

SKAMANIA COUNTY BOARD OF COMMISSIONERS
Skamania County Courthouse
240 NW Vancouver Ave. Lower Level, Room 18
Stevenson, WA 98648
Agenda for October 6-8, 2020

Commissioner Meetings are open to public attendance with limited available seating, exercising social distancing. Seating will be on a first come, first serve basis. If there is more attendance than seating, you will be asked to leave the Courthouse and phone in using ZOOM using the following numbers.

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

Meeting ID: 813 4248 1018

Join Zoom Meeting

- Audio only from your computer <https://us02web.zoom.us/j/81342481018>

WRITTEN PUBLIC COMMENTS ACCEPTED AND ENCOURAGED BY MONDAY PRECEDING THE MEETING AT NOON. If you wish written comments to be listed on the agenda, they need to be submitted to the Clerk of the Board by noon on Thursday preceding the Tuesday meeting, otherwise they will be held for the following Tuesday. slack@co.skamania.wa.us

Tuesday, October 6, 2020

9:30 AM Call to Order,
 Pledge of Allegiance

Public Comments - (3 minutes) – See message above regarding seating in the Commissioner’s Meeting Room

Proclamation for Domestic Violence Awareness Month
Proclamation for National 4-H Week

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

1. Resolution 2020-32, Updating the Community Action Plan
2. Designated Crisis Responder approval letter
3. Federal Certification for Community Health to receive CARES funds directly
4. Contract Amendment #16 with Department of Health for Consolidated Contract 2018-20
5. Washington State Department of Transportation Title VI Annual Report for 2019-2020

Voucher Approval

Payroll Approval

New COVID 19 Coordinator job description and set salary at Range 23 effective March 1, 2020

New Assistant Building Official job description and set the salary at Range 23, and authorize department to work with Human Resources to begin the advertisement for the position

Meeting Updates (May be continued later in the meeting if more time is needed)

(Continued Next Page)

Tuesday, October 6, 2020 Continued

11:30 AM Preliminary Budget Workshop - Superior Court

Lunch

2:00 PM Executive Session pursuant to RCW 42.30.110(1)(g) Performance of a public employee

2:30 PM Preliminary Budget Workshop with Community Health

3:30 PM Preliminary Budget Workshop with Public Works

Recess

Wednesday, October 7, 2020

9:30 AM Preliminary Budget Workshop – Probation

10:00 AM Preliminary Budget Workshop – Assessor

11:00 AM Preliminary Budget Workshop – Seniors

Lunch

1:00 PM Preliminary Budget Workshop – District Court

3:00 PM Preliminary Budget Workshop – Treasurer

3:30 PM Preliminary Budget Workshop – Auditor

4:30 PM Preliminary Budget Workshop - Clerk

Recess

Thursday, October 8, 2020

10:45 AM Preliminary Budget Workshop – Juvenile

11:00 AM Preliminary Budget Workshop – Community Events

11:30 AM Preliminary Budget Workshop – Human Resources

Lunch

2:30 PM Preliminary Budget Workshop – Prosecutor

3:00 PM Preliminary Budget Workshop – Noxious Weed

3:30 PM Preliminary Budget Workshop – External Services Presentations
Commissioners' Budgets

Adjourn

**PROCLAMATION
DOMESTIC VIOLENCE AWARENESS MONTH
OCTOBER 1ST 2020-OCTOBER 31ST 2020**

WHEREAS, domestic violence is defined by the Washington State Coalition Against Domestic Violence as “a pattern of behavior that one person in a relationship uses to gain power and control over the other. Abuse is not caused by anger, mental problems, alcohol or other drugs, or other common excuses. It is caused by one person’s belief that they have the right to control their partner.”

WHEREAS, domestic violence is directed at a particular victim, however, it also victimizes children, family, strangers and the community; and

WHEREAS, Skamania County Council on Domestic Violence and Sexual Assault (SCCDVSA) responded to 2,266 hotline crisis calls related to domestic violence and sexual assault in Skamania County and the Holly House provided 2,492 safe nights of shelter to women and children during the 2020 fiscal year.

WHEREAS, SCCDVSA provides advocacy, safety and healing to victims of domestic violence in Skamania County through a wide range of services, including but not limiting to, secure shelter services, legal advocacy, community education and awareness, therapy and general advocacy/case management.

WHEREAS, Skamania County is an important partner in SCCDVSA’s vision to end domestic violence in Skamania County so that individuals and families flourish in safe and healthy relationships.

NOW, THEREFORE, BE IT RESOLVED, We the Board of Commissioners of Skamania County, do hereby proclaim the month of October, as

DOMESTIC VIOLENCE AWARENESS MONTH

In Skamania county, and we ask all citizens to participate in efforts to recognize the serious impacts of domestic violence, provide safety and compassion for victims, accountability and counseling for perpetrators and continue to work toward eliminating domestic violence in all areas of our county.

Signed this _____ day of October 2020

Richard Mahar

Tom Lannen

Bob Hamlin



National 4-H Week Proclamation

WHEREAS, 4-H is America’s largest youth development organization, having supported almost six million youth across the country thus far; and

WHEREAS, 4-H has helped thousands of youth in Skamania County to become confident, independent, resilient and compassionate leaders; and

WHEREAS, 4-H is delivered by Cooperative Extension – a community of more than 100 public universities across the nation that provides experiences where young people learn by doing in hands-on projects in areas including health, science, agriculture and citizenship; and

WHEREAS, National 4-H Week showcases the incredible experiences that 4-H offers young people, and highlights the remarkable 4-H youth in Skamania County who work each day to make a positive impact on those around them; and

WHEREAS, 4-H’s network of 600,000 volunteers and 3,500 professionals provides caring and supportive mentoring to all 4-H’ers, helping them to grow into true leaders, entrepreneurs and visionaries;

NOW, THEREFORE, we, the Board of County Commissioners, do hereby proclaim October 4 –10 2020 as NATIONAL 4-H WEEK throughout Skamania County and encourage all of our citizens to recognize 4-H for the significant impact it has made and continues to make by empowering youth with the skills they need to lead for a lifetime.

Dated this 6th day of October 2020.

BOARD OF COUNTY COMMISSIONERS
Skamania County, Washington

Richard Mahar, Chairman

Tom Lannen, Commissioner

Bob Hamlin, Commissioner

ATTEST:
Clerk of the Board

In and for the County of Skamania,
State of Washington

RESOLUTION 2020-32

(Updating the Skamania County Community Action Plan)

WHEREAS, RCW 36.01.085 authorizes the Counties to engage in economic development programs; and

WHEREAS, local governmental bodies within the region need to coordinate their community development strategies and efforts in order to maximize local opportunities and to minimize the public cost of development; and

WHEREAS, the Skamania County Community Strategic Plan was developed with public participation and is reviewed quarterly by the Skamania County Community Action Team; and

WHEREAS, Skamania County participated in the Action Plan update as a member of the Community Action Team that solicited public input and participation in community development planning to identify community goals, values, needs and economic development goals; and

WHEREAS, a document called “Skamania County Community Action Team Priority Project List”, updated September 16, 2020 (hereinafter referred to as “the Plan”), a copy of which is attached hereto as Exhibit A, was adopted by the Skamania County Community Action Team; and

NOW THEREFORE, BE IT RESOLVED, that the Skamania County Board of Commissioners accepts and endorses the amended goals and objectives of the Community Strategic Plan and the Action Plan; and

BE IT FURTHER RESOLVED, that the plan shall serve as a guideline to be used in future development efforts by Skamania County.

PASSED IN REGULAR SESSION this 6th day of October 2020.

ATTEST:

**SKAMANIA COUNTY
BOARD OF COMMISSIONERS**

Chairman

Clerk of the Board

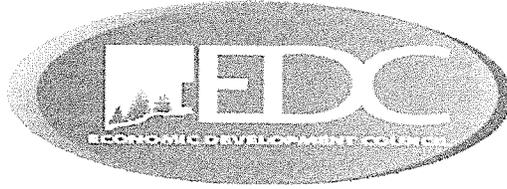
Commissioner

Approved as to form only:

Commissioner

Skamania County Prosecuting Attorney

Aye ____
Nay ____
Abstain ____
Absent ____



SKAMANIA COUNTY
PO Box 436 - Stevenson, WA 98648 - 509-427-5110

September 21, 2020

Skamania County Commissioners
Skamania County Courthouse
P. O. Box 790
Stevenson, WA 98648

RE: Community Action Plan Resolution

Dear Commissioners,

Please find attached the Community Action Plan that was finalized September 16, 2020. We look forward to the Commissioners adopting the updated plan.

Please feel free to contact me at 509-427-5110 or via email at kwaters@skamania-edc.org if you have any questions.

Sincerely,

Kevin Waters
Executive Director

Enc.

Skamania County Community Action Team
 Priority Project List
 September 16, 2020

Project	Sponsor
1. <u>Stevenson Wastewater system- Public Infrastructure</u>	<u>City of Stevenson</u>
2. <u>Stevenson Wastewater system-Private Infrastructure</u>	<u>City of Stevenson</u>
3. <u>First Street Traffic Calming & Sidewalk Pedestrian Path Connection</u>	<u>City of Stevenson</u>
4. <u>Stevenson Park Plaza</u>	<u>Stevenson Downtown Association</u>
5. <u>Stevenson – Upper Russell Upgrades</u>	<u>City of Stevenson</u>
6. <u>City of North Bonneville Lift Station Replacement</u>	<u>City of North Bonneville</u>
7. <u>High Bridge Park</u>	<u>Skamania County</u>
8. <u>Columbia Ave Re-alignment</u>	<u>City of Stevenson</u>
9. <u>Cascades Business Park</u>	<u>Port of Skamania</u>
10. <u>Stevenson Fire Station</u>	<u>City of Stevenson</u>
11. <u>Stevenson Broadband Project</u>	<u>City of Stevenson</u>
12. <u>Brownfield Assessment and Redevelopment</u>	<u>Skamania County</u>
13. <u>Skamania County ADA Project</u>	<u>Skamania County</u>
14. <u>Kanaka – Stevenson Elementary Sidewalk Connection</u>	<u>City of Stevenson</u>

Community Action Team
Meeting Narrative
September 16, 2020

1. Stevenson Wastewater System – Public: Approval for procurement documents. Finishing the approval of the 90% design. The city is applying for funding from the Department of Ecology. The grant application is due on October 13. EDA Grant have been obligated but the EDA has not yet made a formal announcement. The checkoff list for the USDA grant is being finalized. The final bond and contract documents will be signed after the EDA is awarded. Funding application are expected to be completed by the end of 2020.
2. Stevenson Wastewater System – CERB planning grant wrapped up soon and will be used as leverage for the overall plant construction.
3. First Street Traffic Calming: Application for grant funding through TIB has been completed and notification is expected by November 5th. 50 % design is complete.
4. Stevenson Park Plaza: RCO Grant application is in process.
5. Stevenson – Upper Russell Avenue Upgrades: This construction is planned to happen in conjunction with the Park Plaza project.
6. City of North Bonneville Lift Station: COVID has caused delays in planning meetings. Funding is still needed.
7. High Bridge Park: Grant application is being prepared by Alex Hayes at this time.
8. Columbia Ave Re-alignment: Moving forward. Brownfield study is being done. After the study is done, the stake holders will be convened to discuss the next steps .
9. Cascade Business Park Grading and Enhancement: AT & T has received their permits to construct at this time. Other needs are unknown until the Feasibility study is complete.
10. Stevenson Fire Station: Still working on design.
11. Stevenson Broadband Project: Meeting in a couple weeks, but currently in pause due to lack of intern available.
12. Brownfield Assessment: Work is being done at the Clifton Property and the Broughton property. Money is still available.

13. Skamania County ADA: This project will remain on the list but is not actively being worked on.

14. Kanaka – Stevenson Elementary Sidewalk: No work on this project currently.

Project removed from the list

Cascade Business Park Feasibility Study is fully funded and will be removed from the list.

The North Bonneville Substation is in process and is fully funded and will be removed from the list.

The Industrial Park Feasibility Study is going to be removed from the list until further notice.

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	Community Health Department	Signature 
<u>AGENDA DATE</u>	BOCC, 10/6/20	
<u>SUBJECT</u>	Designated Crisis Responder (DCR) approval	
<u>ACTION REQUESTED</u>	Signature	

SUMMARY/BACKGROUND

As per state rule, County Commissioners give behavioral health crisis authority to licensed and certified Designated Crisis Responders (DCR), which also includes hospitalization of those with Substance Use Disorders

FISCAL IMPACT

None

RECOMMENDATION

Sign Letter

LIST ATTACHMENTS

DCR Letter-Maraiah Esslinger LMHC



October 6, 2020

Tamara Cissell
Skamania County Community Health Deputy Director
PO Box 1492
Stevenson, WA 98648

Dear Ms. Cissell:

By this letter, the Skamania County Commissioners designate Maraiah Esslinger, LMHC as a County *Designated Crisis Responder* (DCR) in her capacity as an employee of Skamania County Community Health.

This designation allows Maraiah to perform the duties inherent in the Involuntary Treatment Act investigations and detentions for people that are experiencing episodes that are considered to be gravely disabling and or dangerous to self or others.

Sincerely,

Bob Hamlin,
Skamania County Commissioner, Chair

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	Community Health Department	Signature 
<u>AGENDA DATE</u>	BOCC 10/06/2020	
<u>SUBJECT</u>	Federal Funding Certification	
<u>ACTION REQUESTED</u>	BOCC Signature	

SUMMARY/BACKGROUND

Federal Certification for Community Health to receive CARES funds directly.

FISCAL IMPACT

None

RECOMMENDATION

Sign Certification

LIST ATTACHMENTS

Face Sheet
Certification

**EXHIBIT A
FEDERAL FUNDING CERTIFICATION**

I, Robert Hamlin, am the chief executive of Skamania County Community Health, and I certify that:

1. I have the authority and approval from the governing body on behalf of Skamania County Community Health to request direct payment from the State of Washington from the allocation of the Coronavirus Relief Fund as created in section 5001 of H.R.748, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") for reimbursement of the expenditures included on the attached Funding Request Form.
2. I understand that as additional federal guidance becomes available, an additional agreement between the State of Washington and Skamania County Community Health may become necessary.
3. I understand that the State of Washington will rely on this certification as a material representation in making a direct payment to Skamania County Community Health.
4. I certify Skamania County Community Health's use of the funds provided as direct payment from the Coronavirus Relief Fund were used only to cover those costs that:
 - a. Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) ("necessary expenditures");
 - b. Were not accounted for in the budget most recently approved as of March 27, 2020; and
 - c. Were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.
5. I understand funds provided as a direct payment from the State of Washington pursuant to this certification must adhere to official federal guidance issued or to be issued on what constitutes a necessary expenditure. We have reviewed the guidance established by U.S. Department of the Treasury and certify costs meet the required guidance.
6. I understand that should the State of Washington, any Federal agency, or other qualified body find a local government to have spent funds in a manner not consistent or in compliance with federal law, rule, guidelines, or otherwise used inappropriately, the disallowed costs shall be returned to the State of Washington.
7. I understand any local government entity receiving funds pursuant to this certification shall retain documentation of all uses of the funds, including but not limited to invoices and/or sales receipts in a manner consistent with §200.333 Retention requirements for records of 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Such documentation shall be produced to the State of Washington upon request and may be subject to audit by the Washington State Auditor.
8. I understand any funds provided pursuant to this certification cannot be used as a revenue replacement for lower than expected tax or other revenue collections.
9. I understand funds received pursuant to this certification cannot be used for expenditures for which a local government entity has received any other emergency COVID-19 supplemental funding (whether state, federal or private in nature) for that same expense.

I certify that I have read the above certification and my statements contained herein are true and correct to the best of my knowledge.

Printed Name and Title:

Robert Hamlin, Chair

Signature:

Date: _____

OFM Interagency Agreement No. K3245

APPROVED AS TO FORM

Skamania County Prosecutor

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	Community Health Department	Signature 
<u>AGENDA DATE</u>	BOCC 10/06/2020	
<u>SUBJECT</u>	Dept of Health Consolidated Contract 2018-2020 Amendment #16	
<u>ACTION REQUESTED</u>	BOCC Signature and ratify at next BOH meeting	

SUMMARY/BACKGROUND

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

Adds Statement of Work for BITV CI/CT COVID-19, Division of Emergency Preparedness & Response and COVID-19 Local CARES funds. Amends Statement of Work for Women, Infants and Children Nutrition Program & Foundational Public Health Services to add funding. Amends SOW for Family Planning Program to alter funding timeframes.

FISCAL IMPACT

REVENUE CONTRACT

\$435,144

RECOMMENDATION

Sign Contract and ratify at next BOH meeting

LIST ATTACHMENTS

- Face Sheet
- Amendment #16
- Exhibit A: Statements of Work
- Exhibit B: Allocations
- Exhibit C: Schedule of Federal Awards

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

CONTRACT NUMBER: CLH18260

AMENDMENT NUMBER: 16

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

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

1. Exhibit A Statements of Work, attached and incorporated by this reference, are amended as follows:

- Adds Statements of Work for the following programs:
 - Disease Control & Health Statistics BITV CI/CT COVID-19 - Effective July 1, 2020
 - Division of Emergency Preparedness & Response PHEP - Effective July 1, 2020
 - Emergency Preparedness & Response COVID-19 Local CARES - Effective March 1, 2020
- Amends Statements of Work for the following programs:
 - Family Planning - Effective December 1, 2019
 - Foundational Public Health Services (FPHS) - Effective July 1, 2019
 - WIC Nutrition Program - Effective January 1, 2018
- 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 \$435,144 for a revised maximum consideration of \$1,069,718.
- Decrease of _____ for a revised maximum consideration of _____.
- No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C-14 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-13.

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

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

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

SKAMANIA COUNTY PUBLIC HEALTH
DEPARTMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Robert Hamlin, Chair Date 10/6/20

Date

APPROVED AS TO FORM:

APPROVED AS TO FORM ONLY
Assistant Attorney General

Skamania County Prosecutor

2018-2020 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
TABLE OF CONTENTS

DOH Program Name or Title: Disease Control & Health Statistics BITV CI/CT COVID-19 - Effective July 1, 2020..... 3

DOH Program Name or Title: Division of Emergency Preparedness & Response PHEP - Effective July 1, 2020 8

DOH Program Name or Title: Emergency Preparedness & Response COVID-19 Local CARES - Effective March 1 2020 17

DOH Program Name or Title: Family Planning - Effective December 1, 2019 20

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective July 1, 2019 27

DOH Program Name or Title: WIC Nutrition Program - Effective January 1, 2018 31

Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: Disease Control & Health Statistics BITV CI/CT
COVID-19 - Effective July 1, 2020

Local Health Jurisdiction Name: Skamania County Community Health

Department
Contract Number: CLH18260

SOW Type: Original Revision # (for this SOW)

Period of Performance: July 1, 2020 through December 30, 2020

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

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

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
BITV-COVID ED LHJ ALLOCATION-CARES	21.019	333.21.01	1897129V	07/01/20 12/30/20	0	16,317	16,317
FEMA-75 COVID LHJ ALLOCATION	97.036	333.97.03	1897129W	07/01/20 12/30/20	0	48,951	48,951
TOTALS					0	65,268	65,268

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the "Budget narrative Template", "Budget Guidance" and any other applicable documents that may be identified. This statement of work includes FEMA funding as part of this allocation. Documentation will be requested to support these costs to provide to FEMA for a reimbursement request. Further instructions on the necessary documents and timeline for providing these will be shared. NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations & contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement,		Submit the budget plan and narrative using the template provided. Provide the requested documentation to support costs for FEMA reimbursement reporting.	Within 30 days of receiving this award. Upon request	Reimbursement of actual costs incurred, not to exceed \$65,268

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>and other public health preparedness and response activities for COVID-19.</p> <p>Existing funds for COVID-19 public health response activities may not be displaced by these funds and reallocated for other organizational expenses. No funds from this agreement shall be used to supplant existing federal, state or local funds nor any funding allocations or commitments made before August 31, 2020.</p> <p>DOH does recognize the public health response goes beyond December 2020 and authorizes local health jurisdictions the ability to maximize funding streams available to them by using short term funding first to have longer term funding available to continue to support the local health jurisdiction response activities beyond December 2020 as applicable.</p>				
2	<p>1) LHI Active monitoring activities. In partnership with WA DOH, the LHI 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. Funding must be first targeted towards Contact Tracing and Case Investigation Support:</p> <ol style="list-style-type: none"> 1. Contact tracing <ol style="list-style-type: none"> 1. Maintain the capacity to surge a minimum of eight (8) contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigations may count towards this minimum short-term and provide additional capacity beyond the eight (8) per 100,000 FTE. 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 community-based and culturally-specific organizations to provide 		<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST as directed by DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>such services. DOH centralized investigations may count towards this minimum short-term and provide additional capacity beyond the eight (8) per 100,000 FTE.</p> <ol style="list-style-type: none"> 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Follow up with 95% of contacts within 24 hours. 5. Enter all contact tracing data in CREST as directed by DOH. <p>ii. Case investigation</p> <ol style="list-style-type: none"> 1. Enter all case investigation data in WDRS as directed by DOH. 2. Ensure all staff designated to utilize WDRS are trained in the system. Include if new positive cases are tied to a known existing positive case or indicate community spread. 3. Conduct case investigation and monitor outbreaks. <p>b. Testing</p> <ol style="list-style-type: none"> i. Work with partners 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 to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy. iii. Maintain a current list of entities providing COVID 19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested. 		<p>Enter all case investigation data in WDRS as directed by DOH.</p> <p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested.</p>		
			<p>Quarterly performance updates related to</p>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>c. 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 W/A tribe, if patient providers permission to notify tribes.</p> <p>d. Support Infection Prevention and control for high-risk populations</p> <p>i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers.</p> <p>ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities.</p> <p>iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks.</p> <p>iv. Vulnerable populations. Support testing, infection control, isolation and quarantine and social services and wraparound supports for homeless individuals. Individuals residing in homeless camps, for justice-involved individuals and other vulnerable populations.</p> <p>e. Community education. Work with partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p>		<p>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 Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	f. Regional Active Monitoring activities. In partnership with WA DOH, the LHJs must work with other LHJs in the region to collaboratively support epidemiologic and surge capacity needs. LHJs must conduct the following activities in accordance with guidance to be provided by WA DOH: <ul style="list-style-type: none"> i. Ensure regular communication among LHJs in the region ii. Compile and share a regional data regularly among LHJs and with WA DOH iii. Establish MOUs for providing epidemiologic and surge capacity needs for the region iv. Implement MOUs as needed. 				

***For Information Only:**

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

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Specific Requirements/Narrative

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

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

DOH Program Contact

Mike Boysun, Contract Manager
 DOH, Communicable Disease EPI
 1610 NE 150th St, Shoreline, WA 98155
 Ph: 206-418-5518 / Mike.Boysun@doh.wa.gov

DOH Fiscal Contact

Summer Wurst
 DOH, Office of Program Financial Management
 PO Box 47840, Olympia, WA 98504-7841
 Ph: 360-236-3486/Fax: 360-664-2216 / Summer.Wurst@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: Division of Emergency Preparedness & Response
PHEP - Effective July 1, 2020

Local Health Jurisdiction Name: Skamania County Community Health Department

Contract Number: CLH18260

SOW Type: Original Revision # (for this SOW)

Period of Performance: July 1, 2020 through December 31, 2020

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

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 and response.

NOTE: Pending execution of an extension to the 2018-2020 consolidated contracts which currently end December 31, 2020, program plans to extend the period of performance and funding in this statement of work through June 30, 2021. Deliverable due dates after December 31, 2020 are referenced for informational purposes only and will be updated in a revised statement of work once the consolidated contract is extended. The revised statement of work will reflect jurisdiction's entire allocation.

Revision Purpose: NA

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY20 PHEP BP2 LHJ Funding	93.069	333.93.06	31102280	07/01/20 12/31/20	0	11,936	11,936
TOTALS					0	11,936	11,936

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Across Domains and Capabilities Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.		Mid-year report on template provided by DOH. Additional reporting may be required if federal requirements change.	December 31, 2020	Reimbursement for actual costs not to exceed total funding consideration amount.
2	Across Domains and Capabilities Participate in an evaluation of LHJ response capabilities, upon request from DOH.		DOH will maintain documentation of evaluation participation.	Upon request.	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<p>Across Domains and Capabilities</p> <p>Develop a budget demonstrating how the LHI plans to spend funds during this period of performance, using a budget template provided by DOH.</p> <p>Note: 20% of the LHI's annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHI.</p>		Budget, using template provided by DOH.	September 1, 2020	
4	<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-year report on template provided by DOH.</p> <p>Input provided to DOH upon request from DOH.</p>	December 31, 2020	
5	<p>Domain 1 Community Resilience</p> <p>Capability 1 Community Preparedness</p> <p>Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHI, regional, or statewide public health preparedness.</p>		<p>Mid-year report on template provided by DOH.</p> <p>Documentation of training available upon request.</p>	December 31, 2020	
6	<p>Domain 2 Incident Management</p> <p>Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Based on availability of training, participate in at least one Foundational Public Health Emergency Preparedness Training provided by region, DOH, DOH-contracted partner, or DOH-approved trainer in person or via webinar.</p> <p>Notes:</p> <ul style="list-style-type: none"> For some LHJs this training won't be available until the next Statement of Work period, January 1 – June 30, 2021. DOH will work with regions and LHJs to customize and schedule training(s). 		Mid-year report on template provided by DOH.	December 31, 2020	

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> This is one or more specific trainings coordinated by DOH. DOH will work with LHJ to implement. Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above. 				
7	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Gather and submit data for LHJ performance measure (PM) 2: Percent of public health and medical responders who are trained on their role during a public health response.</p> <p>Note: DOH will provide additional guidance about submitting performance measure data.</p>		LHJ performance measure data (PM 2)	October 30, 2020	
8	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>8.1 Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>8.2 Provide input to RERCs for Regional Training & Exercise Plan and Training & Exercise Planning Workshop Guide.</p> <p>Note: LHJ may opt to develop, update and maintain a local Training & Exercise Plan. They still need to participate in regional process described above.</p>		<p>Mid-year report on template provided by DOH.</p> <p>8.2 Input into Regional Training & Exercise Plan and Training & Exercise Planning Workshop Guide provided to RERCs.</p>	December 31, 2020	8.2 As requested by RERCs.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
9	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Gather and submit data for LHJ performance measure 3: Percent of Corrective Action Plan items completed by due date.		LHJ performance measure data (PM 3)	October 30, 2020	
10	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response. Notes: <ul style="list-style-type: none"> • “Mobilize a response” is defined as the first verbal briefing of the response team from the initial notification to the public health responders in the area. • The target is to mobilize a response within 45 minutes. • DOH will provide additional guidance about submitting performance measure data. 		LHJ performance measure data (PM 1)	October 30, 2020	
11	Domain 2 Incident Management Capability 3 Emergency Operations Coordination 11.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures. 11.2 Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.		Mid-year report on template provided by DOH. Indicate that this was done or that no response incident occurred. 11.1 Notification to DOH Duty Officer within 60 minutes of activation. 11.2 Sitreps submitted to DOH Duty Officer	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
12	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>12.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on Basecamp.</p> <p>12.2 Participate in at least one risk communication drill offered by DOH between July 1, 2020 and June 30, 2021. Drill will occur via webinar, phone and email. DOH will offer one in July 1 – December 31, 2020 and one between January 31 – June 30, 2021.</p> <p>12.3 Conduct a hot wash evaluating LHI participation in the drill.</p> <p>12.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After Action Review (AAR) evaluating LHI participation in communication strategies during the incident.</p> <p>Note: Participation in a real world event may meet the requirement for 12.2, 12.3 and 12.4.</p>		<p>Mid-year report on template provided by DOH.</p> <p>12.3 and 12.4 Hotwash or After Action Review (AAR)</p>	December 31, 2020	
13	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning</p> <p>Gather and submit data for LHI performance measure 7. Amount of time to identify and implement communication strategies during a response or exercise.</p> <p>Notes:</p> <ul style="list-style-type: none"> The target is within the first six hours. DOH will provide additional guidance about submitting performance measure data. 		LHI performance measure data (PM 7)	October 30, 2020	

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
14	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>14.1 Maintain WASECURES as primary notification system.</p> <p>14.2 Participate in DOH-led notification drills.</p> <p>14.3 Conduct at least one LHI drill using LHI-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> Registered users must log in quarterly at a minimum. DOH will provide technical assistance to LHJs on using WASECURES. LHI may choose to use another notification system in addition to WASECURES to alert staff during incidents. 14.3 doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period. DOH tracks data for LHI Performance Measure 6: Percent of successful WASECURES alerts (high or medium level) confirmed within 60 minutes of receipt by LHI staff. 		Mid-year report on template provided by DOH.	December 31, 2020	
15	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EEIs) during incident response upon request from DOH.</p> <p>Note: DOH will request specific data elements from the LHI during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.</p>		Provide EEIs upon request. Note in the mid-year report that EEIs were provided or none were requested.	Upon request. December 31, 2020	

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
16	<p>Domain 4 Countermeasures and Mitigation Capability 8 Medical Countermeasures Dispensing Capability 9 Medical Countermeasures Management and Distribution</p> <p>Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or Region.</p> <p>Notes:</p> <ul style="list-style-type: none"> MCM plans include number of local distribution sites and number for which a detailed point-to-point distribution plan from RSS to distribution site has been jointly confirmed by LHJ and DOH. (LHJ PM 4) MCM plans include number of local points of dispensing (PODs) and number for which a detailed point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (nursing home, local agency, public POD, and independent pharmacy). (LHJ PM 5) LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan. DOH will provide technical assistance to LHJs on core elements of an MCM plan. LHJ Performance Measure data will be due October 30, 2020. DOH will gather data for PMs 4 and 5. 		<p>Report progress and/or plans in mid-year report on template provided by DOH.</p> <p>If there is a regional plan, provide input to the RERC upon request.</p> <p>Updated MCM plans will be due June 30, 2021.</p>	December 31, 2020	
17	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Engagement with regional Health Care Coalition (HCC)</p> <p>Participate in:</p> <ul style="list-style-type: none"> At least one regional HCC meeting, in person or virtually. The information sharing process during incidents. 		Mid-year report on template provided by DOH.	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
18	<p>- At least one planning process or exercise conducted to inform on the roles and responsibilities of public health.</p> <p>- Reviewing HCC plans for alignment with local ESF8 plans.</p> <p>Note: This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</p> <p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Gather and submit data for LHJ performance measure 8: Percent of Critical Healthcare Facilities whose functional status can be assessed by the local health jurisdiction in an emergency.</p> <p>Notes:</p> <ul style="list-style-type: none"> • "Critical Healthcare Facilities" are hospitals, skilled nursing facilities, blood centers, and dialysis centers. • DOH will provide additional guidance about submitting performance measure data. 		LHJ performance measure data (PM 8)	October 30, 2020	

***For Information Only:**

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

Program Specific Requirements/Narrative

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

Deliverables are to be submitted to the ConCon deliverables mailbox at concondeliverables@doh.wa.gov, unless otherwise specified.

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

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

Please reference the Code of Federal Regulations:
https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ff6ddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mce=true&r=PART&n=pt2.1.200#se2.1.200_1439

DOH Program Contact

Tory Hendersen, Contracts and Finance Specialist
Division of Emergency Preparedness and Response
Department of Health
P O Box 47960, Olympia, WA 98504-7960
Desk 360-236-4596 / Mobile 360-789-7262
tory.hendersen@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Emergency Preparedness & Response COVID-19 Local CARES - Effective March 1 2020

Local Health Jurisdiction Name: Skamania County Community Health

Department
Contract Number: CLH18260

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

Period of Performance: March 1, 2020 through December 31, 2020

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"/> One-Time Distribution
---	--	---

Statement of Work Purpose: The purpose of this statement of work is to provide additional funding to supplement existing funds for LHJs to prevent, prepare for, and respond to the COVID-19 disease outbreak.

Note: Pending execution of a one-year extension to the 2018-2020 consolidated contracts which currently end December 31, 2020, DOH will extend the period of performance in this statement of work through the end of January 2021 to include additional time for submission of the Final Report. LHJ may not bill for any time spent or costs incurred after December 30, 2020.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
COVID LHJ OFM Allocation-CARES	21.019	333.21.01	934E0200	03/01/20 12/30/20	0	241,200	241,200
TOTALS					0	241,200	241,200

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Federal Funds 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. The CARES Act (Coronavirus Relief Fund) provides that payments from the Fund may only be used to cover costs that:		Complete Federal Funding Certification (provided by DOH). Activity report(s) on template to be provided DOH.	September 30, 2020 September 30, 2020 October 31, 2020 November 30, 2020 December 31, 2020 Final Report: January 30, 2021	Reimbursement for actual costs not to exceed total funding consideration amount.

<p>1. Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);</p> <p>2. Were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and;</p> <p>3. Were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020</p> <p>The guidance on the Department of the Treasury's interpretation of these limitations on the permissible use of Fund payments can be found at this link:</p> <p>https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf</p> <p>DOH will provide additional guidance and technical assistance.</p> <p>Note: These funds are available through December 30, 2020. DOH will work closely with LHI on the status of spending. By December 1, 2020, if funding is projected to be unspent, then DOH will reallocate those funds based on OFMs approval for the month of December.</p> <p>The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</p> <p>Existing funds for COVID-19 public health response activities may not be displaced by these funds and reallocated for other organizational expenses. No funds from this agreement shall be used to supplant existing federal, state or local funds nor any funding allocations or commitments made before August 31, 2020.</p>		<p>Frequency and due dates of reports may change based on federal requirements. DOH will notify LHI of any changes via email.</p> <p>A final activity report is required prior to DOH releasing the final amount of funding.</p>	
--	--	--	--

<p>DOH does recognize the public health response goes beyond December 2020 and authorizes local health jurisdictions the ability to maximize funding streams available to them by using short term funding first to have longer term funding available to continue to support the local health jurisdiction response activities beyond December 2020 as applicable.</p>				
---	--	--	--	--

***For Information Only:**

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

Program Specific Requirements/Narrative

Deliverables are to be submitted to the ConCon deliverables mailbox at concondeliverables@doh.wa.gov

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

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

Please reference the Code of Federal Regulations: https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ff6ddb5363a27f2669d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

Allowable Activities - See list of allowable activities below, Appendix 2 from Coronavirus Relief Fund - Guidance for State, Territorial, Local, and Tribal Governments Updated September 2, 2020 and a link: <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf>

The purpose of this document is to provide guidance to recipients of the funding

DOH Program Contact

Tory Henderson, Contracts & Finance Specialist
 Department of Health
 P O Box 47960, Olympia, WA 98504-7960
 360-236-4596 / tory.henderson@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

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

Local Health Jurisdiction Name: Sklamania County Community Health Department

Contract Number: CLH18260

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

Period of Performance: December 1, 2019 through December 31, 2020

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

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

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

Revision Purpose: The purpose of this revision is to add a new master index (MI) code (78440104) for the period 07/01/20 - 12/31/20, change the end date from 12/31/20 to 06/30/20 to closeout the old MI code (78440100) and move remaining funding to the new MI code and funding period.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change None	Total Consideration
Family Planning Cost Share	N/A	334.04.91	78440100	12/01/19 06/30/20	16,434	-7,585	8,849
Family Planning Cost Share	N/A	334.04.91	78440100	12/01/19 06/30/20	11,780	0	11,780
SFY21 Family Planning Cost Share	N/A	334.04.91	78440104	07/01/20 12/31/20	0	7,585	7,585
TOTALS					28,214	0	28,214

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Family Planning Services—excluding abortion and other surgical procedures related to family planning A. Comply with Washington State 2019 Family Planning Manual, Family Planning Network requirements and all state laws. Also see Program Manual, Handbook, Policy References section below. B. Provide medical services, community education and outreach, and staff training, consistent with state requirements.		<ul style="list-style-type: none"> A19 invoice vouchers submitted timely and accompanied with an R&E showing revenue and expenses for the month billed and back up documentation per DOH policy. During the COVID19 crisis you may enter FTE related expenses for family planning staff temporarily assigned to 	No more than monthly and no less than quarterly.	Billing must be based on a current cost methodology approved by DOH (see Reporting Requirements table). DOH reserves the right to withhold payment until: <ul style="list-style-type: none"> Compliance issues related to this or a previous SOW

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>1. LHI is responsible for making sure all staff have the knowledge to carry out the requirements of the SOW.</p> <p>2. Medical, laboratory, and other services related to abortion are not covered by this task.</p> <p>3. Community education services must be based on the needs of the community.</p> <p>4. Outreach is to ensure all populations in your community understands the services available. Focus your outreach efforts on increasing equity.</p> <p>Washington State Family Planning Network priority populations are:</p> <ul style="list-style-type: none"> • People under 20 years old • People with incomes at or below 250% FPL • People who are uninsured or underinsured • People who require an extra level of confidentiality • People with low English proficiency <p>Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories.</p> <p>Provide all services in accordance with:</p> <ul style="list-style-type: none"> • DOH Family Planning Manual • Other state and federal requirements • LHI's Current Scope Report (defined below) <p>C. Collect, maintain, and provide data about each family planning clinic visit as defined in the Family Planning Manual.</p> <ol style="list-style-type: none"> 1. Maintain a computer system that includes normal safety precautions against loss of information. 2. Ensure data entry personnel protect confidentiality of CVR data. 		<ul style="list-style-type: none"> • other duties due to COVID19 or staff not working due to COVID19, but still being paid by your organization as paid leave. • All reports described in Reporting Requirements table below. • Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.) • To facilitate DOH desk reviews—requested documentation available to DOH in requested format. • To facilitate DOH site-visits—appropriate staff and documentation readily available prior to and during review. <p>DOH performs site visits at least every three-years. Follow-up site visits are performed until identified issues are resolved.</p> <p>CVR data submitted to DOH data contractor (Ahlers & Associates)</p>	<p>As described in Reporting Requirements table below.</p> <p>As requested by DOH</p> <p>As requested by DOH</p>	<p>are resolved in a way accepted by DOH</p> <ul style="list-style-type: none"> • Current data is submitted to, and accepted by, Ahlers. • A19 back up documentation required by DOH has been submitted and approved. • Other deliverables have been met. <p>Payment is limited to the maximum funds available for funding source.</p> <p>DOH will reimburse for:</p> <ul style="list-style-type: none"> • Actual allowable costs according to your approved cost methodology (see Reporting Requirements table). • or • The amount remaining in the SOW divided by the number of months remaining in the funding source, plus one, whichever is less. <p>Payment will be calculated by R&E provided by DOH (see Reporting Requirements table).</p> <p>All services through 12-31-20 must be billed by 01-31-21.</p>

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

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	any other person or organization. (Also see Payment column.)				

Reporting Requirements:

Title and Purpose	Description	Due
<p>1. Current Scope Report</p> <p>Information required at the beginning this SOW period. This information ensures that DOH has accurate information about LHJ's organization and the services it provides.</p> <p>In addition, elements of this report allow DOH to ensure that Washington State Family Planning Network requirements regarding client fees, required services, requirements. It also provides other information to assist DOH to manage this SOW and the Washington State Family Planning Network as a whole.</p>	<p>Description</p> <p>This information must be reported using the template or format provided by DOH. All signatures and forms must be completed by 01-31-20 It will include:</p> <p>Information about your agency contacts and your organization's staffing</p> <ul style="list-style-type: none"> A. Head of Organization B. Head of Finance C. Medical Director D. The following (one person might fill more than one role) <ul style="list-style-type: none"> a. Contract Coordinator b. Clinical representative c. Billing contact d. Outreach and education contact e. Contact for CVR data f. Contact for EHR information <p>Information regarding family planning related services offered at each clinic site:</p> <ul style="list-style-type: none"> A. Cost analysis: How LHI determines what it costs to provide services. LHI uses this to help construct its fee schedule. A cost analysis must be performed by LHI no more than three years prior to the start date of this SOW. B. Sliding fee schedule that includes all services required in the Family Planning Manual. Additional Task 1 family planning-related services may also be included on LHI's sliding fee schedule. <ul style="list-style-type: none"> a. Sliding fee schedule must be based on cost analysis described above. b. LHI may use the last fee schedule approved prior to this SOW as long as it was approved later than 04-01-19. LHI must email the DOH contract manager letting them know it is using a prior approved fee schedule. c. LHI must not implement a revised fee schedule until it has been approved in writing by DOH. C. Income conversion tables must be updated annually and approved by DOH <p>Information related to current Community Outreach Plan</p> <p>LHI's community outreach plan follows a 5-year cycle. In the first year LHI must assess, document and disseminate community health needs, this process must include the following steps:</p> <ul style="list-style-type: none"> A. Define the populations LHI serves and identify opportunities to expand reach within 	<p>01-31-20</p> <p>AND</p> <p>As needed to maintain accuracy of information.</p>

	<p>those populations and to unreached populations in each community it serves.</p> <ul style="list-style-type: none"> B. Identify organizations and people representing the broad interests of the community and identify opportunities for partnership and collaboration. C. Gather available data and current assessments (secondary data) D. Seek community perspectives by gathering input from the various populations in LHI's community (collect primary data) E. Aggregate secondary and primary data and analyze aggregated data F. Prioritize health issues, define areas of unmet need, and incorporate both in plans for outreach and education materials and activities G. Document and disseminate the community health needs assessment to LHI's FFP consultant and appropriate stakeholders <p>Information related to current Washington State Family Planning Network work plan</p> <p>Periodically, the Family Planning Network develops a statewide work plan. LHI will be involved in developing and finalizing this plan. Activities focus on improving the strength of the Network and access to Network services for everyone who wants and needs them.</p> <p>Describe plans to address portions of the Network work plan that LHI is responsible for or involved in. Include a description of the staff involved and timelines related to your activities.</p> <p>Information related to billing and client fees</p> <p>Cost methodology: How LHI determines appropriate expenses for the purpose of billing DOH.</p> <p>If LHI cost methodology was approved by DOH after 04-01-19, LHI does not have to resubmit unless changes were made. LHI does need to email DOH contract manager informing them that no changes were made.</p>	
<p>2. Progress Summary Report</p> <p>Summary of activities from previous Family Planning services SOW. This information allows DOH to provide required reports to the federal Office of Population of Affairs.</p> <p>It also informs quality improvement of the Washington State Family Planning Network.</p>	<p>This information must be reported using the template or format provided by DOH. It will include information about LHI's work during the previous SOW:</p> <ul style="list-style-type: none"> A. Progress on portions of the Network work plan LHI was responsible for or involved in. B. Community education and outreach strategies and activities and a discussion of their effectiveness. C. Staff training. <p>Organization-level data on clinical services emailed to DOH family planning data manager</p>	
<p>3. Family Planning Annual Report (FPAR)</p> <p>Information DOH is requesting to develop trend data. All information is for calendar year 2020 (January through December 2020).</p>	<p>Number of:</p> <ul style="list-style-type: none"> A. Pap tests with an ASC or higher result B. Pap tests with an HSIL or higher result C. HIV Positive confidential tests D. HIV Anonymous tests E. FTE required to provide Title X services: 	<p>01-31-20</p>

	<ul style="list-style-type: none"> • Physicians • Physician assistants + nurse practitioners + certified nurse midwives • Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment. <p>Financial data emailed to DOH Contract Manager</p> <p>A. R&E showing Other Revenue through 12-31-20 as described in item 5, below.</p>	
<p>4. Clinic Visit Reports (CVRs)</p>	<p>Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at: https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf.</p> <p>CVR data must be submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> • Each month's CVR data • Corrected CVR data 	<p>The last day of the next month</p> <p>Within thirty (30) days of receiving error or rejection report or request from DOH family planning data manager.</p>
<p>5. Revenue and Expense Reports (R&E)</p>	<p>Completed R&E for time period that shows all revenue (including program income) that support Task 1 Family Planning Services and all expenses related to providing those services. R&E workbook will be provided by DOH.</p> <ol style="list-style-type: none"> Expenses must match General Ledger. Other revenue/program income must reflect revenue actually received in the reporting month. All entries on "Other" rows must be accompanied by a description of the revenue source or expense, including any calculations uses. 	<p>Submitted with each invoice (A19). No more than monthly and no less than quarterly.</p> <p>R&E showing all sources of revenue that support services for:</p> <ul style="list-style-type: none"> • January-December 2019 due 01-31-20 • January-December 2020 due 01-31-21

***For Information Only:**

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

Program Manual, Handbook, Policy References

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

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

Special Billing Requirements

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

Special Instructions

Accessibility of Services

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

Availability of Emergency Services

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

DOH Program Contact

Carol Oakes
PO Box 47880
Olympia, WA 98504-7880
Carol.Oakes@doh.wa.gov
(360) 236-3588

Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective July 1, 2019

Local Health Jurisdiction Name: Skamania County Community Health

Department
Contract Number: CLH18260

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

Period of Performance: July 1, 2019 through December 31, 2020

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
--	---	--

Statement of Work Purpose: The purpose of this statement of work is to specify how state funds for Foundational Public Health Services (FPHS) will be used for the period of July 1, 2019 through June 30, 2021.

Note: The total consideration is for the period of July 1, 2019 through June 30, 2021. 2019-2021 biennial funding allocations will be divided into four six-month lump sum amounts that will be disbursed at the beginning of each six month period as follows: July, 1, 2019; January 1, 2020; July 1, 2020; January 1, 2021.

Pending execution of a one-year extension to the 2018-2020 consolidated contracts which currently end December 31, 2020, DOH plans to extend the period of performance and funding in this statement of work through June 30, 2021. The final disbursement of funds scheduled for January 1, 2021 and deliverable due dates after December 31, 2020 are included in this statement of work for informational purposes only and will be carried forward into the extended contract term beginning January 1, 2021.

FPHS funds must be spent in the state fiscal year (SFY) in which they are disbursed: SFY20 07/01/19-06/30/20 and SFY21 07/01/20-06/30/21.

2019-2021 Biennial Allocation: \$200,000

Annual Allocation: \$100,000

Six Month Disbursement: \$50,000

Revision Purpose: The purpose of this revision is to increase the 2019-2021 funding allocation, revise the SFY20 deliverable due date, and add language in the Program Specific Requirements/Narrative section concerning flexible use of FPHS funding during the COVID-19 pandemic response.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FPHS FUNDING FOR LHIS	N/A	336.04.25	99202101	07/01/19 06/30/20	42,000	58,000	100,000
FPHS FUNDING FOR LHIS	N/A	336.04.25	99202101	07/01/20 12/31/20	42,000	58,000	100,000
TOTALS					84,000	116,000	200,000

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	These funds are for delivering ANY or all of the FPHS communicable disease, environmental public health or assessment service and can also be used for any of the other FPHS capabilities that support these FPHS as defined in the most current version of FPHS Definitions.	Annual Report (template provided by DOH) for SFY20 (07/01/19 – 06/30/20)	By 08/15/20 09/15/20 <i>Note: January 2021 payment is dependent on submission of this annual report.</i>	Funds are available beginning July 1, 2019. Half of the annual allocation will be disbursed each July upon receipt of the Annual Report and the second half will be disbursed each January. Note: Funds must be spent in the state fiscal year (SFY) in which they are disbursed.
Tasks/Activities/Description		Impact Measures		

Control of Communicable Disease and Other Notifiable Conditions

1. Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions.
2. Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions.
3. Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates.
4. Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines.
5. Ensure availability of public health laboratory services for disease investigations and response, and reference and confirmatory testing related to communicable diseases and notifiable conditions.
6. When Additional Important Services (AIS) are delivered regarding prevention and control of communicable disease and other notifiable conditions, ensure that they are well coordinated with foundational services.

Environmental Public Health

1. Provide timely, state and locally relevant and accurate information statewide and to communities on environmental public health issues and health impacts from common environmental or toxic exposures.
2. Identify statewide and local community environmental public health assets and partners, and develop and implement a prioritized prevention plan to protect the public's health by preventing and reducing exposures to health hazards in the environment, seek resources and advocate for high priority policy initiatives.
3. Conduct environmental public health investigations, inspections, sampling, laboratory analysis and oversight to protect food, recreational water, drinking water and liquid waste and solid waste systems in accordance with local, state and federal laws and regulations.
4. Identify and address priority zoonotic conditions (e.g. those transmitted by birds, insects, rodents, etc.), air-borne conditions and other public health threats related to environmental hazards.

Percent of toddlers and school age children that have completed the standard series of recommended vaccinations.

Percent of new positive Hepatitis C lab reports that are received electronically which have a completed case report.

Percent of new positive Hepatitis C case reports with completed investigations.

Percent of Gonorrhea cases investigated.

Percent of Gonorrhea cases investigated that are receiving dual treatment (treatment for both Gonorrhea and Chlamydia at the same time)

Percent of newly diagnosed syphilis cases that receive partner services interview.

TBD

Tasks/Activities/Description	Impact Measures
<ol style="list-style-type: none"> 5. Protect the population from unnecessary radiation exposure in accordance with local, state and federal laws and regulations. 6. Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes 7. When Additional Important Services (AIS) are delivered regarding environmental public health, assure that they are well coordinated with foundational services. 	
<p>Assessment (Surveillance and Epidemiology)</p> <ol style="list-style-type: none"> 1. Ability to collect sufficient, statewide and community level data and develop and maintain electronic information systems to guide public health planning and decision making at the state, regional and local level. 2. Ability to access, analyze, use and interpret data. 3. Ability to conduct a comprehensive community or statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health. 	TBD
<p>Emergency Preparedness (All Hazards).</p> <ol style="list-style-type: none"> 1. Ability to develop emergency response plans for natural and man-made public health hazards; train public health staff for emergency response roles and routinely exercise response plans. 2. Ability to lead the Emergency Support Function 8 – Public Health & Medical and/or a public health response for the county, region, jurisdiction and state. 3. Ability to activate and mobilize public health personnel and response teams; request and deploy resources; coordinate with public sector, private sector and non-profit response partners and manage public health and medical emergencies utilizing the incident command system. 4. Ability to communicate with diverse communities across different media, with emphasis on populations that are disproportionately challenged during disasters, to promote resilience in advance of disasters and protect public health during and following disasters. <p>Communication.</p> <ol style="list-style-type: none"> 1. Ability to engage and maintain ongoing relations with local and statewide media. 2. Ability to develop and implement a communication strategy, in accordance with Public Health Accreditation Standards, to increase visibility of public health issues. This includes the ability to provide information on health risks, healthy behaviors, and disease prevention in culturally and linguistically appropriate formats for the various communities served. 	TBD
<p>Policy Development and Support</p> <ol style="list-style-type: none"> 1. Ability to develop basic public health policy recommendations. These policies must be evidence-based, or, if innovative/promising, must include evaluation plans. 2. Ability to work with partners and policy makers to enact policies that are evidence-based (or are innovative or promising and include evaluation plans) and that address the social determinants of health and health equity. 3. Ability to utilize cost-benefit information to develop an efficient and cost-effective action plan to respond to the priorities identified in a community and/or statewide health assessment. 	

Tasks/Activities/Description	Impact Measures
<p>Community Partnership Development</p> <ol style="list-style-type: none"> 1. Ability to create and maintain relationships with diverse partners, including health-related national, statewide and community-based organizations; community groups or organizations representing populations experiencing health inequity; private businesses and health care organizations; Tribal Nations, and local, state and federal government agencies and leaders. 2. Ability to select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners. 	<p>TBD</p>
<p>Business Competencies – Leadership Capabilities; Accountability and Quality Assurance Capabilities; Quality Improvement Information; Technology Capabilities; Human Resources Capabilities; Fiscal Management, Contract and Procurement Capabilities; Facilities and Operations; Legal Capabilities.</p>	

Program Specific Requirements/Narrative

Special References (RCWs, WACs, etc)

Link to 2SHB 1497 – http://lawfilesexet.leg.wa.gov/biennium/2019-20/Pdf/Bills/House%20Passed%20Legislation/1497-S2_PL.pdf

FPHS Definitions

www.doh.wa.gov/fphsresourcesSpecial Instructions

There are two different BARS Revenue Codes for “state flexible funds” to be tracked separately and reported separately on your annual BARS report. These two BARS Revenue Codes and definitions from the State Auditor’s Office (SAO’s) are listed below along with a link to the BARS Manual. 336.04.25 is the new BARS Revenue Code to use for the Foundational Public Health Services (FPHS) funds included in this statement of work.

336.04.24 – County Public Health Assistance

Use this account for the state distribution authorized by the 2013 2ESSB 5034, section 710. The local health jurisdictions are required to provide reports regarding expenditures to the legislature from this revenue source.

336.04.25 – Foundational Public Health Services

Use this account for the funding designated for the local health jurisdictions to provide a set of core services that government is responsible for in all communities in the WA state. This set of core services provides the foundation to support the work of the broader public health system and community partners. At this time the funding from this account is for delivering ANY or all of the FPHS communicable disease services (listed above) and can also be used for the FPHS capabilities that support FPHS communicable disease services as defined in the most current version of FPHS Definitions.

SAO’s BARS Manual

Flexibility During COVID-19 Pandemic Response – FPHS funds are for long-term core FPHS investments as directed by the FPHS Steering Committee. However, in order to make use of the funds available for the 19-21 biennium and in each specific state fiscal year (SFY) during the COVID-19 response, flexibility is allowed and these funds can be used for other FPHS activities like responding to COVID-19.

Deliverables are to be submitted to Marie Flake at marie.flake@doh.wa.gov

DOH Program Contact

Marie Flake, Special Projects, Foundational Public Health Services
 Washington State Department of Health
 PO Box 47890, Olympia, WA 98504-7890
 Phone 360-236-4063 / Mobile 360-951-7566 / Fax 360.236.4024 / marie.flake@doh.wa.gov

AMENDMENT #16

Exhibit A
Statement of Work
Contract Term: 2018-2020

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

Local Health Jurisdiction Name: Skamania County Community Health

Department
Contract Number: CLH18260

SOW Type: Revision Revision # (for this SOW) 8

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

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

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

Revision Purpose: The purpose of this revision is to add FFY20 USDA WIC Nutrition Education funds and add Special Requirement language.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY18 CSS USDA WIC PROGRAM MGMT	10.557	333.10.55	76211280	01/01/18 09/30/18	31,155	0	31,155
FFY19 CSS USDA WIC PROGRAM MGMT	10.557	333.10.55	76211290	10/01/18 09/30/19	36,475	0	36,475
FFY20 USDA WIC PROGRAM MGMT CSS	10.557	333.10.55	76101202	10/01/19 09/30/20	0	0	0
FFY21 USDA WIC PROGRAM MGMT CSS	10.557	333.10.55	76101212	10/01/20 12/31/20	0	0	0
FFY18 CSS USDA FMNP PROGRAM MGMT	10.572	333.10.57	76211284	01/01/18 09/30/18	166	0	166
FFY16 CASCADES USDA WIC PROGRAM MGMT-MIS	10.578	333.10.57	76411261	10/01/18 09/30/19	1,095	0	1,095
FFY19 CSS USDA FMNP PROGRAM MGMT	10.572	333.10.57	76211294	01/01/19 09/30/19	166	0	166
FFY20 USDA WIC CLIENT SVS CONTRACTS	10.557	333.10.55	76101204	10/01/19 09/30/20	39,070	0	39,070
FFY21 USDA WIC CLIENT SVS CONTRACTS	10.557	333.10.55	76101214	10/01/20 12/31/20	9,250	0	9,250
FFY20 USDA FMNP PROGRAM MGMT	10.572	333.10.57	76540201	10/01/19 09/30/20	159	0	159
FFY20 USDA WIC NUTRITION ED	10.557	333.10.55	76101206	10/01/19 09/30/20	0	740	740
TOTALS					117,536		118,276

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

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>The Department of Health (DOH) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when:</p> <ol style="list-style-type: none"> 1. Unanticipated funding situations occur. 2. Reallocations are necessary to redistribute caseload statewide. <p>Authorized participating caseload for January 2018 through December 2020 = <u>115</u> Authorized participating caseload for January 2019 through December 2020 = <u>110</u></p>				
1.2	Submit the annual Nutrition Services Plan for each year of the Contract.	9.2	Nutrition Services Plan	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20	Payment withheld if not received by due date.
1.3	Submit the annual Nutrition Services Expenditure Report for each year of the Contract.	11.2	Nutrition Services Expenditure Report	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20	Payment withheld if not received by due date.
1.4	Tell clients about other health services in the agency. If needed, develop written agreements with other health care agencies and refer clients to these services.	3.1	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.5	Provide nutrition education services to clients and caregivers in accordance with federal and state requirements.	3.1	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.6	Issue WIC checks while assuring adequate check security and reconciliation.	11.2	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.7	Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).	7.1	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.8a	Submit WIC Budget Workbook for each year of the contract.	11.2	Budget Workbook	First year due 10/31/18	

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.8b	Submit Rev-Exp Report spreadsheet from the WIC Budget Workbook monthly with A19-invoice and submit entire revised WIC Budget Workbook for each year of the contract.	11.2	Rev-Exp Report and revised Budget Workbook.	Second year due 09/30/19 Third year due 09/30/20 Mid-year revision due 04/30/19 Mid-year revision due 04/30/20	
2	Breastfeeding Promotion				See "Special Billing Requirements" below
2.1	Provide breastfeeding promotion and support activities in accordance with federal and state requirements	3.1	Status report of chosen activities in Nutrition Services Plan.	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20	
2.2	Work with community partners to improve practices that affect breastfeeding. Choose one or more of the following projects: <ul style="list-style-type: none"> ▪ Change worksite policies of employers who likely employ low income women ▪ Provide breastfeeding education to health care providers who serve low income pregnant and breastfeeding women ▪ Work with birthing hospitals to improve maternity care practices that affect WIC client breastfeeding rates ▪ Provide clients access to lactation consultants ▪ Provide staff and community partners breastfeeding training <p>Other projects will need pre-approval from the State WIC Office.</p>	4.2	Documentation must be available for review by WIC monitor staff. Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20 Biennial WIC monitor	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Farmers Market Nutrition Program (FMNP)				See "Special Billing Requirements" below
3.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC clients between June and September 30 of current year.		Send completed readable copy of FMNP check registers to State WIC office on a weekly basis following FMNP procedures. Documentation must be available for review by WIC monitor staff.	Weekly June-Sept. 2018 Weekly June-Sept. 2019 Weekly June-Sept. 2020 All registers sent by Oct. 1, 2018; Oct. 1, 2019, and Oct. 1, 2020 Biennial WIC Monitor	

***For Information Only:**

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

Program Specific Requirements/Narrative

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Manual, Handbook, Policy References:

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

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

Staffing Requirements:

The LHJ must:

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

Restrictions on Funds:

The LHJ shall follow the instructions found in the Policy and Procedure Manual under WIC Allowable Costs.

Monitoring Visits:

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

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

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

Definitions:

What is the WIC program?

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

Assurances/Certifications:

1. Computer Equipment Loaned by the DOH WIC Nutrition Program

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

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

The LHI agrees to:

- a. Defend, protect and hold harmless DOH or any of its employees from any claims, suits or actions arising from the use of this Loaned Equipment.
- b. Assume responsibility for any loss or damage from abnormal wear or use, or from inappropriate storage or transportation.

DOH may enforce this by:

- 1) Requiring reimbursement from the LHI of the value of the Loaned Equipment at the time of the loss or damage.
- 2) Requiring the LHI to replace the Loaned Equipment with equipment of the same type, manufacturer, and capabilities (as pre-approved by DOH), or
- 3) Assertion of a lien against the LHI's property.
- c. Notify DOH immediately of any damage to Loaned Equipment.
- d. Notify DOH prior to moving or replacing any Loaned Equipment.

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

2. Civil Rights Assurance

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

- a. "The LHI hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR 50.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the ground of race, color, national origin, sex, age or handicap, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the LHI receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this Contract.

- b. "By accepting this assurance, the LHI agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, Food and Nutrition Service, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the LHI, its successors, transferees, and assignees, as long as it receives assistance or retains possession of any assistance from DOH. The person or persons whose signatures appear on the contract are authorized to sign this assurance on behalf of the LHI."

3. 7CFR Parts 3016, 3017, 3018

The LHI shall comply with all the fiscal and operations requirements prescribed by the state agency as directed by Federal WIC Regulations (7CFR part 246.6), 7CFR part 3016, the debarment and suspension requirements of 7CFR part 3017, if applicable, the lobbying restrictions of 7CFR part 3018, and FNS guidelines and instructions and shall provide on a timely basis to the state agency all required information regarding fiscal and program information.

Special Billing Requirements:

1. Definitions

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

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

• There are four federal budget periods

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

2. Billing Information

- a. Billings are submitted on an A19-1A form, which is coded and provided by DOH prior to each federal fiscal budget period. Submit summary level financial data to support each individual program billing.
- b. A19-1A forms are submitted monthly following the close of each calendar month or upon completion of services, before the end of the federal contract budget period.
- c. Funds are allocated by budget categories (refer to Chart of Accounts Program names) and by state and federal budget periods (refer to the allocation sheet).
- d. Expenses are incurred only during the budget period; no carry forward from previous time periods, or borrowing from future time periods is allowed. Advance payments are not allowed.
- e. Payments for a budget period are limited to the amounts allocated for the budget period for each budget category.
- f. Billings are based on actual costs, with back up documentation retained by the LHJ and available for inspection by DOH or other appropriate authorities.
- g. Payments will be made only for WIC approved expenditures. Refer to the Washington State WIC Nutrition Program Policy and Procedure Manual Volume 2, Chapter 4 – Allowable Costs and 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Special Instructions:

The LHJ shall:

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

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

Contract Term: 2018-2020

Date: July 15, 2020

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA * Code**	Statement of Work Funding Period	Start Date	End Date	DOH Use Only		Amount	Funding Period	Sub Total	Chart of Accounts Total
							Chart of Accounts Funding Period	Start Date				
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	Amd 14	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	(\$9,250)		\$0	\$67,630
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	Amd 6	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	(\$135)			
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	N/A	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	\$9,385			
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	Amd 14	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	(\$37,000)		\$0	
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	Amd 6	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	(\$540)			
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	N/A	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$37,540			
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 6	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19	(\$4,155)		\$36,475	
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 5	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19	\$3,090			
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	N/A	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19	\$37,540			
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 2	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$3,000		\$31,155	
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	N/A	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$28,155			
FFY21 USDA WIC Client Sys Contracts	NGA Not Received	Amd 14	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	\$9,250		\$9,250	\$48,320
FFY20 USDA WIC Client Sys Contracts	207WAWA7W1003	Amd 14	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$520		\$39,070	
FFY20 USDA WIC Client Sys Contracts	207WAWA7W1003	Amd 14	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$37,000			
FFY20 USDA WIC Client Sys Contracts	207WAWA7W1003	Amd 11	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$1,550			
FFY20 USDA WIC Nutrition Ed	207WAWA7W1003	Amd 16	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$740		\$740	\$740
FFY20 USDA FMNP Prog Mgmt	207WAWA7Y8604	Amd 15	10.572	333.10.57	10/01/19	09/30/20	10/01/19	09/30/20	\$159		\$159	\$491
FFY19 CSS USDA FMNP Prog Mgmt	197WAWA7Y8604	Amd 8	10.572	333.10.57	01/01/19	09/30/19	10/01/18	09/30/19	\$166		\$166	
FFY18 CSS USDA FMNP Prog Mgmt	187WAWA7Y8604	Amd 2	10.572	333.10.57	01/01/18	09/30/18	10/01/17	09/30/18	\$166		\$166	
FFY16 Cascades USDA WIC Prog Mgmt-MIS	16157WAWA6W522	Amd 6, 8	10.578	333.10.57	10/01/18	09/30/19	03/11/16	09/30/19	\$1,095		\$1,095	\$1,095
BITV-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 16	21.019	333.21.01	07/01/20	12/30/20	07/01/20	12/30/20	\$16,317		\$16,317	\$16,317
COVID LHJ OFM Allocation-CARES	NGA Not Received	Amd 16	21.019	333.21.01	03/01/20	12/30/20	03/01/20	12/30/20	\$241,200		\$241,200	\$241,200
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 5	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$358		\$19,894	\$19,894
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 4	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$19,536			
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$371		\$8,401	\$8,401
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$8,030			
FFY20 PHEP BP2 LHJ Funding	NU90TP922043	Amd 16	93.069	333.93.06	07/01/20	12/31/20	07/01/20	06/30/21	\$11,936		\$11,936	\$31,830
FFY19 PHEP BP1 LHJ Funding	NU90TP922043	Amd 9	93.069	333.93.06	07/01/19	06/30/20	07/01/19	06/30/20	\$19,894		\$19,894	

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA *	Code**	Start Date	End Date	Statement of Work Funding Period	DOH Use Only		Amount	Funding Period	Sub Total	Chart of Accounts Total
								Chart of Accounts Funding Period	End Date				
FFY19 Family Planning Title X	FPHPA0006462	Amd 8, 11	93.217	333.93.21	04/01/19	06/30/19	04/01/19	03/31/20	\$4,164	\$4,164	\$11,556		
FFY18 Family Planning Title X	FPHPA0006359	Amd 4	93.217	333.93.21	09/01/18	03/31/19	09/01/18	08/31/19	\$2,910	\$2,910			
FFY17 Family Planning Title X	FPHPA106286	Amd 3	93.217	333.93.21	01/01/18	08/31/18	04/01/17	08/31/18	\$3,350	\$4,482			
FFY17 Family Planning Title X	FPHPA106286	N/A, Amd 3	93.217	333.93.21	01/01/18	08/31/18	04/01/17	03/31/18	\$1,132				
FFY17 317 Ops	SNH231P000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$144	\$144	\$144		
FFY17 AFIX	SNH231P000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$553	\$553	\$553		
FFY17 Increasing Immunization Rates	NGA Not Received	Amd 5	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	(\$5,600)	\$0	\$0		
FFY17 Increasing Immunization Rates	NGA Not Received	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$5,600				
FFY17 VFC Ops	SNH231P000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$186	\$186	\$186		
FFY19 COVID CARES	NIU50CK000515	Amd 15	93.323	333.93.32	06/01/20	12/31/20	06/01/20	06/30/21	\$27,894	\$27,894	\$27,894		
FFY20 CDC COVID-19 Crisis Resp LHJ--Tribe	NIU90TP922069	Amd 13	93.354	333.93.35	01/20/20	12/31/20	01/01/20	06/30/21	\$78,522	\$78,522	\$78,522		
FFY20 MCHBG LHJ Contracts	B04MCC32578	Amd 10	93.994	333.93.99	10/01/19	09/30/20	10/01/19	09/30/20	\$29,551	\$29,551	\$81,625		
FFY19 MCHBG LHJ Contracts	B04MCC32578	Amd 4	93.994	333.93.99	10/01/18	09/30/19	10/01/18	09/30/19	\$29,551	\$29,551			
FFY18 MCHBG LHJ Contracts	B04MCC31524	Amd 2	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$359	\$22,523			
FFY18 MCHBG LHJ Contracts	B04MCC31524	N/A	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$22,164				
FEMA-75 COVID LHJ Allocation	NGA Not Received	Amd 16	97.036	333.97.03	07/01/20	12/30/20	07/01/20	12/30/20	\$48,951	\$48,951	\$48,951		
SFY21 Family Planning Cost Share	SFY20 Family Planning Cost Share	Amd 16	N/A	334.04.91	07/01/20	12/31/20	07/01/19	06/30/21	\$7,585	\$7,585	\$56,991		
SFY20 Family Planning Cost Share	SFY20 Family Planning Cost Share	Amd 16	N/A	334.04.91	12/01/19	06/30/20	07/01/19	06/30/21	(\$7,585)	\$8,849			
SFY20 Family Planning Cost Share	SFY20 Family Planning Cost Share	Amd 11	N/A	334.04.91	12/01/19	06/30/20	07/01/19	06/30/21	\$16,434				
SFY20 Family Planning Cost Share	SFY20 Family Planning Cost Share	Amd 15	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$11,780	\$11,780			
SFY20 Family Planning Cost Share	SFY20 Family Planning Cost Share	Amd 8, 9, 11	N/A	334.04.91	07/01/19	11/30/19	07/01/19	08/31/19	\$5,704	\$7,195			
SFY19 Family Planning Cost Share	SFY19 Family Planning Cost Share	Amd 4, 9, 11	N/A	334.04.91	07/01/19	11/30/19	07/01/19	08/31/19	\$1,491				
SFY19 Family Planning Cost Share	SFY19 Family Planning Cost Share	Amd 7	N/A	334.04.91	09/01/18	03/31/19	07/01/18	06/30/19	\$822	\$822			
SFY19 Family Planning Cost Share	SFY19 Family Planning Cost Share	Amd 8	N/A	334.04.91	09/01/18	06/30/19	07/01/18	06/30/19	\$219	\$7,675			
SFY19 Family Planning Cost Share	SFY19 Family Planning Cost Share	Amd 4	N/A	334.04.91	09/01/18	06/30/19	07/01/18	06/30/19	\$7,456				
SFY19 Family Planning Cost Share	SFY19 Family Planning Cost Share	Amd 3	N/A	334.04.91	07/01/18	08/31/18	07/01/18	06/30/19	\$4,018	\$4,018			
SFY18 Family Planning Cost Share	SFY18 Family Planning Cost Share	Amd 1	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/18	\$6,038	\$9,067			
SFY18 Family Planning Cost Share	SFY18 Family Planning Cost Share	N/A, Amd 1	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/18	\$3,029				
FFY20/21 COVID-19 Disaster Response Acct		Amd 13	N/A	334.04.92	01/20/20	12/31/20	01/01/20	06/30/21	\$71,478	\$71,478	\$71,478		

Stamania County Community Health Department

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

EXHIBIT B-16
ALLOCATIONS
Contract Term: 2018-2020

Contract Number: CLH18260
Date: July 15, 2020

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period Start Date End Date	DOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total
						Chart of Accounts Funding Period Start Date End Date	Amount			
SFY2 Lead Environments of Children		Amd 8	N/A	334.04.93	07/01/18 06/30/19	07/01/18 06/30/19		(\$1,500)	\$0	\$1,500
SFY2 Lead Environments of Children		Amd 4	N/A	334.04.93	07/01/18 06/30/19	07/01/18 06/30/19		\$1,500	\$1,500	
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18 06/30/18	07/01/17 06/30/18		\$1,500	\$1,500	
FPHS Funding for LHJs		Amd 16	N/A	336.04.25	07/01/20 12/31/20	07/01/19 06/30/21		\$58,000	\$100,000	\$242,000
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/20 12/31/20	07/01/19 06/30/21		\$42,000		
FPHS Funding for LHJs		Amd 16	N/A	336.04.25	07/01/19 06/30/20	07/01/19 06/30/21		\$58,000	\$100,000	
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/19 06/30/20	07/01/19 06/30/21		\$42,000		
FPHS Funding for LHJs Dir		Amd 3	N/A	336.04.25	07/01/18 06/30/19	07/01/17 06/30/19		\$42,000	\$42,000	
YR 20 SRF - Local Asst (15%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18 12/31/18	07/01/15 12/31/18		(\$3,600)	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) SS		N/A, Amd 3	N/A	346.26.64	01/01/18 12/31/18	07/01/15 12/31/18		\$3,600		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 10	N/A	346.26.64	01/01/18 06/30/19	07/01/17 06/30/19		(\$1,400)	\$3,000	\$3,000
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 6, 10	N/A	346.26.66	01/01/18 06/30/19	07/01/17 06/30/19		\$800		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3, 10	N/A	346.26.66	01/01/18 06/30/19	07/01/17 06/30/19		\$3,600		
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 11	N/A	346.26.64	01/01/19 12/31/20	01/01/19 06/30/21		\$1,400	\$2,200	\$2,200
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 10, 11	N/A	346.26.64	01/01/19 12/31/20	01/01/19 06/30/21		\$800		
Sanitary Survey Fees (FO-SW) SS State		Amd 11	N/A	346.26.65	01/01/18 12/31/20	07/01/17 06/30/21		\$1,400	\$5,200	\$5,200
Sanitary Survey Fees (FO-SW) SS State		Amd 10	N/A	346.26.65	01/01/18 12/31/20	07/01/17 12/31/19		(\$600)		
Sanitary Survey Fees (FO-SW) SS State		Amd 6, 11	N/A	346.26.65	01/01/18 12/31/20	07/01/17 12/31/19		\$800		
Sanitary Survey Fees (FO-SW) SS State		Amd 3, 6, 11	N/A	346.26.65	01/01/18 12/31/20	07/01/17 12/31/19		\$3,600		
YR 20 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18 12/31/18	07/01/15 12/31/18		(\$2,000)	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) TA		N/A, Amd 3	N/A	346.26.66	01/01/18 12/31/18	07/01/15 12/31/18		\$2,000		
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 10	N/A	346.26.66	01/01/18 06/30/19	07/01/17 06/30/19		(\$4,000)	\$0	\$0
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 6, 10	N/A	346.26.66	01/01/18 06/30/19	07/01/17 06/30/19		\$2,000		
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3, 10	N/A	346.26.66	01/01/18 06/30/19	07/01/17 06/30/19		\$2,000		
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 10, 11	N/A	346.26.66	01/01/19 12/31/20	01/01/19 06/30/21		\$2,000	\$2,000	\$2,000

TOTAL

\$1,069,718

\$1,069,718

\$2,000

Total consideration:

\$634,574

GRAND TOTAL

\$1,069,718

GRAND TOTAL

\$435,144

Total Fed

\$685,349

*Catalog of Federal Domestic Assistance

Total State

\$384,369

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

Exhibit C-14 Schedule of Federal Awards

AMENDMENT #16

SKAMANIA COUNTY COMMUNITY HEALTH-SWV001110-01
 CONTRACT CLH18260 - Skamania County Community Health Department
 CONTRACT PERIOD: 01/01/2018-12/31/2020

Date: July 15, 2020

Chart of Accounts Program Title	BARS	DOH		Total Amt	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
		Federal Award Date	Received		Start Date	End Date						
FFY21 USDA WIC CLIENT SVS CONTRACTS	333.10.55	NGA Not Received	NGA Not Received	10/01/20	12/31/20	\$9,250	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	NGA Not Received		NGA Not Received
FFY20 USDA WIC NUTRITION ED	333.10.55	10/01/19	\$6,161,312	10/01/19	09/30/20	\$740	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	207WAWAWA7W1003		WOMEN, INFANTS AND CHILDREN
FFY20 USDA WIC CLIENT SVS CONTRACTS	333.10.55	10/01/19	\$6,161,312	10/01/19	09/30/20	\$39,070	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	207WAWAWA7W1003		WOMEN, INFANTS AND CHILDREN
FFY19 CSS USDA WIC PROGRAM MGMT	333.10.55	10/01/17	\$40,101,357	10/01/18	09/30/19	\$36,475	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	187WAWAWA7W1003		WOMEN, INFANTS AND CHILDREN
FFY18 CSS USDA WIC PROGRAM MGMT	333.10.55	10/02/17	\$27,576,710	01/01/18	09/30/18	\$31,155	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	187WAWAWA7W1003		USDA-WIC ADMIN
FFY20 USDA FMNP PROG MGMT	333.10.57	10/01/19	\$129,791	10/01/19	09/30/20	\$159	10.572	WIC Farmers' Market Nutrition Program (FMNP)	Department of Agriculture-Food and Nutrition Service	207WAWAWA7W8604		COMMODITY ASSISTANCE PROGRAM
FFY19 CSS USDA FMNP PROG MGMT	333.10.57	10/01/18	\$130,973	01/01/19	09/30/19	\$166	10.572	WIC Farmers' Market Nutrition Program (FMNP)	Department of Agriculture-Food and Nutrition Service	197WAWAWA7W8604		COMMODITY ASSISTANCE PROGRAM
FFY18 CSS USDA FMNP PROG MGMT	333.10.57	10/01/17	\$86,117	01/01/18	09/30/18	\$166	10.572	WIC Farmers' Market Nutrition Program (FMNP)	Department of Agriculture Food and Nutrition Service	187WAWAWA7W8604		COMMODITY ASSISTANCE PROGRAM
FFY16 CASCADES USDA WIC PROG MGMT-MIS	333.10.57	03/11/16	\$2,224,476	10/01/18	09/30/19	\$1,095	10.578	WIC Grants to States (WGS)	Department of Agriculture Food and Nutrition Service	16157WAWAWA6W522		WOMEN, INFANTS AND CHILDREN WIC SAM PROJECTS
COVID LHJ OFM ALLOCATION-CARES	333.21.01	NGA Not Received	NGA Not Received	03/01/20	12/30/20	\$241,200	21.019	Coronavirus Relief Fund	Department of the Treasury	NGA Not Received		NGA Not Received
BITV-COVID ED LHJ ALLOCATION-CARES	333.21.01	NGA Not Received	NGA Not Received	07/01/20	12/30/20	\$16,317	21.019	Coronavirus Relief Fund	Department of the Treasury	NGA Not Received		NGA Not Received
FFY20 PHEP BP2 LHJ FUNDING	333.93.06	06/12/20	\$11,365,797	07/01/20	12/31/20	\$11,936	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU907P922043		PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY19 PHEP BP1 LHJ FUNDING	333.93.06	06/29/19	\$11,307,904	07/01/19	06/30/20	\$19,894	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU907P922043		PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY18 EPR PHEP BP1 SUPP LHJ FUNDING	333.93.06	08/01/18	\$11,062,782	07/01/18	06/30/19	\$19,894	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU907P921889-01		HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY17 EPR PHEP BP1 LHJ FUNDING	333.93.06	07/18/17	\$11,062,782	01/01/18	06/30/18	\$8,401	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU907P921889-01		HPP AND PHEP COOPERATIVE AGREEMENT
FFY19 FAMIL Y PLANNING TITLE X	333.93.21	03/26/19	\$4,100,000	04/01/19	06/30/19	\$4,164	93.217	Family Planning Services	Department of Health and Human Services Office of Population Affairs	FPHPA006462		TITLE X FAMILY PLANNING SERVICES

Exhibit C-14 Schedule of Federal Awards

AMENDMENT #16

Date: July 15, 2020

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

Chart of Accounts Program Title	BARS	DOH		Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
		Federal Award Date	Start Date		End Date							
FFY18 FAMILY PLANNING TITLE X	333.93.21	09/12/18	09/01/18	\$2,763,000	09/01/18	03/31/19	\$2,910	93.217	Family Planning_Services	Department of Health and Human Services Office of Population Affairs	FPHPA006359	TITLE X FAMILY PLANNING SERVICES
FFY17 FAMILY PLANNING TITLE X	333.93.21	03/30/17	01/01/18	\$1,940,000	01/01/18	08/31/18	\$4,482	93.217	Family Planning_Services	Department of Health and Human Services Office of Population Affairs	FPHPA108286	TITLE X FAMILY PLANNING SERVICES GRANT
FFY17 VFC OPS	333.93.26	03/03/17	01/01/18	\$1,201,605	01/01/18	06/30/18	\$186	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 AFIX	333.93.26	03/03/17	01/01/18	\$1,672,289	01/01/18	06/30/18	\$553	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 317 OPS	333.93.26	03/03/17	01/01/18	\$575,989	01/01/18	06/30/18	\$144	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY19 COVID CARES	333.93.32	04/23/20	06/01/20	\$22,581,799	06/01/20	12/31/20	\$27,894	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)-Building and Strengthening Epidemiology, Laboratory and Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis	Department of Health and Human Services Centers for Disease Control and Prevention	NU50CK000515	EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)-BUILDING & STRENGTHENING EPIDEMIOLOGY, LABORATORY & CDC COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE: PUBLIC HEALTH CRISIS RESPONSE CDC-RFA-TP16-1802
FFY20 CDC COVID-19 CRISIS RESP LHJ-TRIBE	333.93.35	03/16/20	01/20/20	\$13,220,799	01/20/20	12/31/20	\$78,522	93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922069	CDC COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE: PUBLIC HEALTH CRISIS RESPONSE CDC-RFA-TP16-1802
FFY20 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	10/01/19	\$2,225,977	10/01/19	09/30/20	\$29,551	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MCC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY19 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	10/01/18	\$2,225,977	10/01/18	09/30/19	\$29,551	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MCC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY18 MCHBG LHJ CONTRACTS	333.93.99	10/20/17	01/01/18	\$1,650,528	01/01/18	09/30/18	\$22,523	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MCC31524	MATERNAL AND CHILD HEALTH SERVICES
FEMA-75 COVID LHJ ALLOCATION	333.97.03	NGA Not Received	07/01/20	NGA Not Received	07/01/20	12/30/20	\$48,951	97.036	Disaster Grants-Public Assistance (Presidentially Declared Disasters)	Department of Homeland Security	NGA Not Received	NGA Not Received
							TOTAL	\$685,349				

Special Requirements:

Contract Funding Period	Time Period Special Requirement Funds Available	Amount	Description of Special Requirement
January 2018 - September 2018	January 2018 - September 2018	\$3,000	Added in the USDA/WIC Program Management "Other" category to fund training and travel expenses for WIC staff to attend WIC-related trainings. This doesn't include out of state trainings.
October 2018 - September 2019	October 2018 - September 2019	\$3,090	Added in the USDA/WIC Program Management "Other" category to fund training and travel expenses for WIC staff to attend WIC-related trainings and for WIC staff salaries to complete local agency provided WIC-related trainings. This doesn't include out of state trainings.
October 2018 - September 2019	October 2018 - September 2019	\$1,095	Added in the FFY16 Cascades USDA WIC Program Management-MIS category to fund training and travel expenses for WIC staff to attend Cascades trainings.
October 2019 - September 2020	January 2020 - September 2020	\$1,550	Added in the USDA WIC Client Services Contracts category to fund training and travel expenses for all WIC staff to participate in WIC-related trainings. With this amendment, these training funds may be used to purchase items to support COVID-19 Remote Access needs. All COVID-19 Remote Access purchases must be approved by the Local Program Operations supervisor or designee prior to purchase.
<i>October 2019 - September 2020</i>	<i>January 2020 - September 2020</i>	<i>\$740</i>	<i>Added in the USDA WIC Nutrition Education category to fund WIC staff to attend the fall 2020 NWA Nutrition Education and Breastfeeding Conference or another state approved training.</i>

Other

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

DOH Program Contact

Michael Schweizer HSC
 WIC Nutrition Program
 PO Box 47886, Olympia, WA 98504-7886
mike.schweizer@doh.wa.gov
 360-236-3714

DOH Fiscal Contact

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

COMMISSIONER'S AGENDA ITEM

<u>SUBMITTED BY</u>	<u>Human Resource</u> Department	 Signature
<u>AGENDA DATE</u>	<u>October 13, 2020</u> 6	
<u>SUBJECT</u>	<u>Title VI Annual Report</u>	
<u>ACTION REQUESTED</u> <u>Agreement</u>	<u>Sign Title VI Annual Report and Non Discrimination</u>	

SUMMARY/BACKGROUND

Title VI Annual Report to be submitted in order to obtain funding for future projects.

FISCAL IMPACT

There is no fiscal impact other than cost of projects.

RECOMMENDATION

Sign the Annual Report and submit.

LIST ATTACHMENTS

Title VI Annual Report and Non discrimination Agreement

MOTION

The Skamania County Board of Commissioners by motion hereby authorizes the chair to sign the Title VI annual report for 2019-2020 for projects in October 2019 through September 2020.

**Non [GG1]-Discrimination Agreement
Annual Update and Accomplishment Report
For agencies with population under 100,000
Washington State Department of Transportation**

SKAMANIA COUNTY

(Name of Recipient)

September 2020

2019-2020

(Reporting Year, i.e.: "2009," " 2010," etc., based on end date of reporting period)

October 1, 2019-September 30, 2020

(Reporting Period, i.e., March 1, 2009 – February 28, 2010)

Reference: WSDOT's Local Agency Guidelines Manual, Chapter 2

As stipulated in this agency's Title VI Program Non-Discrimination Agreement, WSDOT's approval letter to that agreement, and WSDOT's Highways and Local Programs Local Agency Guidelines Manual (Chapter 28), the annual accomplishment and update report for the reporting period reflected above is hereby submitted.

Current Chief Executive Officer:

- Name: Robert Hamlin
- Title: Chairman, Board of Commissioners

Planning or Public Works Director:

- Name: Tim Elsea
- Title: Public Works Director/County Engineer

Title VI Coordinator:

- Name: Debi Van Camp
- Title: Title VI Coordinator/Human Resource Specialist

SUBMITTED by: _____
Signature

Robert Hamlin
Typed/Printed Name

Chairman, Board of Commissioners
Title

Date

ANNUAL UPDATE AND ACCOMPLISHMENT REPORT For agencies under 100,000

Skamania County

(Name of Recipient)

October 13, 2020

(Report Submission Date)

2019-2020

(Reporting Period)

Reference: WSDOT's Local Agency Guidelines Manual, Chapter 28

1. Report any changes in the organizational structure since the last reporting period. (Example: New Title VI Coordinator, new planning or public works directors, etc).

New Skamania County Commissioners Chair for 2020 – Robert Hamlin

- Report should identify the changes in the racial/gender composition of those persons involved in the transportation decision making, including planning and advisory staff.
No changes

- If no changes have been made, please indicate that accordingly. **No changes**

2. Using the most current data available (through Census or Washington State Office of Financial Management), describe the demographics within your jurisdiction.

According to the Bureau of Census, US Department of Commerce, in 2017 4.1 percent of Skamania County's population spoke English less than "very well" and only 4.1 percent of the population spoke a language other than English. Skamania County does not prepare our written materials in other languages.

Washington State Office of Financial Management information provides that Skamania County [GG2] has:

White 92.8%, Hispanic 6.8%, Black 0.7%, Asian 1.1%, Mixed 1.5%, Other 1.3%

Skamania County uses the "AT&T Language Line to communicate with Non-English Speaking persons, hearing and speaking impaired persons seeking services, assistance or information from Skamania County. The access number is 1-800-874-9426.

- a. Describe any required Title VI activities and/or studies conducted that provided data relative to minority persons, neighborhoods, income levels, physical environment, and travel habits.

No studies/Activities.

Annual Update and Accomplishment Report
Population Under 100,000

- b. How was the information utilized or Title VI provisions and needs applied in each study or activity?

N/A.

3. List any Public outreach activities during the reporting period such as, public announcements and/or communications for meetings, hearings, project notices. Include the following:
Notices of Construction in your area, Notices of Public [GG3] Meetings

1. How were special language needs assessed? List the special language needs assessments conducted.

Non assessed or conducted.

2. What outreach efforts did you utilize to ensure that minority, women, low-income, and LEP population groups were provided equal opportunity to participate in those outreach activities. (Examples: provided materials in other languages, met with local social services agencies, advertised in a minority publication).

Notices were sent to local paper, met with Schools, and communities, Pre-construction meeting.

According to the Bureau of Census, US Department of Commerce, in 2016 only 1.1 percent of Skamania County's population spoke English less than "very well" and only 5.28 percent of the population spoke a language other than English. Skamania County does not prepare our written materials in other languages.

Skamania County uses the "AT&T Language Line to communicate with non-English speaking persons seeking services, assistance or information from Skamania County. The access number is 1-800-874-9426. Goal for future will be to add this phone number to all notices and on the county website.

3. List the special language services provided – note the professional language service provided including the name of the service, date provided, number of persons served, and any other relevant information.

Skamania County uses the "AT&T Language Line to communicate with non-English speaking persons seeking services, assistance or information from Skamania County. The access number is 1-800-874-9426.

No professional language was requested or served.

4. List any costs incurred for translations and interpreters for each activity.

Skamania County has not had to use translators nor interpreters for these projects.

4. List all the transportation related contracts (Federal and others) that were executed during the reporting period. (Please include construction, consultant agreements for planning, design, engineering, environmental, research, maintenance, etc.)

- a. Include dollar value of each

- **Smith Beckon Truck Route**
Federal Aid # STPR-HIPR-C304(001)
CRP # 2018-03

Annual Update and Accomplishment Report
Population Under 100,000

UDBE Goals: 8%
Contract Awarded: \$411,725.41
Contract Completed

- b. Other than advertising in your local legal publication, what outreach was made to DMWBE firms that a contracting opportunity existed within your agency?

Published in Skamania County Pioneer, White Salmon Enterprise, Camas-Washougal Post, Daily Journal of Commerce, and Small Works Roster.

- c. Identify the DMWBE contracts that were awarded and their dollar amount.

**2017 Skamania County Overlays
UDBE Contractors
Reece Construction Company \$30,000
Advance Government Services, INC. \$52,500**

**Smith Beckon Truck Route
UDBE Contractor
Advanced Governmental Services, \$ 32,930.00**

- d. Is there a Title VI Non-Discrimination statement included in all contracts and public notices?

Yes

- e. How did your organization ensure that minority, women, and disadvantaged firms were provided equal opportunity to participate in the contracting arena?

All contracts and public notices are advertised in the normal publishing outlets, confirmation of opportunities to participate is through Local Programs/WSDOT per funding authorities.

5. Summarize any transportation projects that identify potential impacts to minority and/or low-income Environmental Justice (EJ) populations (i.e., impacts such as displacements, increased noise, bisecting neighborhoods, et al). Note the following:

No impacts.

- a. How impacts were minimized/mitigated.

No Impacts were identified

- b. Also include a statement, if applicable, on projects that specifically benefit community cohesion such as: adding sidewalks, improving access to properties that improve access for EJ populations.

N/A at this time

6. If Right of Way has been acquired for a transportation project, please describe:

No Right of Way acquired

- Identify the number of minority, low-income, elderly and disabled persons affected.

Annual Update and Accomplishment Report
Population Under 100,000

None

- The efforts that were made to address Limited English Proficiency issues (including use and cost of translators, outreach efforts for each reported activity).

None used.

- Describe any concerns raised by minorities and women regarding appraisals, negotiations, relocation assistance, and payments. What actions were taken to resolve those issues?

None raised.

7. List and describe any Title VI related complaints, as a result of transportation activities and projects. Include: None Reported

None reported.

- What was the allegation or concern?

No allegations or concerns were raised.

- Procedures used

N/A

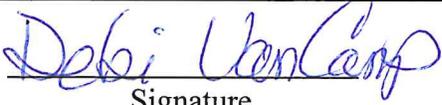
- Action taken

N/A

- Resolution

N/A

COMMISSIONER'S AGENDA ITEM

SUBMITTED BY	Human Resources Department	 Signature
AGENDA DATE	October 6, 2020	
SUBJECT	New COVID 19 Coordinator job description at Range 23	
ACTION REQUESTED	Approve New COVID 19 Coordinator Job Description and set at Range 23	

SUMMARY/BACKGROUND

In March of 2020, a COVID-19 pandemic occurred wherein Skamania County was required to put into place various things to meet the guidelines set out by the state and federal jurisdictions in order to open the facilities up for Public entry.

FISCAL IMPACT

A new job description at Range 23. The depend on the number of hours spent doing the duties under the job description. Annual Range is from \$52,990 to \$63,193 not including benefits

RECOMMENDATION

Approve the COVID 19 Coordinator job description and set the salary range at Range 23 effective March 1, 2020.

LIST ATTACHMENTS

Job Description

MOTION

The Skamania County Board of Commissioners hereby approves the COVID 19 Coordinator job description and sets the salary range at Range 23 effective March 1, 2020 when the pandemic occurred. All hours that were used to complete these duties will be included under this job description

**SKAMANIA COUNTY
BOARD OF COMMISSIONERS**

Chairman

Date:

Commissioner

ATTEST:

Commissioner

Clerk of the Board

**Approve Agenda
Commissioner _____
Commissioner _____
Commissioner _____**

SKAMANIA COUNTY

JOB DESCRIPTION

**TITLE: COVID-19 COORDINATOR
COMMUNITY EVENTS**

**FLSA STATUS: Non-Exempt
Approved:**

Range: 23

SUMMARY

Under the Direction of the Board of County Commissioners the COVID-19 Coordinator will work with departments to organize, promote, and coordinate COVID-19 guidelines and assists with orders and research for expenses necessary to meet the federal and state guidelines for reimbursement under the CARES ACT funding and the FEMA funding.

ESSENTIAL FUNCTIONS

Works closely with all departments to understand their needs and to update and track current CARES and FEMA purchases and strategies.

Provides administrative functions necessary to assist departments, the Board of County Commissioners and the Finance Administrator in following the guidelines for COVID-19 CARES and FEMA allocations and financial preparations.

Works closely with Finance Administrator to update departmental purchases and strategies.

Researches, tracks, and monitors merchandise, hours and contracts and other purchases for funding reimbursement related to COVID-19 requirements.

Maintains records of all COVID-19 reimbursement and funding information.

Provides guidance working with departments and BOCC and Finance Administrator on applying for funding.

Develops training program for new meeting technologies that are being implemented for COVID-19.

Assists with development of changing a current law library into a meeting room that allows offices to fulfill the COVID-19 separation guidelines.

Compiles, produces, and submits COVID-19 expenditures to Finance Administrator for submittal to the correct funding agency of FEMA or CARES ACT.

Assists in researching, purchasing and inventory management of COVID-19 necessities to meet the guidelines set out by the federal and state government for funding reimbursements.

Assists in planning, implementing and maintaining sound organization practices to meet the COVID-19 guidelines.

Works in any other capacity as seen by the Board of County Commissioners that deals directly

with COVID-19 and the CARES and FEMA grants guidelines.

PERIPHERAL FUNCTIONS

Provides other duties as assigned.

KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of general computer applications including, word processing, spreadsheet.

Knowledge of the methods, techniques, materials, equipment, security, and safety precautions used in planning and implementing special projects.

Knowledge of the requirements set out by the federal and state to meet the guidelines of the COVID-19.

Skill in public relations, organization, leadership and time management.

Skill in managing both federal and state contracts and guidelines and adhere to the requirements for COVID-19.

Ability to work in fast-paced and sometimes confusing environment.

Ability understand the guidelines set out by the state and federal agencies related to COVID-19.

Ability to relate to and work well with others.

Ability to administer a program and follow the guidelines.

EDUCATION AND EXPERIENCE

High school diploma or GED and three years of experience, performing duties at a similar level, preferably in the public sector or an equivalent combination of education and experience which provides the knowledge, skills and abilities to perform the essential functions of the position.

LICENSES/CERTIFICATES

Valid State driver's license required.

WORKING CONDITIONS

Work is performed approximately 90% in an office environment and approximately 10% on grounds.

PHYSICAL REQUIREMENTS

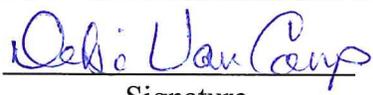
The duties of the above position require walking, running, stooping, bending, reaching, pulling, twisting, and the ability to lift up to 40 pounds. Requires finger dexterity, sense of touch, gripping with fingers and hands; ability to see, hear voice conversation, and to speak.

The statements contained herein reflect general details as necessary to describe the essential functions of this job, the level of knowledge and skills typically required, and the scope of responsibility, but should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned, including work in other functional areas to cover absences or relief, to equalize peak work periods or otherwise to balance the work load.

It is the policy of Skamania County to not discriminate against any person with regard to race, color, religion, sex,

age, national origin, marital status, or physical/mental disability.

COMMISSIONER'S AGENDA ITEM

SUBMITTED BY	<u>Human Resources</u>	
	Department	Signature
AGENDA DATE	October 6, 2020	
SUBJECT	New Assistant Building Official job description at Range 23	
ACTION REQUESTED	Approve New Assistant Building Official Job Description and set at Range 23	

SUMMARY/BACKGROUND

City of Stevenson and City of North Bonneville have both entered into a contract to have Skamania County provide Building Department duties for their cities. This will include permits, inspections and various other items that are requested. With the increase in new construction and repairs in Skamania County, it has become apparent there is a need for additional building inspection assistance. The department is asking to hire another person to assist the Building Official on the needs of the department.

FISCAL IMPACT

A new Assistant Building Official job description at Range 23. Cost of hire will range between \$52,990 and \$57,867 annual plus approximately, \$35,000 in benefits.

RECOMMENDATION

Approve the new Assistant Building Official job description and set the salary range at Range 23 and authorize the department to work with Human Resources to begin advertising for the position effective October 6, 2020.

LIST ATTACHMENTS

Job Description

MOTION

The Skamania County Board of Commissioners hereby approves the new Assistant Building Official job description and sets the salary range at Range 23. And further authorizes the department to work with Human Resources to begin the advertisement for the position.

**SKAMANIA COUNTY
BOARD OF COMMISSIONERS**

Chairman

Date:

Commissioner

ATTEST:

Commissioner

Clerk of the Board

**Approve Agenda
Commissioner _____
Commissioner _____
Commissioner _____**

SKAMANIA COUNTY JOB DESCRIPTION

**TITLE: ASSISTANT BUILDING
OFFICIAL**

**FLSA STATUS:
Approved:
Range: 23**

SUMMARY:

This is highly responsible, complex technical and supervisory work assisting the Building Official in overseeing the administration and enforcement of the International Building Code in commercial and residential buildings. Under the general direction of the Building Official, performs advanced inspections and plan reviews for commercial and residential projects requiring extensive knowledge and experience.

ESSENTIAL FUNCTIONS:

Performs all aspects of building, mechanical and plumbing, inspections for residential and commercial sites as well as those of commercial mechanical, plumbing, and electrical plan reviews.

Oversees maintenance of technical standards with regard to adherence to established codes and regulations, quality of materials and workmanship, and safety precautions throughout the County. Interprets and recommends applicable code and ordinance revisions.

Provides technical support and information to inspectors, contractors, builders, engineers and citizens, and performs departmental administrative duties and referred tasks.

Acts as the Building Official in his/her absence; reviews division priorities with the Building Official; assists in preparing and administering the division budget.

Helps guide projects from concept review to final construction inspection. Confers and coordinates with plan review engineers, permit technicians, planning personnel, and others, as appropriate, to assure compliance with permit requirements and construction related mitigation measures.

Performs on-site inspections of residential and commercial mechanical, plumbing, and building construction for compliance with approved plans, specifications and applicable local, state, and national codes, regulations and standards governing construction, alteration, and repair of buildings. Reviews complex plans and specifications in preparation for conducting inspection.

Attends meetings in the absence of the Building Official.

Receives and reviews plans and specifications to determine code compliance resulting in issuance of building permits; verifies that plans and drawings are drawn to scale with sufficient clarity and detail to indicate nature and character of work; interprets codes, ordinances, International Building Code and regulations using sound professional judgment, noting instances of noncompliance on plans and correction sheets and suggesting modifications to bring plans into compliance; submits reports detailing items of noncompliance to builder for correction; approves and signs plans meeting code requirements.

Investigates complaints to determine existence of illegal or hazardous conditions in new or existing structures; informs property owners and contractors of violations and unacceptable building practices, materials, and equipment; issues red tags, correction notices, stop work orders and citations as appropriate when construction does not conform to code or approved plans; explains code and design requirements and restrictions, and construction corrections necessary for compliance

Assists and advises the public in matters related to code requirements. Assists contractors, architects, engineers, building owners or tenants, and staff from other divisions and departments with code or inspection-related questions or problems. Meets and/or corresponds with contractors, engineers, public utilities, and architects to ensure code application is clear, all pre-construction problems are corrected, and ensures project coordination.

Attends pre-application meetings on behalf of the Building Division.

Establishes and maintains cooperative, effective working relationships with co-workers, other County employees, and the general public using principles of good customer service.

Reports for scheduled work with regular, reliable and punctual attendance.

Performs other duties as assigned, including but not limited to being assigned to work in other functional areas to cover absences or relief, or balance the workload.

PERIPHERAL FUNCTIONS:

Prepares information for public dissemination.

Reviews and responds to complaints.

Responds to inquiries regarding records.

Performs other duties as assigned or as needed.

KNOWLEDGE, SKILLS AND ABILITIES:

Thorough and comprehensive knowledge of the following: Washington State Building Code, and all pertinent codes adopted by Washington State and Skamania County as well as any other Federal, State and County codes/regulations.

Knowledge of ICC Certification as Residential Building Inspector and ICC Certification as a Building Plans Examiner.

Knowledge of records management systems.

Knowledge of principles and best practices of administration and supervision.

Knowledge of the functions of county government and the inter-relationships between departments.

Knowledge of the Community Development Department Building Division policies and procedures.

Knowledge of the principles and practices and techniques of building codes and all other county, state and federal codes and regulations pertinent to the building division.

Skill in interpretation of Building Code and other pertinent codes.

Skill in effectively defusing situations such as working with an irate customer in person or over the telephone.

Skill in organization and time management

Ability to obtain ICC Certification as Residential Building Inspector and ICC Certification as a Building Plans Examiner.

Ability to communicate clearly and concisely orally and in writing especially under stressful and/or confrontational situations that warrant persuasion, negotiation, coaching etc.

Ability to read, comprehend, and interpret laws and ordinances, and to uniformly apply to individual and project applications and plans.

Ability to work with the public, other employees, departments, contractors, agencies, and other entities in a professional and courteous manner.

Ability to follow oral and written instruction in a timely manner.

Ability to operate a motor vehicle to personally provide onsite inspections of buildings.

Ability to effectively coordinate a variety of activities or programs with other governmental entities, private parties, contractors, and professionals as well as internal processes.

Ability to operate standard office equipment, computers and computer software including word processing and spreadsheet applications.

EDUCATION AND EXPERIENCE:

Five years of progressively responsible related experience in the area of building inspection or the construction industry, with at least three of those years including supervisory/management experience. Bachelor's degree may be substituted with eight years of progressively responsible experience in this field.

Must have a Building Inspector certification form the International Congress of Building Officials (ICBO) or the ability to obtain within 12 months of hire.

Must have Uniform Building code-approved Building Official Certification or ability to obtain within six months of employment.

Must be physically capable of safely moving about on construction work sites.

Ability to speak, read, and write the English language.

LICENSES:

A valid driver's license and the ability to drive county vehicles is required.

WORKING CONDITIONS:

Work is performed approximately 50% in an office environment and approximately 50% in the field performing building and construction inspections and/or site reviews. Attendance at occasional meetings is required. Occasional work in moderate to extreme weather conditions is also required.

Fieldwork may include inspecting on rooftops and in crawl spaces possibly in and around unstable buildings. Potential hazards such as risk of electrical shock, fumes, air-borne particles and chemicals may be encountered. Working alone in the field is required.

Provide Driver's Abstract that meets County Vehicle Use Policy. Successfully pass health physical as related to the job description is required for candidate selected for job offer.

PHYSICAL REQUIREMENTS:

The duties of the above position require sitting, walking, stooping, crawling, bending, reaching, pulling, twisting, and the ability to frequently lift up to 35 pounds. Requires finger dexterity, sense of touch, gripping with fingers and hands; ability to see, hear voice conversation, and to speak in person and on the telephone. Ability to traverse uneven or steep terrain in adverse weather conditions is required.

The statements contained herein reflect general details as necessary to describe the essential functions of this job, the level of knowledge and skills typically required, and the scope of responsibility, but should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned, including work in other functional areas to cover absences or relief, to equalize peak work periods, or otherwise to balance the work load.

It is the policy of Skamania County to not discriminate against any person with regard to race, color, national origin, sex, age, religion, physical/mental disability, creed, marital status, pregnancy and maternity, sexual orientation, gender identity, veteran status, guide dog or service animal, and genetic information or any other protected status under federal or state statute.

Skamania County Compensation Received Comparison

Class Title Unit	Building Inspector Non-Rep	Longevit				EE Pd		Total Comp
		Jurisdiction	Monthly Base	Monthly Base	Hol + Vac	Ins	Total Comp	
		Asotin	4262	325	590	1181	\$	3,996
		Jefferson	5058	150	603	211	\$	5,600
		Klickitat	4890	250	658	361	\$	5,437
		Lincoln	5178	0	717	843	\$	5,052
		Pacific	4990	299	729	456	\$	5,563
		San Juan	6608	165	915	408	\$	7,280
		Market Average	5164	238	702	577	\$	5,488
		Skamania County	5266	217	820	153	\$	6,150

Range 23

10.76%

- Notes:**
1. Due to changes in wages and insurance, numbers are fluid
 2. Some jobs may not be an absolute match; job descriptions vary from county to county
 3. We rely on the submissions to the Washington City ~~2016~~ Salary and Benefit Survey
 4. If a county is not included, it is because data was unavailable
 5. Monthly Base reflects ~~November 1, 2016~~ increase of ~~2.5%~~ ³ for Skamania County Employees
January, 2017