

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

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

Children and Youth with Special Health Care Needs Manual - <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthBlockGrant/ChildrenandYouthWithSpecialHealthCareNeeds>

Restrictions on Funds:

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

Monitoring Visits: Telephone calls with DOH contract manager as needed.

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

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

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

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

Restrictions listed above continue to apply.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Emergency Preparedness, Resilience & Response - PHEP - Effective January 1, 2022

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

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2022 through June 30, 2022

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

Revision Purpose: The purpose of this revision is to add remaining funds from the previous PHEP statement of work ending 12/31/21.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY21 PHEP BP3 LHJ Funding	31102380	93.069	333.93.06	01/01/22	06/30/22	7,958	8,375	16,333
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						7,958	8,375	16,333

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Across Domains and Capabilities Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.	End-of-year report on template provided by DOH. Additional reporting may be required if federal requirements change.	June 30, 2022	Reimbursement for actual costs not to exceed total funding consideration amount.
2	Across Domains and Capabilities	Submit any changes to contact information (submitted in 2021) within 30 days of the change.	Within 30 days of the change. June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>2.1 Submit names, position titles, email addresses and phone numbers of key LHH staff responsible for this statement of work, including management, Emergency Response Coordinator, and accounting and/or financial staff.</p> <p>2.2 Submit emergency contacts to be published in the confidential Yellow Book, including but not limited to Administrator, Health Officer, and Emergency Response Coordinator. For each contact include name, role, email, daytime phone number and after-hours phone number.</p> <p>Across Domains and Capabilities</p>	End-of-year report on template provided by DOH. Note any changes or no change.		
3	Participate in a site visit with DOH staff to discuss LHH response capabilities, upon request from DOH. Site visit may be held virtually due to pandemic restrictions.	DOH will maintain documentation of site visit participation.	Upon request from DOH.	
4	Across Domains and Capabilities Develop a budget demonstrating how the LHH plans to spend funds during this period of performance, using a budget template provided by DOH. Note: 20% of the LHH's annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHH.	Budget, using template provided by DOH.	Upon request from DOH.	
5	Across Domains and Capabilities Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.	End-of-year report on template provided by DOH. Input provided to DOH upon request from DOH.	June 30, 2022	
6	Domain 1 Community Resilience Capability 1 Community Preparedness Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHH, regional, or statewide public health preparedness.	End-of-year report on template provided by DOH. Documentation of training available upon request.	June 30, 2022	
7	Across Domains and Capabilities DOH/EPR anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHH may use PHEP funding to participate in training and/or learning discussions in the following areas:	End-of-year report on template provided by DOH. Note training and briefly describe key learning and any resulting changes in practice and/or policy.	June 30, 2022	

- Adaptive Leadership
- Change Management
- Trauma-Informed Change Management
- Outward Mindset
- Growth Mindset
- Racial Equity and/or Social Justice
- Community Resilience
- Related topics – prior approval from EPR required.

Note: Prior approval from DOH/EPR is required for any out-of-state travel.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	<p>Domain 1 Community Resilience Capability 1 Community Preparedness Connect with new and/or existing partners in order to develop working relationships that promote capabilities, capacity and community resilience, including, but not limited to:</p> <ul style="list-style-type: none"> Local and/or regional Emergency Manager(s). Local and/or regional hospitals. Local and/or regional elected officials. Local and/or regional organizations that work with vulnerable populations. 	End-of-year report on template provided by DOH. Briefly describe connections, lessons learned, and any changes made.	June 30, 2022	
9	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Based on availability of training, participate in at least one Foundational Public Health Emergency Preparedness Training provided by region, DOH, DOH-contracted partner, or DOH-approved trainer in person or via webinar.</p> <p>Notes:</p> <ul style="list-style-type: none"> This is one or more specific trainings coordinated by DOH. DOH will work with LHJ to implement. Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above. 	End-of-year report on template provided by DOH.	June 30, 2022	
10	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2022.</p>	Participation in IPPW unless cancelled.	As requested by DOH.	
11	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>11.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>11.2 Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.</p>	End-of-year report on template provided by DOH. Indicate that this was done or that no response incident occurred. 11.1 Notification to DOH Duty Officer within 60 minutes of activation. 11.2 Sitreps submitted to DOH Duty Officer	June 30, 2022	
12	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Complete or participate in After Action Reports (AARs) after each incident or exercise. Note: An AAR may be completed part-way through an extended response, for example, COVID-19.</p>	End-of-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned – or note that no AARs were completed. Submit AAR(s).	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
13	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Convene a county Emergency Support Function (ESF) & AAR for COVID-19. Participants include, but not limited to:</p> <ul style="list-style-type: none"> • Local Health Officer • Public Health Official(s) • Emergency Manager • Regional Health Care Coalition • Local and regional hospitals • Federally Qualified Health Center(s) if they are in your county • Accountable Community of Health • Emergency Medical Services Medical Program Director • County Coroner or Medical Examiner <p>Notes:</p> <ul style="list-style-type: none"> • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. • This may be completed part-way through the COVID-19 response • This AAR may be used to meet the requirement above as well (Task #12). 	<p>End-of-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned. Submit AAR(s).</p>	<p>June 30, 2022</p>	
14	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>14.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (e.g. Basecamp).</p> <p>14.2 Participate in at least one risk communication drill offered by DOH between July 1, 2021 and June 30, 2022. Drill will occur via webinar, phone and email. DOH will offer one in July 1 – December 31, 2021 and one drill between January 1 – June 30, 2022.</p> <p>14.3 Conduct a hot wash evaluating LHM participation in the drill.</p> <p>14.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After-Action Review (AAR) evaluating LHM participation in communication strategies during the incident.</p> <p>If, the real-world event response is ongoing, LHM may opt to conduct a hot wash or AAR evaluating communication strategies to date OR include a summary of communication activities in mid-year and/or end-of-year reports and one sample of communication.</p> <p>Note: Participation in a real-world event may meet the requirement for 14.2, 14.3 and 14.4.</p>	<p>End-of-year report on template provided by DOH.</p> <p>14.3 and 14.4 Hotwash or After-Action Review (AAR) OR summary of communication activities and one sample.</p>	<p>June 30, 2022</p>	
15	<p>Domain 3 Information Management Capability 6 Information Sharing</p>	<p>End-of-year report on template provided by DOH.</p>	<p>June 30, 2022</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
16	<p>15.1 Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system.</p> <p>15.2 Participate in DOH-led notification drills.</p> <p>15.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> Registered users must log in quarterly at a minimum. DOH will provide technical assistance to LHJs on using WASECURES. LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents. <p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EEIs) during incident response upon request from DOH.</p> <p>Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.</p>	<p>Provide EEIs upon request.</p> <p>Note in end-of-year report that EEIs were provided or none were requested.</p>	<p>Upon request.</p> <p>June 30, 2022</p>	
17	<p>Domain 4 Countermeasures and Mitigation Capability 8 Medical Countermeasures Dispensing Capability 9 Medical Countermeasures Management and Distribution</p> <p>Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or Region.</p> <p>Notes:</p> <ul style="list-style-type: none"> MCM plans include number of local distribution sites and number for which a detailed point-to-point distribution plan from RSS to distribution site has been jointly confirmed by LHJ and DOH. MCM plans include number of local points of dispensing (PODs) and number for which a detailed point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (nursing home, local agency, public POD, and independent pharmacy). LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan. DOH will provide technical assistance to LHJs on core elements of an MCM plan. 	<p>End-of-year report on template provided by DOH.</p> <p>If there is a regional plan, provide input to the RERC.</p> <p>Updated MCM plan</p>	<p>June 30, 2022</p>	
18	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>18.1 Attend at least one Region IV Alliance meeting, in person or virtually.</p>	<p>End-of-year report on template provided by DOH.</p>	<p>June 30, 2022</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	18.2 Participate with Region IV Alliance in the information sharing process during incidents and at least one planning process or exercise conducted to inform on the roles and responsibilities of public health.			

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

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent. To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number. Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Specific Requirements

Special Requirements:

Any subcontract/s must be approved by DOH prior to executing the contract/s. Submit deliverables to the Emergency Preparedness, Resilience & Response ConCon deliverables mailbox at concondeliverables@doh.wa.gov, unless otherwise specified.

Restrictions on Funds:

Please reference the Code of Federal Regulations:

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58f1ddb5363a2726e9d12ccec462549&ty=HTML&n=L&mic=true&r=PART&n=pt2.1.200#sc2.1.200_1439

Exhibit A
Statement of Work
Contract Term: 2022-2024

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

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

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

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

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19. This funding is the estimated carryforward amount.

Revision Purpose: Update Activity Task #2 "Contact Investigation and Contact Tracing" and "Isolation and Quarantine" sections.

Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
1897129G	93.323	333.93.32	01/01/22	10/18/22	45,049	None	45,049
1897120E	93.323	333.93.32	01/01/22	12/31/22	400,589	0	400,589
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					445,638	0	445,638

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19.			
	Examples of key activities include: <ul style="list-style-type: none"> • Incident management for the response • Testing • Case Investigation/Contact Tracing • Sustainable isolation and quarantine • Care coordination • Surge management • Data reporting 			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</p>				
<p>DCHS COVID-19 Response</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>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: \$45,049 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022</p>
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. surge minimum of five (5) case investigators and contact tracers for every (10) LHJ people in the jurisdiction, as needed. based on disease rates. DOH centralized investigation will count toward this minimum. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 	<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>\$400,589 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>4. Coordinate with Tribal partners in conducting contact tracing for Tribal members.</p> <p>5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics.</p> <p>6. <i>Perform daily monitoring for symptoms during quarantine period of contacts</i></p> <p>ii. Case investigation</p> <p>1. Strive to maintain the capacity to conduct targeted investigations as appropriate, using 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 continue to be minimized.</p> <p>2. Enter all case investigation and outbreak data in WDRS following DOH guidance.</p> <p>a) Strive to enter all case investigation and outbreak data into CREST as directed by DOH.</p> <p>b) Ensure all staff designated to utilize WDRS have access and are trained in the system.</p> <p>c) Include if new positive cases are tied to a known existing positive case or indicate community spread.</p> <p>d) Conduct targeted case investigation and monitor outbreaks.</p> <p>e) Coordinate with Tribal partners in conducting case investigations for tribal members.</p> <p>3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics.</p> <p>b. Testing</p>	<p>Enter all case investigation data in WDRS following guidance from DOH.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs.</p> <p>ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy.</p> <p>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.</p> <p>c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.</p> <p>i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission.</p> <p>ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH.</p> <p>iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry.</p> <p>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.</p> <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</p>	<p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</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 update should include status of all projects listed.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>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>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</p>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<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 (I&Q) measures in accordance with <u>WAC 246-100-045</u> (Conditions and practices for isolation or quarantine).</p> <ol style="list-style-type: none"> i. Have at least one (1) location identified and confirmed for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal agreement that can support isolation and quarantine adequate to the population for your jurisdiction with the ability to expand; alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand. ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of people requiring I&Q support isolation and quarantine patterns to and from adjacent jurisdictions or state facilities in the event of localized increased need. <p>Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility, 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, and confirmation of appropriate planning and coordination as required.</p> <p>Report census numbers to include historic total by month and monthly total for current quarter to date</p>		

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

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the 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](https://www.usaspending.gov) by DOH as required by P. L. 109-282.

Program Specific Requirements

All work will be performed in accordance with the revised and approved project plans to be submitted to DOH.

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)
CDC Funding Regulations and Policies
<https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>

Monitoring Visits (frequency, type)

The DOH program contact may conduct monitoring visits during the life of this project. The type, duration, and timing of visit will be determined and scheduled in cooperation with the subawardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project

Special Billing Requirements:

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

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

Other: Required activities, deliverables, and funding is for the entire project period: January 2021 through specified date above. Unspent funds and tasks not completed by December 31, 2021 were reauthorized for work in this new consolidated contract term beginning January 1, 2022. It is the LHI's responsibility to assure that the unspent funding amount carried forward to this statement of work does not exceed the remaining available balance from the 2018-2021 contract.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022

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

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

Period of Performance: January 1, 2022 through July 1, 2022

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

Statement of Work Purpose: The purpose of this statement of work is to establish the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

Revision Purpose: The purpose of this revision is to revise activity language in Task 1 and 1A.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
*MASS VACCINATION FEMA 100%	934V0200	97.036	333.97.03	01/01/22	07/01/22	0	None	0
						0		0
						0		0
						0		0
						0		0
TOTALS						0	0	0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
I.	*NOTE: Task activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH. DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional Incident Management Team (RIMT) to administer the vaccine efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented. <i>The Local Health Jurisdiction submitted a Mass Vaccination plan to the Department of Health for approval.</i>			*Reimbursement of eligible costs. MASS VACCINATION FEMA 100% Funding (MI 934V0200) (See Program Specific Requirements below)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1A	<p>Definition: 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>Guidance on vaccination protocols must be followed as provided by DOH and CDC. The Department of Health modeled the State of Washington State Patrol Fire Mobilization framework to quickly implement and carry out the Mass Vaccination effort as outlined by FEMA. This process specifically implements contracting with local jurisdictions once capacity is exceeded to effectively carry out the emergency mission as efficiently, equitably, and quickly as possible on a Statewide basis.</p> <p>The Department of Health contracted with regional incident management teams and/or regional incident management organizations and works in close coordination and cooperation with Local health jurisdiction (LHJ) to support the COVID-19 Mass Vaccination efforts. The LHJ meets with the contract manager at the department a minimum of once a month and has ongoing conversations around planning and scheduling of mass vaccination efforts as needed. DOH will coordinate with the LHJ and regional IMT/IMO around 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>DOH will coordinate with the LHJ and regional IMT/IMO regarding carrying out the in-the-coordinating-agency-for-the filed 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 maintain all decisional authority around vaccination planning and execution within their jurisdiction/district.</p>	<p>Submit to DOH a mass vaccination plan including:</p> <ul style="list-style-type: none"> • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, • and to the extent possible a regional map of sites/locations. 	<p>Within 30 days of contract amendment execution.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1B	<p>Provide any information as requested by the regional IMT.</p> <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 LHJ 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.</p> <p>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.</p> <p>Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.</p>	<p>Within 30 days of contract amendment execution.</p> <p>Monthly</p>	
1C	<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>	Daily	
1D	<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 LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.</p>	Monthly	

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Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References

Emergency Response Plan (or equivalent)

Medical Countermeasure/Mass Vaccination Plan

Billing Requirements:

Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.

Contract Master Index (MI) 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 1, 2022 through July 1, 2022 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.

**EXHIBIT B-4
ALLOCATIONS**

Stamania County Community Health Department
Indirect Rate January 1, 2022-December 31, 2023: 12%

Contract Number: CLH31026
Date: April 1, 2022

Contract Term: 2022-2024

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS		Statement of Work		DOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total
				Revenue Code**	Start Date	End Date	Period	Start Date	End Date			
FFY23 USDA WIC Client Svs Contracts	NGA Not Received	Amd 1	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$8,300	\$8,300	\$45,504	
FFY22 USDA WIC Client Svs Contracts	202222W100347	Amd 4	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$10,204	\$37,204		
FFY22 USDA WIC Client Svs Contracts	202222W100347	Amd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$27,000			
FFY22 USDA FMINP Prog Mgmt	NGA Not Received	Amd 4	10.572	333.10.57	05/01/22	09/30/22	10/01/21	09/30/22	\$160	\$160	\$160	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 4	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$8,375	\$16,333	\$16,333	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$7,958			
FFY22 Title X Dire Needs	NGA Not Received	Amd 2	93.217	333.93.21	01/14/22	03/31/22	01/14/22	03/31/22	\$1,222	\$1,222	\$1,222	
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$345,228	\$345,228	\$345,228	
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$359,803	\$359,803	\$359,803	
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$45,049	\$45,049	\$45,049	
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	\$400,589	\$400,589	\$400,589	
FFY22 MCHBG LHJ Contracts	B0445251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$7,095	\$29,258	\$29,258	
FFY22 MCHBG LHJ Contracts	B0445251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$22,163			
SFY22 Sexual & Rep Hlth Cost Share		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/22	\$12,792	\$12,792	\$12,792	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$493,000	\$493,000	\$986,000	
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$493,000	\$493,000		
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$2,800	\$2,800	\$2,800	
Sanitary Survey Fees (FO-SW) SS-State		Amd 1	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$2,800	\$2,800	\$2,800	
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$1,000	\$1,000	

TOTAL									\$2,248,538	\$2,248,538	\$2,248,538
Total consideration:									\$1,877,476		\$2,248,538
									\$371,062		\$1,243,146
GRAND TOTAL									\$2,248,538		\$1,005,392

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