

Approved: 10/25/2023
Effective: 11/04/2023

1 SNOHOMISH COUNTY COUNCIL
2 SNOHOMISH COUNTY, WASHINGTON

3
4 ORDINANCE NO. 23-093

5
6 APPROVING AMENDMENT NO. 16 TO CONSOLIDATED CONTRACT WITH
7 WASHINGTON STATE DEPARTMENT OF HEALTH AND PROVIDING AUTHORITY
8 FOR FUTURE AMENDMENTS REGARDING COVID-19 LHJ GAP FUNDING,
9 EXECUTIVE OFFICE OF RESILIENCY & HEALTH SECURITY – WFD LHJ, OFFICE
10 OF IMMUNIZATION – FSU UKRAINIAN COMMUNITY OUTREACH RESOURCE
11 CENTER, OFFICE OF IMMUNIZATION – UKRAINIAN OUTREACH SUPPORT
12

13 WHEREAS, the Snohomish Health District was integrated into Snohomish
14 County effective December 31, 2022, and now operates as the Snohomish County
15 Health Department; and
16

17 WHEREAS, prior to its integration into Snohomish County, the Snohomish Health
18 District entered into a consolidated contract with the Washington State Department of
19 Health, and the consolidated contract was subsequently amended on ten occasions;
20 and
21

22 WHEREAS, the Snohomish County Council approved and authorized the County
23 Executive, or designee, to execute Amendment #11 and all subsequent amendments to
24 the consolidated contract with the Washington State Department of Health to support
25 programmatic work previously approved by the Snohomish Health District Board of
26 Health and the Snohomish County Council; and
27

28 WHEREAS, the parties have need to enter into a further Amendment No. 16 to
29 adjust the Statement of Work for the COVID-19 LHJ Gap Funding, Executive Office of
30 Resiliency & Health Security-WFD LHJ, Office of Immunizations-FSU Ukrainian
31 Community Resource Center, and Office of Immunization-Ukrainian Outreach Support;
32 and
33

34 WHEREAS, the consolidated contract funds public health work by the
35 Snohomish County Department of Health as a subrecipient and subcontractor for grant-
36 funded programs and other funded public health work, including those identified in
37 Exhibit B attached hereto; and
38

39 WHEREAS, the parties anticipate further amendments to the consolidated
40 contract to further adjust the activities and deliverables for programmatic work; and
41

42 WHEREAS, the consolidated contract provides funding for numerous public
43 health services to support the health of the residents of Snohomish County; and
44
45

1 WHEREAS, the County Council held a public hearing on October 25, 2023, to
2 consider approval of Amendment No. 16 to the consolidated contract with the
3 Washington State Department of Health to carry out vital public health services and to
4 authorize the Snohomish County Executive, or designee, to enter into such agreement
5 in substantially the form attached as Exhibit B, and further to grant the Snohomish
6 County Executive authority to enter into future amendments to the consolidated contract
7 when such amendments relate to the existing grant-funded programs;
8

9 NOW, THEREFORE, BE IT ORDAINED:
10

11 Section 1. The County Council hereby adopts the foregoing recitals as findings of
12 fact and conclusions as if set forth in full herein.
13

14 Section 2. The County Council hereby approves and authorizes the County
15 Executive, or designee, to execute Amendment No. 16 to the consolidated contract with
16 the Washington State Department of Health in substantially the form attached as Exhibit A.
17

18 Section 3. The County Council hereby authorizes the County Executive, or
19 designee, to execute all subsequent amendments to the consolidated contract with the
20 Washington State Department of Health that support the programmatic work listed in
21 Exhibit B.
22

23 PASSED this 25th day of October, 2023.
24

25 SNOHOMISH COUNTY COUNCIL
26 Snohomish County, Washington
27


28 
29 _____
30 Council Chair
31

32 ATTEST:
33

34 
35 _____
36 Deputy Clerk of the Council
37

38 (X) APPROVED
39 () EMERGENCY
40 () VETOED
41

42 DATE: October 25, 2023
43

44 
45 _____
46 County Executive

1 ATTEST:

2

3

4 Melissa Geraghty

5

6 Approved as to form only:

7

8

9 R. Bell 08-31-2023

10 Deputy Prosecuting Attorney

SNOHOMISH COUNTY THROUGH ITS HEALTH DEPARTMENT
2022-2024 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH31027

AMENDMENT NUMBER: 16

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and SNOHOMISH COUNTY through its 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:
COVID-19 LHJ Gap Funding - Effective July 1, 2023
Executive Office of Resiliency & Health Security-PHEP-CRI - Effective July 1, 2023
Executive Office of Resiliency & Health Security-WFD LHJ - Effective July 1, 2023
Office of Immunization-FSU Ukrainian Community Resource Center - Effective July 1, 2023
Office of Immunization-Ukrainian Outreach Support - Effective July 1, 2023

- Amends Statements of Work for the following programs:
COVID-19 Refugee & Immigrant Community Health Worker Support - Effective January 1, 2022
Foundational Public Health Services (FPHS) - Effective July 1, 2023
Maternal and Child Health Block Grant - Effective January 1, 2022
Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2023
Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023
Office of Immunization-Regional Representatives - Effective July 1, 2023

Deletes Statements of Work for the following programs:

2. Exhibit B-16 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-15 Allocations as follows:

- Increase of \$3,519,641 for a revised maximum consideration of \$35,178,552.
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.

Table with 2 columns: SNOHOMISH COUNTY and STATE OF WASHINGTON DEPARTMENT OF HEALTH. Rows include Signature, Date, and specific dates (Oct 27, 2023 and Oct 30, 2023).

APPROVED AS TO FORM ONLY
Assistant Attorney General

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%
Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
CSFRF CTS LHJ Allocation	SLFRP0002	Amd 5, 11	21.027	333.21.02	01/01/22	06/30/23	01/01/22	06/30/23	\$684,964	\$684,964	\$684,964
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 16	21.027	333.21.02	07/01/23	06/30/24	07/01/23	06/30/25	\$470,068	\$470,068	\$470,068
LHJ COVID-19 Gap Supplemental	SLFRP0002	Amd 14	21.027	333.21.02	01/01/23	06/30/23	01/01/23	06/30/23	\$664,210	\$664,210	\$664,210
LHJ Vaccination ARPA	SLFRP0002	Amd 10	21.027	333.21.02	11/01/22	06/30/23	11/01/22	06/30/23	\$80,500	\$80,500	\$80,500
PS SSI2 Subaward Management Task 3	NGA Not Received	Amd 15	66.123	333.66.12	07/01/23	12/31/24	07/01/21	08/31/28	\$425,000	\$425,000	\$425,000
FFY21 CDC Cities Readiness BP3	NU90TP922043	Amd 4	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$78,676	\$131,504	\$131,504
FFY21 CDC Cities Readiness BP3	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$52,828		
FFY23 CRI BP5	NGA Not Received	Amd 16	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$161,292	\$161,292	\$161,292
FFY22 PHEP CRI BP4	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$146,153	\$146,153	\$146,153
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 16	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$535,318	\$535,318	\$1,284,763
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$535,318	\$535,318	
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	\$214,127	\$214,127	
FFY23 TB Elimination-FPH	NU52PS910221	Amd 11	93.116	333.93.11	01/01/23	12/31/23	01/01/23	12/31/23	\$97,815	\$97,815	\$193,264
FFY22 TB Elimination-FPH	NU52PS910221	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	\$95,449	\$95,449	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 15	93.116	333.93.11	07/01/22	09/30/23	07/01/22	09/30/23	\$43,542	\$143,542	\$143,542
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 12	93.116	333.93.11	07/01/22	09/30/23	07/01/22	09/30/23	\$100,000		
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 15	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	(\$43,542)	\$0	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 9	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	\$43,542		
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 11	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$59,687	\$209,687	\$319,205
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$150,000		
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 15	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	(\$3,657)	\$109,518	
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$113,175		
FFY24 CDC PPHF Ops	NH23IP922619	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,150	\$23,650	\$23,650
FFY24 CDC PPHF Ops	NH23IP922619	Amd 15	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$21,500		
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$7,400	\$81,400	\$81,400
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 15	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$74,000		
FFY24 CDC VFC Ops	NH23IP922619	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$4,515	\$49,665	\$49,665
FFY24 CDC VFC Ops	NH23IP922619	Amd 15	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$45,150		

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%

Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY23 CDC Ukrainian Resettlement	NH23IP922619	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$22,234	\$22,234	\$22,234
COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$22,748	\$2,092,701	\$2,092,701
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$2,069,953		
COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$2,865,603	\$2,865,603
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$2,860,603		
Improving Vaccinations AA1	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$42,840	\$42,840	\$42,840
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$21,500	\$21,500	\$80,512
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$20,793	\$20,793	
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$38,219	\$38,219	
FFY24 Ukrainian Outreach	NGA Not Received	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$42,840	\$42,840	\$42,840
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$74,468	\$74,468	\$74,468
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$45,150	\$45,150	\$50,066
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$4,916	\$4,916	
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 4, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	(\$44,632)	\$5,691,480	\$5,691,480
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	\$5,736,112		
FFY21 NH & LTC Strike Teams HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$50,059	\$50,059	\$50,059
FFY21 SNF Strike Teams HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$50,059	\$50,059	\$50,059
FFY23 Vector-borne T2&3 Epi ELC FPH	NGA Not Received	Amd 13	93.323	333.93.32	08/01/23	09/30/23	08/01/23	09/30/23	\$1,200	\$1,200	\$6,000
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 13	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,800	\$3,300	
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5, 13	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,500		
FFY21 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5	93.323	333.93.32	06/01/22	07/31/22	08/01/21	07/31/22	\$1,500	\$1,500	
FFY23 Crisis Coag-Mpox	NU90TP922236	Amd 15	93.354	333.93.35	12/01/22	06/30/23	12/01/22	06/30/23	\$25,000	\$25,000	\$25,000
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$10,379	\$10,379	\$10,379
Refugee Health COVID Hlth Disparities	NH75OT000042	Amd 16	93.391	333.93.39	01/01/22	05/31/24	07/01/21	05/31/24	\$13,945	\$213,945	\$213,945
Refugee Health COVID Hlth Disparities	NH75OT000042	Amd 9	93.391	333.93.39	01/01/22	05/31/24	07/01/21	05/31/24	\$100,000		
Refugee Health COVID Hlth Disparities	NH75OT000042	Amd 2, 9	93.391	333.93.39	01/01/22	05/31/24	07/01/21	05/31/24	\$100,000		

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%

Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	Funding Period End Date			
FFY23 HIV Prev Grant -FPH	NU62PS924528	Amd 7	93.940	333.93.94	01/01/23	06/30/23	01/01/23	12/31/23	\$55,331	\$55,331	\$165,993
FFY22 HIV Prev Grant -FPH	NU62PS924528	Amd 7	93.940	333.93.94	07/01/22	12/31/22	01/01/22	12/31/22	\$55,331	\$55,331	
FFY22 HIV Prev Grant -FPH	NU62PS924528	Amd 1	93.940	333.93.94	01/01/22	06/30/22	01/01/22	12/31/22	\$55,331	\$55,331	
FFY22 Integ HIV Prev CDC	NU62PS924635	Amd 15	93.940	333.93.94	07/01/23	06/30/24	07/01/23	06/30/24	\$110,662	\$110,662	\$110,662
FFY24 PCHD STD Prev Dis Control CDC	NGA Not Received	Amd 15	93.977	333.93.97	01/01/24	06/30/24	01/01/24	06/30/24	\$35,355	\$35,355	\$70,710
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 15	93.977	333.93.97	07/01/23	12/31/23	07/01/23	12/31/23	\$35,355	\$35,355	
FFY24 PCHD STD Prev Supp CDC	NGA Not Received	Amd 15	93.977	333.93.97	01/01/24	06/30/24	01/01/24	06/30/24	\$173,112	\$173,112	\$346,223
FFY23 PCHD STD Prev Supp CDC	NH25PS005146	Amd 15	93.977	333.93.97	07/01/23	12/31/23	07/01/23	12/31/23	\$173,111	\$173,111	
FFY23 STD Prev PCHD-FPH	NH25PS005146	Amd 7	93.977	333.93.97	01/01/23	06/30/23	01/01/23	12/31/23	\$35,250	\$35,250	\$105,750
FFY22 STD Prev PCHD-FPH	NH25PS005146	Amd 7	93.977	333.93.97	07/01/22	12/31/22	01/01/22	12/31/22	\$35,250	\$35,250	
FFY22 STD Prev PCHD-FPH	NH25PS005146	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	\$35,250	\$35,250	
FFY23 STD Prev Supplemental [PCHD]	NH25PS005146	Amd 7	93.977	333.93.97	01/01/23	06/30/23	01/01/23	12/31/23	\$173,112	\$173,112	\$507,676
FFY22 STD Prev Supplemental [PCHD]	NH25PS005146	Amd 7	93.977	333.93.97	07/01/22	12/31/22	01/01/22	12/31/22	\$173,111	\$173,111	
FFY22 STD Prev Supplemental [PCHD]	NH25PS005146	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	\$161,453	\$161,453	
FFY24 HRSA MCHBG LHJ Contracts	NGA Not Received	Amd 16	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$444,879	\$444,879	\$751,152
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 16	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	(\$138,606)	\$306,273	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$444,879		
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 16	93.994	333.93.99	07/01/23	09/30/23	10/01/22	09/30/23	\$138,606	\$138,606	\$138,606
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	(\$333,659)	\$0	\$0
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$333,659		
FFY21 MCHBG Special Project	B04MC40169	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$352,122	\$352,122	\$352,122
SFY24 State Disease Control & Prev		Amd 15	N/A	334.04.91	07/01/23	06/30/24	07/01/23	06/30/24	\$151,496	\$151,496	\$151,496
State Disease Control & Prev-FPH		Amd 7, 15	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$151,496	\$151,496	\$244,293
State Disease Control & Prev-FPH		Amd 2	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$32,765	\$92,797	
State Disease Control & Prev-FPH		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$60,032		
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$14,658	\$14,658	\$14,658
Mpox Gap Response		Amd 14	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$5,000	\$5,000	\$5,000
Rec Shellfish/Biotxin		Amd 15	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$11,000	\$11,000	\$21,000
Rec Shellfish/Biotxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$10,000	\$10,000	

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%

Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	End Date			
Small Onsite Management (ALEA)		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$33,334	\$33,334	\$141,668
Small Onsite Management (ALEA)		Amd 15	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$33,334	\$33,334	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$60,000	\$60,000	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$15,000	\$15,000	
Small Onsite Management (GFS)		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	07/01/25	\$8,332	\$8,332	\$8,332
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$55,114	\$55,114	\$55,114
SFY20 Bezos Vroom		Amd 1	N/A	334.04.98	01/01/22	02/28/22	01/01/20	04/30/22	\$7,625	\$7,625	\$7,625
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$7,858	\$7,858	\$27,706
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$11,990	\$19,848	
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$7,858		
FPHS-LHJ-Proviso (YR2)		Amd 13	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$350,000	\$5,566,000	\$8,716,000
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$5,216,000		
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$3,150,000)	\$0	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$3,150,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$3,150,000	\$3,150,000	
YR25 SRF - Local Asst (15%) (FO-NW) SS		Amd 12	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$6,000	\$6,000	\$11,200
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 2	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,600	\$5,200	
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$3,600		
FPHS-Local Health Jurisdiction		Amd 16	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$1,815,000	\$7,031,000	\$7,031,000
FPHS-Local Health Jurisdiction		Amd 15	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$5,216,000		
Sanitary Survey Fees (FO-NW) SS-State		Amd 12	N/A	346.26.65	01/01/22	12/31/23	07/01/21	12/31/23	\$6,000	\$11,200	\$11,200
Sanitary Survey Fees (FO-NW) SS-State		Amd 2, 12	N/A	346.26.65	01/01/22	12/31/23	07/01/21	12/31/23	\$1,600		
Sanitary Survey Fees (FO-NW) SS-State		Amd 1, 12	N/A	346.26.65	01/01/22	12/31/23	07/01/21	12/31/23	\$3,600		
YR25 SRF - Local Asst (15%) (FO-NW) TA		Amd 12	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$4,000	\$4,000	\$6,000
YR24 SRF - Local Asst (15%) (FO-NW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$2,000	\$2,000	
TOTAL									\$35,178,552	\$35,178,552	
Total consideration:	\$31,658,911									GRAND TOTAL	\$35,178,552
GRAND TOTAL	\$35,178,552									Total Fed	\$18,726,260
										Total State	\$16,452,292

*Catalog of Federal Domestic Assistance

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

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

DOH Program Name or Title: COVID-19 LHJ Gap Funding - Effective July 1, 2023

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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: July 1, 2023 through June 30, 2024

Statement of Work Purpose: The purpose of this statement of work is to support LHJ COVID-19 work utilizing American Rescue Plan Act (ARPA) funding.

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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FY24 LHJ COVID-19 ARPA	926C0240	21.027	333.21.02	07/01/23	06/30/24	0	470,068	470,068
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	470,068	470,068

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Task 1, 2, and 3 Activities Supported by LHJ COVID-19 Gap Supplemental		July 1, 2023 – June 30, 2024	Reimbursement for actual costs incurred, not to exceed total funding allocation. Due date: Every 60 days as specified in the ConCon billing instructions.
1.	Provide vaccination services to increase COVID-19 vaccine availability in the community. Vaccination services are defined as those outside the usual healthcare delivery method, such as pop-up clinics, mobile clinics, non-clinical facilities and may be conducted during non-traditional hours such as evenings and weekends. Activities may include vaccine strike teams, mobile vaccine clinics,	Vaccine availability to the community and prioritized in your jurisdiction’s community.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	satellite clinics, temporary or off-site clinics to travel and provide vaccination services in non-traditional settings, community outreach/messaging or to supplement the work of other community partners in underserved communities and may include administration costs for COVID-19 vaccine.			
1A.	<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) then 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 48 hours of use.</p> <p>Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.</p>	Within two (2) days of vaccine use	
1B.	Specific itemized breakdown of activities and costs from our partners for vaccine efforts and keeping Washington safe.	Final written report including activities completed and how LHJ addressed equitable distribution of the vaccine, community outreach and messaging.	<p>Report due within 30 days of the end of each quarter listed below:</p> <p>Year 1 Quarter 1 July 1, 2023-September 30, 2023</p> <p>Year 1 Quarter 2 October 1, 2023-December 31, 2023</p> <p>Year 1 Quarter 3 January 1, 2024-March 31, 2024</p> <p>Year 1 Quarter 4 April 1, 2024-June 30, 2024</p>	
2.	<p>Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19.</p> <p>Examples of key activities include:</p> <ul style="list-style-type: none"> • Incident management for the response • Testing • Case Investigation/Contact Tracing • Sustainable isolation and quarantine • Care coordination • Surge management 	See Special Requirements below.	See Special Requirements below.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Data reporting <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>			
3.	<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. 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. 5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, 	<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>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>LHJs and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics.</p> <p>ii. Case investigation</p> <ol style="list-style-type: none"> 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 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 CREST 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 targeted 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. <p>b. Testing</p> <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. 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>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"> 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. 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. 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. ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and 	<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>quarantine protocols in congregate care facilities.</p> <ul style="list-style-type: none"> 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. 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). 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. 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>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 (I&Q) measures in accordance with WAC 246-100-045 (Conditions and principles for isolation or quarantine).</p> <p>i. Have at least one (1) location 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; 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.</p> <p>ii. Maintain ongoing census data for isolation and quarantine for your population.</p> <p>iii. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need.</p> <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.</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 LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

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

Program Specific Requirements

Special Requirements:

A report on the specific areas the LHJ partners have spent the ARPA **vaccine** dollars if the legislature requests this information.

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

DOH Program Name or Title: COVID-19 Refugee & Immigrant Community Health Worker Support - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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 May 31, 2024

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide overview of the duties performed by Snohomish County in coordination with the CDC COVID-19 Health Disparities Grant which was awarded to DOH and included approval to hire a culturally and linguistically appropriate Community Health Workers (CHW) who will serve the refugee and immigrant population to build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.

Revision Purpose: Add deliverables and increase funding through May 31, 2024.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
REFUGEE HEALTH COVID HTLH DISPARITIES	18508220	93.391	333.93.39	01/01/22	05/31/24	200,000	13,945	213,945
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						200,000	13,945	213,945

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<ul style="list-style-type: none"> Create project plan and evaluation tools. Create Community Health Worker (CHW) job description. Supervisor meets with intra-agency leaders to strategize collaborative programming to prevent duplication. 	<ul style="list-style-type: none"> Submit project proposal. Snohomish Health District (SHD) Health Committee approval. Board of Health approval. Complete interagency agreements. Post Community Health Worker position. 	Year 1: Quarter 3 January 1 – March 31, 2022	Payment for all tasks will be reimbursement for actual expenses up to the maximum available within the funding periods for each source described in the Funding Table above.
2	<ul style="list-style-type: none"> Hire culturally and linguistically appropriate Community Health Worker (CHW). CHW orientation on current COVID-19 protocols and education. 	<ul style="list-style-type: none"> Candidate accepts CHW position. Orientation is completed within three weeks of hire. 		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • CHW orientation on Refugee Health Screening program. • CHW reviews current Former Soviet Union (FSU) COVID-19 local and state vaccine equity and engagement resources. • CHW meets with FSU community leaders. • CHW collaborates with DOH and DSHS Office of Refugee and Immigrant Assistance (ORIA). • CHW creates health education plan for FSU community. • Project identifies culture and language interpreter for FSU families for which the CHW may not have fluency. 	<ul style="list-style-type: none"> • CHW meets with at least 5 local FSU leaders. 		
3	<ul style="list-style-type: none"> • Community Health Worker (CHW) implements a health education plan for Former Soviet Union (FSU) community. • CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. • CHW provides tailored vaccine education and support to FSU refugees/immigrants. 	<ul style="list-style-type: none"> • FSU refugees/immigrants begin to receive COVID-19 Vaccine education. • CHW connects FSU community with logistical support (including reminders, transportation options, language assistance, appt bookings). • CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding. 	Year 1: Quarter 4 April 1 – June 30, 2022	
4	<ul style="list-style-type: none"> • Community Health Worker (CHW) implements a health education plan for FSU community. • CHW collaborates with Public Health Nurse (PHN) to identify Former Soviet Union (FSU) refugees/immigrants that need additional vaccine education and support. • CHW provides tailored vaccine education and support to FSU refugees/immigrants. • CHW, PHN, and Supervisor evaluate project effectiveness and efficiencies. • CHW, PHN, and Supervisor determine ongoing activities based on evaluation. 	<ul style="list-style-type: none"> • FSU refugees/immigrants receive COVID-19 Vaccine education. • CHW connects FSU community with logistical support (including reminders, transportation options, language assistance, appt bookings). • CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding. 	Year 2: Quarter 1 July 1 – September 31, 2022	
5	<ul style="list-style-type: none"> • Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community. • CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. • CHW provides tailored vaccine education and support to FSU refugees/immigrants. 	<ul style="list-style-type: none"> • FSU refugees/immigrants receive COVID-19 Vaccine education. • CHW connects FSU community with logistical support (including reminders, transportation options, language assistance, appt bookings). 	Year 2: Quarter 2 October 1 – December 31, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding. 		
6	<ul style="list-style-type: none"> Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community. CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. CHW provides tailored vaccine education and support to FSU refugees/immigrants. Implement health education activities based on Year 2, Quarter 1 (activity 4) evaluation. Create a transition plan for project. 	<ul style="list-style-type: none"> FSU refugees/immigrants receive COVID-19 Vaccine education. CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding. 	Year 2: Quarter 3 January 1 – March 31, 2023	
7	<ul style="list-style-type: none"> Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community. CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. CHW provides tailored vaccine education and support to FSU refugees/immigrants. Implement health education activities based on Year 2: Quarter 3 (activity 6) evaluation. 	<ul style="list-style-type: none"> FSU refugees/immigrants receive COVID-19 Vaccine education. CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding. <i>CHW will attend at least one school-based event for Everett, Lynnwood, and Marysville school district to provide education around vaccines to families. During the event small incentive items will be used to encourage interaction with Health Department staff.</i> 	Year 2: Quarter 4 April 1 – June 30, 2023	
8	<ul style="list-style-type: none"> Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community. CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. CHW provides tailored vaccine education and support to FSU refugees/immigrants. CHW, PHN, and Supervisor evaluate project effectiveness and efficiencies. CHW, PHN, and Supervisor determine ongoing activities based on evaluation. 	<ul style="list-style-type: none"> FSU refugees/immigrants receive COVID-19 Vaccine education. CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding. <i>CHW will attend at least one school-based event for Everett, Lynnwood, and Marysville school district to provide education around vaccines to families.</i> 	Year 3: Quarter 1 July 1, 2023 – September 31, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p><i>During the event small incentive items will be used to encourage interaction with Health Department staff.</i></p>		
9	<ul style="list-style-type: none"> Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community. CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. Implement health education activities based on Year 3: Quarter 1 (Task 8) evaluation. CHW provides tailored vaccine education and support to FSU refugees/immigrants. 	<ul style="list-style-type: none"> FSU refugees/immigrants receive COVID-19 Vaccine education. CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding. <i>CHW will attend at least one school-based event for Everett, Lynnwood, and Marysville school district to provide education around vaccines to families. During the event small incentive items will be used to encourage interaction with Health Department staff.</i> 	Year 3: Quarter 2 October 1, 2023 – December 31, 2023	
10	<ul style="list-style-type: none"> Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community. CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. Implement health education activities based on Year 3: Quarter 1 (Task 8) evaluation. CHW provides tailored vaccine education and support to FSU refugees/immigrants. Create a transition plan for project. 	<ul style="list-style-type: none"> FSU refugees/immigrants receive COVID-19 Vaccine education. CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding. Begin discussion with community partners about grant completion. <i>CHW will attend at least one school-based event for Everett, Lynnwood, and Marysville school district to provide education around vaccines to families. During the event small incentive items will be used to encourage interaction with Health Department staff.</i> 	Year 3: Quarter 3 January 1, 2024 – March 31, 2024	
11	<ul style="list-style-type: none"> Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community. CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. 	<ul style="list-style-type: none"> FSU refugees/immigrants receive COVID-19 Vaccine education. CHW meets with at least 5 local FSU leaders to prepare for project transition 	Year 3: Quarter 4 April 1, 2024 – May 31, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • CHW provides tailored vaccine education and support to FSU refugees/immigrants. • Implement health education activities based on Year 3: Quarter 1 (Task 8) evaluation. • Implement transition plan for the project based on Task 10. • Evaluate outcomes and goals of project. 	<ul style="list-style-type: none"> • <i>CHW will attend at least one school-based event for Everett, Lynnwood, and Marysville school district to provide education around vaccines to families. During the event small incentive items will be used to encourage interaction with Health Department staff.</i> 		

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

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

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

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

Program Specific Requirements

Billing Requirements

LHJ may bill monthly. Invoices must be received no more than 60 days after billing period. All invoices for the year 2023 must be received by DOH no later than January 16, 2024.

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

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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

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

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

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

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

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY23 PHEP BP5 LHJ Funding	31602231	93.069	333.93.06	07/01/23	06/30/24	0	535,318	535,318
FFY23 CRI BP5	31607232	93.069	333.93.06	07/01/23	06/30/24	0	161,292	161,292
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	696,610	696,610

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>2</p> <p>All LHJs</p>	<p>Across Domains and Capabilities</p> <p>Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.</p>	<p>Submit information by September 1, 2023, and any changes within 30 days of the change.</p> <p>Mid- and end-of-year reports on template provided by DOH. Note any changes or no changes.</p>	<p>September 1, 2023</p> <p>Within 30 days of the change.</p> <p>December 31, 2023</p> <p>June 30, 2024</p>	
<p>3</p> <p>All LHJs</p>	<p>Across Domains and Capabilities</p> <p>Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Input provided to DOH upon request from DOH.</p>	<p>December 31, 2023</p> <p>June 30, 2024</p>	
<p>4</p> <p>All LHJs</p>	<p>Across Domains and Capabilities</p> <p>Participate with DOH in site visit (virtual or in person) to discuss LHJ's performance measure data and readiness to respond.</p> <p>Complete preparation and follow-up activities as requested by DOH.</p> <p>DOH will take notes during the discussion and send them to you for review.</p>	<p>Participation in site visit discussion.</p> <p>Preparation and follow-up activities as requested by DOH.</p> <p>Reviewed and returned discussion notes (sent to you for review by DOH).</p>	<p>Upon request from DOH</p>	
<p>5</p> <p>All LHJs</p>	<p>Domain 1 Community Resilience Capability 1 Community Preparedness</p> <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>Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2023</p> <p>June 30, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
6 All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness Assist DOH and the University of Washington in developing a tool to complete a public health disaster risk assessment tailored to the needs of LHJs and our state. LHJ participation in one or more 90-minute engagement sessions/focus groups is planned for this statement of work period.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	
7 All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness DOH/Executive Office of Resiliency and Health Security (ORHS) anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ may use PHEP funding to participate in training and/or learning discussions in the following areas: <ul style="list-style-type: none"> • Adaptive Leadership • Change Management • Trauma-Informed Change Management • Trauma-Informed Systems • Trauma-Informed Practice • Outward Mindset • Growth Mindset • Racial Equity and/or Social Justice • Community Resilience • Climate Change and Health Equity • Related topics – prior approval from ORHS required for training topics other than those listed above. <p>Note: Prior approval from DOH/ ORHS is required for any out-of-state travel.</p>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	
8 All LHJs Note for RERCs	Domain 1 Community Resilience Capability 1 Community Preparedness Connect with new and/or existing partners to develop working relationships that promote capabilities, capacity, and community resilience, including, but not limited to:	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Local and/or regional Emergency Manager(s). Local and/or regional hospitals. Local and/or regional elected officials. Local and/or regional Community Health Workers (CHWs). Local and/or regional organizations that work with groups disproportionately impacted by public health emergencies or incidents. (For RERCs, this may include some or all the groups identified in #21.) 			
<p>9</p> <p>All LHJs</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Participate in at least one public health emergency preparedness, response, or recovery training provided or approved by DOH. Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement.</p> <p>Notes:</p> <ul style="list-style-type: none"> Prior approval from DOH is required for any out-of-state travel. Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above. Participation in the optional trainings listed in #7 and/or the communication drill (#15) does not meet the requirement for this activity. 	<p>Mid- and end-of-year reports on templates provided by DOH, including title, date(s), sponsor of the training or conference, and summary of what you learned.</p>	<p>December 31, 2023 June 30, 2024</p>	
<p>10</p> <p>All LHJs</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>10.1 Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>10.2 Complete Integrated Preparedness Planning Workshop (IPPW) Workbook.</p>	<p>10.2 IPPW Workbook</p> <p>10.3 Participation in IPPW.</p>	<p>10.2 December 31, 2023</p> <p>10.3 As requested by DOH.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	10.3 Participate in Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for February 2024.	End-of-year report on template provided by DOH.	June 30, 2024	
11 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination <ul style="list-style-type: none"> • Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures. • Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ. 	Mid- and end-of-year reports on template provided by DOH.	December 31, 2023 June 30, 2024	
12 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination <p>After a locally affected Emergency Support Function (ESF)-8 related incident or ESF-8 related exercise, participate in After Action Review and an After Action Report, including an Improvement Plan.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include list of organizations that participated in the After Action Review. 	Mid- and end-of-year reports on template provided by DOH. After Action Report(s)/Improvement Plan(s)	December 31, 2023 June 30, 2024	
13 All LHJs, unless completed previously.	Domain 2 Incident Management Capability 3 Emergency Operations Coordination <p>If not, completed and submitted in previous reporting period, develop and/or update a county COVID-19 Improvement Plan, including progress tracking and estimated dates of completion.</p> <p>If not, completed and submitted in previous reporting period,</p>	Mid-year report on template provided by DOH. County COVID-19 Improvement Plan, unless submitted previously. County ESF-8 AAR for COVID-19, unless submitted previously.	December 31, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>coordinate or participate in a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to:</p> <ul style="list-style-type: none"> • Local Health Officer • Public Health Official(s) • Emergency Manager • Regional Health Care Coalition • Local and regional hospitals, if in your county • Federally Qualified Health Center(s), if in your county • Accountable Community of Health • Emergency Medical Services Medical Program Director • County Coroner or Medical Examiner <p>Notes:</p> <ul style="list-style-type: none"> • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. 			
<p>14 All LHJs</p>	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (for example, Basecamp).</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2023 June 30, 2024</p>	
<p>15 All LHJs</p>	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>Participate in at least one risk communication drill offered by DOH between July 1, 2023, and June 30, 2024.</p> <p>Conduct a hot wash evaluating LHJ participation in the drill.</p>	<p>Hot wash</p> <p>If you participated in a real-world incident, submit hotwash or AAR.</p> <p>If the real-world event is ongoing, submit hotwash or AAR, or brief summary of communication activities and one sample of communication with report.</p>	<p>December 31, 2023 June 30, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Notes:</p> <ul style="list-style-type: none"> • DOH will offer one July 1 – December 31, 2023, and one drill between January 31 – June 30, 2024. • Drill will occur via webinar, phone, and email. • Identifying and implementing communication strategies in real-world incidents will satisfy need to participate in drill. Conduct a hot wash or After-Action Review (AAR) evaluating LHH participation in communication strategies during the incident. • If the real-world incident response is ongoing, LHH may conduct a hot wash or AAR evaluating communication strategies to date or include a summary of communication activities and one sample of communication in mid-year or end-of year report. 			
<p>16</p> <p>All LHHs</p>	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system.</p> <p>Participate in DOH-led notification drills.</p> <p>Conduct at least one LHH drill using LHH-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Registered users must log in (or respond to an alert) quarterly at a minimum. • DOH will provide technical assistance to LHHs on using WASECURES. • LHH may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents. 	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2023 June 30, 2024</p>	
<p>17</p> <p>All LHHs</p>	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EIs) during incident response upon request from DOH.</p> <p>Note: DOH will request specific data elements from the LHH during an incident response, as needed to inform decision</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2023 June 30, 2024</p>	

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

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Notes:</p> <ul style="list-style-type: none"> • Reporting periods are July 1 – December 31, 2023, and January 1 – June 30, 2024 • LHJs in HCC or Alliance regions: <ul style="list-style-type: none"> ○ Alliance: Clark, Cowlitz, Klickitat, Skamania and Wahkiakum. ○ Network: Clallam, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, San Juan, Seattle-King, Skagit, Snohomish, Tacoma-Pierce, Thurston, and Whatcom. ○ REDi: Adams, Asotin, Benton-Franklin, Chelan-Douglas, Columbia, Garfield, Grant, Kittitas, Lincoln, NE Tri, Okanogan, Spokane, Walla Walla, Whitman, and Yakima. 			
<p>Activities #21 – 27 are for LHJs with Regional Emergency Response Coordinators (RERCs): Benton-Franklin, Chelan-Douglas, Clark, Kitsap, Tacoma-Pierce, Thurston, Seattle-King, Snohomish, and Spokane.</p>				
<p>21 RERCs for their LHJ</p>	<p>Domain 1 Community Resilience Capability 1 Community Preparedness – Disproportionately Impacted Populations</p> <p>Update and maintain LHJ plan(s) to mitigate barriers and other issues facing populations at risk of experiencing disproportionate impacts of public health emergencies or incidents.</p> <ul style="list-style-type: none"> • Identify populations in the LHJ at risk of experiencing disproportionate impacts of public health emergencies or incidents. Populations may include race/ethnicity, disability, age, geography, and other factors appropriate for LHJ. • Use Washington Tracking Network to identify social vulnerability to hazards - Information by Location Washington Tracking Network (WTN). • Develop or update an LHJ engagement plan that outlines how you will engage directly with the populations identified above before, during and after an emergency or incident. 	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Plans available upon request.</p>	<p>December 31, 2023 June 30, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • With the identified populations in the LHJ, describe the populations, and identify barriers and other issues they may face before, during and after an emergency or incident. • Develop or update a document (procedure, checklist, job action sheet, or other) that describes LHJ plans to mitigate barriers and other issues identified before, during and after an emergency or incident. 			
22 RERCs for their LHJ	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Participate in one or more exercises or real-world incidents testing each of the following: <ul style="list-style-type: none"> • The process for requesting and receiving resource support. • The process for gaining, maintaining, and sharing situational awareness of, as applicable: <ul style="list-style-type: none"> ○ The functionality of critical public health operations ○ The functionality of critical healthcare facilities and the services they provide. ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) ○ Number of disease cases ○ Number of fatalities attributed to an incident. ○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report ○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation <p>Note: The communication drill (#15) does not meet the requirement for this activity.</p>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2023 June 30, 2024	
23 RERCs for their PHEP region	Domain 3 Information Management Capability 6 Information Sharing Participate in quarterly DOH-led WASECURES Users Group.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Provide technical assistance to LHJs in PHEP region as needed. (Except Seattle-King and Tacoma-Pierce, for these LHJs, the LHJ is the PHEP region.)			
24 RERCs for their LHJs	Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities). Notes: <ul style="list-style-type: none"> • Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. • LHJ may also conduct a drill or tabletop exercise to exercise plans. 	Mid- and end-of-year reports on template provided by DOH. Plans available upon request.	December 31, 2023 June 30, 2024	
25 RERCs for their LHJs	Domain 4 Countermeasures and Mitigation Capability 14 Responder Safety and Health Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.	Mid- and end-of-year reports on templates provided by DOH. Plan available upon request.	December 31, 2023 June 30, 2024	
26 RERCs for their LHJ	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain agreements with facilities that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).	Mid- and end-of-year reports on templates provided by DOH. Agreements available upon request.	December 31, 2023 June 30, 2024	
27 RERCs for their LHJ	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum: <ul style="list-style-type: none"> • Biohazard/Waste Management • Feeding • Laundry • Communications • Sanitation 	Mid- and end-of-year reports on templates provided by DOH. Lists available upon request.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
CDC Cities Readiness Initiative (CRI) FFY22 PHEP CRI BP4 - Clark, Snohomish, Seattle-King, and Tacoma-Pierce				
CRI 1	Participate in Operational Readiness Review (ORR) webinars and other information session from DOH and CDC to become familiar with ORR requirements.	Mid- and end-of-year reports on templates provided by DOH, include a summary of webinar participation	December 30, 2023, June 30, 2024	
CRI 2	Participate in at least one emergency management webinar or joint exercise, if they are offered, between July 1, 2023, and June 30, 2024.	Mid- and end-of-year reports on templates provided by DOH.	December 30, 2023, June 30, 2024	
CRI 3	Update and maintain Medical Countermeasures (MCM) plan and/or participate in DOH sponsored MCM training. Note: CRI LHs may use PHEP and/or CRI funds to update and maintain their MCM plans.	Mid- and end-of-year reports on templates provided by DOH. Updated MCM plan (This is required if you chose to update your MCM plan during this reporting period.)	December 30, 2023, June 30, 2024	
CRI 4	Review and discuss MCM Plan with at least 2 other CRI Jurisdictions, between July 1, 2023, and June 30, 2024. Note: This can be accomplished via participation in Quarterly CRI Conference Calls.	Mid- and end-of-year reports on templates provided by DOH.	December 30, 2023, June 30, 2024	
CRI 5	Participate in or host at least 1 Access and Functional Needs Event or Exercise between July 1, 2023, and June 30, 2024.	Mid- and end-of-year reports on templates provided by DOH.	December 30, 2023, June 30, 2024	
CRI 6	Participate in at least 3 Quarterly CRI Conference Calls and discussions on CRI and MCM activities. between July 1, 2023, and June 30, 2024.	Mid- and end-of-year reports on templates provided by DOH.	December 30, 2023, June 30, 2024	

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

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

Program Specific Requirements

The Program Specific Requirements below apply to both FFY23 PHEP BP5 LHJ Funding, MI code 31602231 and FFY23 CRI BP5 LHJ Funding, MI code 31607232.

Follow all Federal requirements for use of Federal funds:

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

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

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

The following expenses are not allowable with these funds:

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

Preapproval from DOH is required to use these funds for:

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

Note: Preapproval is no longer required for paying overtime.

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

BILLING

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

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

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

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

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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

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

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

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

Revision Purpose: NA

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

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

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

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

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

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

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

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

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

Program Specific Requirements

Follow all Federal requirements for use of Federal funds:

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

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

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

The following expenses are not allowable with these funds:

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

Preapproval from DOH is required to use these funds for:

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

Note: Preapproval is no longer required for paying overtime.

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

BILLING

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

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

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

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

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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

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

Revision Purpose: Adding SFY24 funds and additional activities

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FPHS-LOCAL HEALTH JURISDICTION	99210840	N/A	336.04.25	07/01/23	06/30/24	5,216,000	1,815,000	7,031,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						5,216,000	1,815,000	7,031,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	FPHS funds to each LHJ – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$2,956,000 \$2,957,000
2	Assessment Reinforcing Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$60,000
3	Assessment – CHA/CHIP – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$30,000
4	Lifecourse – Infrastructure & Workforce Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements – Deliverables	See below in Program Specific Requirements – Deliverables	\$719,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<i>Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details</i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>\$1,409,000</i>
6	<i>CD - NEW SFY 24 Immunization Outreach, Education & Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details</i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>\$300,000</i>
7	<i>EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details</i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>\$150,000</i>
8	<i>FC - NEW SFY 24 Strengthening Local Finance Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details</i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>\$62,000</i>
9	<i>FC - NEW SFY 24 Public Health Communications – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details</i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>\$200,000</i>
10	<i>Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details</i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>\$150,000</i>
11	<i>EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details</i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>\$237,000</i>
12	CD – Hepatitis C – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$164,000
13	CD – Case Investigation Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$1,079,000
14	CD – Tuberculosis Program – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$50,000
15	MCH – Child Death Review – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$158,000
16	<i>FC - NEW SFY 24 Community Language Access Services – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details</i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>\$25,000</i>

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

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

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

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

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

Stable funding and an iterative decision-making process – The FPHS Steering Committee’s roles and responsibilities are outlined in the [FPHS Committee & Workgroup Charter](#) The Steering Committee is the decision making body for FPHS and operates under a consensus-based decision making model, outlined [here](#). The Steering Committee use an iterative approach to decision making meaning additional tasks and/or funds may be added to a local health jurisdiction’s (LHJ) FPHS Statement of Work (SOW) as funding decisions are made.

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

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

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

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

This Statement of Work is for the period of July 1, 2023-June 30, 2024 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

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

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

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

BARS Revenue Code: 336.04.25

BARS Expenditure Coding – provided for your reference.

562.xx	BARS Expenditure Codes for FPHS activities: see below
10	FPHS Epidemiology & Surveillance
11	FPHS Community Health Assessment

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

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

[FPHS Intent - RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)

[FPHS Committee & Workgroup Charter](#)

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

Activity Special Instructions:**Investments to Each LHJ:****1. FPHS Funds to Each LHJ**

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

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

Targeted Investments to Each LHJ:**2. Assessment Reinforcing Capacity (FPHS definition G.2)**

Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

3. Assessment – CHA/CHIP (FPHS definitions G.3)

Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11

~~4. Lifecourse – Infrastructure & Workforce Capacity (FPHS definitions D, E, F)~~

~~Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60 or 70 or 80.~~

5. Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity (FPHS definitions D, E, F)

Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60, 562.70, and/or 562.80

6. CD - NEW SFY 24 Immunization Outreach, Education & Response (FPHS definition C.3)

Promote immunization education and use of the statewide immunization registry through evidence-based strategies. Funding can also be used to support vaccine-preventable disease response. BARS expenditure codes: 562.21 and/or 562.27

7. EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity (FPHS definitions B.2, A.C, J.1-3, K.1-2, L.1)

These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53

8. FC - NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)

Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: 526.16

9. FC - NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)

Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: 526.13

10. ***Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response (FPHS definitions D.1-2, D.4, F.1-3, G.1-3, I.1-2, J.1-J.3, K.1-2)***
Capacity and infrastructure related to addressing overdose crisis. This includes but is not limited to: Overdose response trainings, convening stakeholders or coordination groups, data analysis, and community education. Use BARS expenditure codes: 562.13, 562.14, 562.15, 562.60, 562.70, 562.80
11. ***EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)***
Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12

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

12. **CD – Hepatitis C (FPHS definitions C.4.o-p)**
 Address Hepatitis C cases per guidance developed by the FPHS CD SME Workgroup and [DOH’s Hepatitis C Prioritization document](#) with particular emphasis on lab surveillance and investigation of acute cases. Use BARS expenditure codes: 562.24.
13. **CD – Case Investigation Capacity (FPHS definitions C.2, C. 4)**
 Support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities. Use BARS expenditure codes: 562.23-29.
14. **CD – Tuberculosis Program (FPHS definition C.4.q-v)**
 Expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community providers, and coordinate case management for patients with LTBI. Funding allocated to LHJs with high Tuberculosis (TB) burden. Use BARS expenditure codes: 562.23.
15. **MCH – Child Death Review (FPHS definitions D.1, F.1, F.2, F.3, J.1, J.2, K.1)**
 This investment assures LHJs and DOH have adequate staffing to conduct regular Child Death Reviews and use their findings to track fatality data and inform policy recommendations to reduce and eliminate preventable child deaths. Allocations are for staff and associated operating costs. Use BARS expenditure codes: 562.60.

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

16. ***FC - NEW SFY 24 Community Language Access Services (FPHS definitions B.1, C.1, D.1, E.1, K.1-2)***
Funds are for staffing, indirect, contracting and other expenses necessary to provide language access services in the recipient’s own jurisdiction. Use BARS expenditure codes: 562.13, 562.16, 562.17

**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: Snohomish County Health Department

Contract Number: CLH31027

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

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

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

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

Revision Purpose: The purpose of this revision is to move \$138,606 from FFY23 HRSA MCHBG LHJ Contracts to FFY22 HRSA MCHBG Special Projects for the period ending September 30, 2023. It is also to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2023 to September 30, 2024 for continuation of MCHBG related activities, and update Program Specific Requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22	09/30/22	0	0	0
FFY21 MCHBG SPECIAL PROJECTS	7811021A	93.994	333.93.99	01/01/22	09/30/22	352,122	0	352,122
FFY23 HRSA MCHBG LHJ CONTRACTS	78101231	93.994	333.93.99	10/01/22	09/30/23	444,879	-138,606	306,273
FFY22 HRSA MCHBG SPECIAL PROJECTS	7811022A	93.994	333.93.99	10/01/22	09/30/23	0	138,606	138,606
FFY24 HRSA MCHBG LHJ CONTRACTS	78101241	93.994	333.93.99	10/01/23	09/30/24	0	444,879	444,879
						0	0	0
						0	0	0
TOTALS						797,001	444,879	1,241,880

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Monthly Reports must only reflect activities paid for
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	

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

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

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	only reflect activities paid for with funds provided in this statement of work for the specified funding period. 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	
3d	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2022 January 15, 2023 April 15, 2023 July 15, 2023	
3e	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	
3f	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2023	
3g	<i>Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2023 January 15, 2024 April 15, 2024 July 15, 2024</i>	
3h	<i>Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.</i>	<i>Submit completed Health Services Authorization forms and Central Treatment.</i>	<i>30 days after forms are completed.</i>	
3i	<i>Review your program's entry on ParentHelp123.org annually for accuracy.</i>	<i>Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with Within Reach / Help Me Grow.</i>	<i>September 30, 2024</i>	
<i>MCHBG Assessment and Evaluation</i>				
4a	<i>As part of the 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH, as requested.</i>	<i>Submit documentation using guidance provided by DOH.</i>	<i>September 30, 2024</i>	<i>Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.</i>

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

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

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

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

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

Program Specific Requirements

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

Program Manual, Handbook, Policy References:

Children and Youth with Special Health Care Needs Manual -

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

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

Health Services Authorization (HSA) Form

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

Restrictions on Funds:

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

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

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

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

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

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

~~Restrictions listed above continue to apply.~~

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

DOH Program Name or Title: Office of Immunization-FSU Ukrainian Community Resource Center - Effective July 1, 2023

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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

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

Statement of Work Purpose: The purpose of this statement of work is to work with local health jurisdictions to conduct activities that will establish a community resource center that will provide the community with appropriate health and immunization guidance materials in a regularly accessible space.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SFFY23 CDC Ukrainian Resettlement	74610223	93.268	333.93.26	07/01/23	06/30/24	0	22,234	22,234
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	22,234	22,234

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Partner with a community organization to participate in sharing local community resources for Ukrainian refugees. Serving as a regularly accessible community resource, this will provide recent refugees with appropriate health and immunization guidance materials (as well as other crucial services) and help them acclimate to the US health system and immunization requirements. Coordinate partnerships with health department refugee program, local schools and other community organizations to present on health/immunization topics and resources and connect refugees to those resources.	Written proposal for activities necessary to establish local community resource center and relevant outreach. The proposal should include a workplan and (if needed) any necessary data collection to show project progress. Proposals should consider equity and accessibility when reaching out to community.	August 31, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Serve as a liaison between community, health providers, and public health leadership.			
2	Implement the community resource center proposal to connect recently arrived Ukrainian refugees (and their sponsors) to basic health services, including childhood and adult immunization. Attend FSU Outreach workgroup meetings and report progress.	Provide regular updates on progress of project to DOH	As available	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Provide performance-based measures demonstrating progress toward stated goals. Track visitor numbers, number of materials shared, community partnerships built (including school outreach), and other relevant measures outlined in proposal.	Final written report, including activities completed and how they have addressed target population vaccination coverage and other health supports (template will be provided).	June 15, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

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

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

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

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

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

DOH Program Name or Title: Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2023

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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 type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to define required Perinatal Hepatitis B activities, deliverables, and funding

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

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 CDC PPHF Ops	74310246	93.268	333.93.26	07/01/23	06/30/24	21,500	2,150	23,650
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						21,500	2,150	23,650

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	1. In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following: <ul style="list-style-type: none"> • Identification of hepatitis B surface antigen (HBsAg)-positive pregnant women and pregnant women with unknown HBsAg status. • Reporting of HBsAg-positive women and their infants. • Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing. 	Enter information for each case identified into the Perinatal Hepatitis B Tracker	By the last day of each month	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
	<p>2. Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations.</p> <p>3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.</p>			

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

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

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

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

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

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

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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: July 1, 2023 through June 30, 2024

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

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

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 CDC VFC Ops	74310241	93.268	333.93.26	07/01/23	06/30/24	45,150	4,515	49,665
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						45,150	4,515	49,665

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners (can use pre and post qualitative or quantitative collection methods) <u>Examples of qualitative & quantitative methods/measures:</u> <ul style="list-style-type: none"> ▪ Surveys, Questionnaires, Interviews ▪ Immunization coverage rates expressed in percentages ▪ Observations (i.e., feedback from surveys/interviews, social media posts comments) ▪ Analytic tools (i.e., google analytics measuring website traffic, page views etc.) 	Written proposal summarizing project plan and method of assessing/observing change in target population. (Template will be provided)	August 1, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2023 March 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates] Examples: <ul style="list-style-type: none"> ▪ Increased partner knowledge on immunization guidelines ▪ Change in attitudes about childhood vaccines ▪ Increase in school district immunization coverage rates 	Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?]. (Template will be provided)	June 15, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

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

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

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

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

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

DOH Program Name or Title: Office of Immunization-Regional Representatives - Effective July 1, 2023

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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: July 1, 2023 through June 30, 2024

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

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

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 CDC IQIP Regional Rep	74310244	93.268	333.93.26	07/01/23	06/30/24	74,000	7,400	81,400
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						74,000	7,400	81,400

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform as the regional representative for Region One (Island County, San Juan County, Skagit County, Snohomish County, and Whatcom County) conducting activities in accordance with state and federal requirements for the Childhood Vaccine Program (CVP) and Immunization Quality Improvement for Providers as directed by the state administrators of the program.				
1	Enroll new health care providers into the Childhood Vaccine Program (CVP). Conduct an enrollment site visit to all new providers, and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with CVP Operations Guide.	a) Provider Agreement New Enrollment Packet with original or electronic signature – DOH 348-022 b) New Enrollment Training Guide (CVP SharePoint Site) c) Information Sharing Agreement with original signature - DOH 348-576. This document must be mailed to DOH.	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program, when requested by DOH. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.	Submit completed Provider Disenrollment form DOH 348-423 when facilitating the transfer/removal of vaccine for providers who merge or dis-enroll from the Childhood Vaccine Program.	Within ten (10) days of vaccine transfer or removal	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	<p>Conduct Unannounced Vaccine Storage and Handling (USH) visits at 5% of enrolled health care provider sites within the assigned region. Sites may be selected by DOH or by using the DOH USH Visit Planning List. All visits must be conducted in person in accordance with the CVP Operations Guide.</p> <ul style="list-style-type: none"> ▪ Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR. 	<ul style="list-style-type: none"> a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response. b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR. c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR 	<ul style="list-style-type: none"> a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access. b) Within five (5) business days of the site visit. c) Within five (5) business days of receiving the document(s) follow-up action was completed. 	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4	<p>Complete the CVP Compliance Visit Project Schedule to ensure providers receive a site visit within 24 months of previous site visit and/or 12 months from new enrollment visit.</p> <p>Conduct Compliance Site Visits at enrolled health care provider site within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide.</p> <p>Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.</p>	<ul style="list-style-type: none"> a) Submit completed CVP Compliance Visit Project Schedule to DOH b) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response. c) Upload the signed Acknowledgement of Receipt form, Chart Review Worksheet, and Billing Practices Form to the site visit in PEAR. 	<ul style="list-style-type: none"> a) By July 31 b) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access. c) Within five (5) business days of the site visit. d) Within five (5) business days of 	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	All CVP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee annually.	d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR. e) Respond to requests from DOH to schedule observation visit.	receiving the document(s) follow-up action was completed. e) Within five (5) business days of DOH request.	
5	<p><u>IQIP (Immunization Quality Improvement for Providers)</u></p> <p>Complete Project Management Scheduling Tool</p> <p>Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 25% of eligible enrolled health care providers within the assigned region by June 15, 2024. A minimum of 30% of total visits assigned per region must be initiated within the first half Project year and take place in person or via webinar and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint/Basecamp site.</p> <p>Continue following up with provider sites at two (2,) six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow-up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider’s Guide.</p> <p>All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee. The observational visit will occur within four (4) months of the annual/ initial training.</p>	a) Copy of project management plan (template will be provided) b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted. c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up. Complete and submit IQIP visit evaluation survey	a) Within five (5) business days of the IQIP Annual Training b) Within five (5) business days of visit c) Within five (5) business days of contact	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

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

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

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

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

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

DOH Program Name or Title: Office of Immunization-Ukrainian Outreach Support - Effective July 1, 2023

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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

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

Statement of Work Purpose: The purpose of this statement of work is to conduct activities that will better connect recently arrived Ukrainian refugees (and their sponsors) to basic health services, including childhood and adult immunizations

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 Ukrainian Outreach	TBD	93.268	333.93.26	07/01/23	06/30/24	0	42,840	42,840
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	42,840	42,840

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Participate in the project workgroup and develop a proposal to better connect recently arrived Ukrainian refugees (and their sponsors) to basic health services, including childhood and adult immunization. Conduct health and vaccine promotion activities such as: coordinating county vaccine/health clinics, offering health information to the community, collaborating with community partners, resource events for newly arrived refugees. Proposals should take into account equity and accessibility when reaching out to community.	Written proposal for outreach activities aimed at community. Proposal should include work plan and (if needed) any necessary data collection.	August 31, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	Upon approval of proposal, implement the plan to better connect recently arrived Ukrainian refugees (and their sponsors) to basic health services, including childhood and	Provide verbal update on progress of project at each meeting (no written report required)		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
	adult immunization. Participate in regular meetings to discuss progress of project, including workgroup meetings.			
3	Building on the proposal to better connect recently arrived Ukrainian refugees (and their sponsors) to basic health services, including childhood and adult immunization, provide performance-based measures and data collection as agreed upon in the final approved proposal, demonstrating progress toward stated goals. Track vaccine administration, number of events, event attendance, number of informational materials shared, and other relevant measures.	Midyear report, including status of activities and how they have addressed target population vaccination coverage and other health supports (template will be provided) Final written report, including activities completed and how they have addressed target population vaccination coverage and other health supports (template will be provided)	January 15, 2024 June 15, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

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EXHIBIT B

COVID-19 Mass Vaccination-FEMA
Essentials for Childhood Early Brain Building with Vroom
Foundational Public Health Services (FPHS)
Infectious Disease Prevention Section (IDPS)
Maternal & Child Health Block Grant
Office of Drinking Water Group A Program
Office of Immunization COVID-19 Vaccine
OSS LMP Implementation
Recreational Shellfish Activities
TB Program
Commercial Tobacco Prevention Program
COVID-19 Refugee & Immigrant Community Health Worker Support
DCHS-ELC COVID-19 Response
Emergency Preparedness, Resilience & Response-PHEP
Injury Violence Prevention Overdose Data to Action
Office of Immunization FSU Vaccine Hesitancy
Office of Immunization Perinatal Hepatitis B
Office of Immunization Promotion of Immunizations to Improve
Vaccination Rates
Office of Immunization Regional Representatives
Zoonotic Disease Program-WNV Mosquito Surveillance
Executive Office of Resiliency & Health Security-PHEP
Healthcare-Associated Infections & Antimicrobial Resistance
COVID-19 LHJ Vaccination-ARPA
Monkeypox Prevention & Response
COVID-19 LHJ Gap Funding
Executive Office of Resiliency & Health Security – WFD LHJ
Office of Immunizations – FSU Ukrainian Community Resource Center
Office of Immunizations – Ukrainian Outreach Support