

**PACIFIC COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
2012-2014 CONSOLIDATED CONTRACT #C16896
EXHIBIT A - STATEMENTS OF WORK
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**Exhibit A
Statement of Work
Contract Term: 2012-2014**

DOH Program Name or Title: Family Planning - Effective January 1, 2012

Local Health Jurisdiction Name: Pacific County Health & Human
Services Department
Contract Number: C16896

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

Period of Performance: January 1, 2012 through December 30, 2012

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

Statement of Work Purpose: The purpose of this statement of work is to provide family planning and reproductive health services to Washington State residents. The LHJ shall provide the goods and services as described in Exhibit A, Statement of Work and Title X Assurance of Compliance.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FPRH ST ADMIN-CONTRACTS (TX MATCH)	N/A	334.04.91	78352120	01/01/12	12/30/12	0	30,898	30,898
FFY12 FPRH TX ADMIN-CONTRACTS	93.217	333.92.17	78352221	01/01/12	12/30/12	0	11,388	11,388
TOTALS						0	42,286	42,286

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.0	FPRH State Funds (All funds within the 1. Task series are subject to the Special Funding Requirements. Any funds that have the designation of "placeholder" represent estimates that are likely to change.)		<u>Submit:</u> Reimbursement Workbook (a.k.a. R&E) that shows each state fund source	<u>For the Period:</u> 01/01/12 – 06/30/12 Due: 08/31/12 <u>For the Period:</u> 07/01/12 – 12/31/12 Due: 01/31/13	
1.1	Scope of Services The LHJ must provide the following services to clients in accordance with all state, federal, and FPRH guidelines and as specified in this contract for: - medical - information and education - referrals - community education		<u>Submit:</u> Clinic Visit Records (CVRs) to Region X Family Planning Reporting System	<u>Previous Month:</u> Due: 15th of the month	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.2	<p>Medical Services / Community Education (FPRH Manual, Chapters 2, 5-6, Title X Guidelines ,6.8-6.10, 7.0-10.0)</p> <p>The LHJ must provide medical, laboratory, and related services specified in the Title X Guidelines, the FPRH Manual, and state laws. The LHJ must provide a broad range of acceptable and medically approved family planning methods and services either on-site or by referral. The LHJ should make available to clients all methods of contraception approved by the Food and Drug Administration.</p> <p>The LHJ must provide community education services based on the needs of the community.</p>		<p><u>Submit:</u> General A19-1A</p>	<p><u>For the Period:</u> 01/01/12 – 06/30/12</p> <p><u>Final Billing:</u> Due: 07/29/12</p> <p><u>For the Period:</u> 07/01/12 – 12/31/12</p> <p><u>Final Billing:</u> Due: 01/31/13</p>	<p>FPRH ST ADMIN-CONTRACTS (TX MATCH) \$16,273</p> <p>FPRH ST ADMIN-CONTRACTS (TX MATCH) \$14,625</p>
1.3	<p>Non-Title X Client Data The LHJ must provide FPRH with client service data not included in the Title X project. The data must include:</p> <ol style="list-style-type: none"> 1. Unduplicated clients served by race/ethnicity, sex, and age. 2. Unduplicated clients served by federal poverty level, sex, and age. 3. Visit data by initial exams, annual exams, and other selected services. 4. Unduplicated clients by initial exams, annual exams, sex, and age. 5. Unduplicated female clients by primary contraceptive methods used after visit and age. 6. Unduplicated clients by primary source of payment. 7. Visits by category. 8. Unduplicated clients who had limited English proficiency skills. 9. Unduplicated clients who were uninsured. <p>The LHJ must submit data in the same structure as on the report forms provided by FPRH. Other report formats FPRH will accept are:</p> <ol style="list-style-type: none"> 1. Raw data files submitted to the FPRH data analyst. 2. Visit records submitted through the Region X Family Planning Reporting System (Ahlers). 3. Aggregate data submitted to FPRH on reports generated from the LHJ's in-house data system. 		<p><u>Submit:</u> Client Data</p>	<p><u>Previous Quarter:</u> Due: 15th of the month</p> <p>Quarters are designated as:</p> <p>January-March April-June July-September October-December</p>	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>The LHJ must also respond to requests from FPRH for data that FPRH must provide to the Legislature or the DOH.</p>				
<p>1.4</p>	<p>Surgical Services (FPRH Manual 3210)</p> <p>The LHJ must provide surgical services as outlined below.</p> <p>The LHJ must set aside a minimum of 5 percent of State medical funds to provide surgical services and/or other ambulatory procedures to eligible clients.</p> <p>The LHJ's Title X project must comply with all federal regulations applying to pregnancy terminations and sterilization procedures, and with the FPRH Manual #3210.</p> <p>Exceptions may be applied for in writing for consideration on a case-by-case basis. The LHJ must notify FPRH in writing within 30 days of implementation of this contract if all surgical services and/or ambulatory procedures cannot be provided. In this event, FPRH reserves the right to reallocate a portion of the funds for provision of surgical services to another program within the same geographic area.</p> <p>The LHJ must inform all surgical service providers of applicable billing and reimbursement procedures.</p> <p>The LHJ must obtain formal subcontracts and/or provider agreements when feasible. When surgical service providers are unwilling to sign a subcontract or provider agreement. Documentation of the refusal must be kept on file.</p> <p>Payment for surgical services under this contract constitutes full payment.</p> <p>The LHJ shall not seek additional payment from the client, physician, hospital or other provider. Surgical procedure reimbursement rates are based on HRSA Medicaid approved reimbursement amounts.</p> <p>The LHJ may request by email, if necessary, to their assigned FPRH site consultant, to use surgical funds for clinical</p>		<p><u>Submit:</u> Surgical A19-1A and Attachment A with fee for services and Health Insurance Claim Form for each client.</p>	<p><u>For the Period:</u> 01/01/12 – 06/30/12</p> <p><u>Final Billing:</u> Due: 07/29/12</p> <hr/> <p><u>For the Period:</u> 07/01/12 – 12/31/12</p> <p><u>Final Billing:</u> Due: 01/31/13</p>	<p><u>Surgical:</u> \$0</p> <hr/> <p><u>Surgical:</u> \$0</p>

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	services.				
1.5	<p>Equipment (FPRH Manual 4300, 4310, 45CFR74, Subpart C)</p> <p>The LHJ must use the following procedures when using federal funds to purchase equipment with a unit cost of \$5,000 or more:</p> <ul style="list-style-type: none"> • Itemize the equipment in the budget. • Receive approval from FPRH prior to purchase. Approval of the budget will constitute prior approval for itemized items only. • Maintain property records and perform bi-annual property inventories for property purchased, in whole or part, with state funds. 		<p><u>Submit:</u> Annual Equipment Inventory</p>	<p><u>For the Period:</u> 01/01/12 – 12/31/12 <u>Due: 01/31/13</u></p>	
1.6	<p>Annual Plan (a.k.a. annual grant application) (FPRH Manual 3310)</p> <p>The LHJ must submit a grant application that is equivalent to an annual plan to FPRH. (FPRH will provide the application forms and instructions.)</p>		<p><u>Submit:</u> FPRH 2013 Grant Application</p>	<p><u>For the Period:</u> 01/01/13 – 12/31/13 <u>Due: 07/08/12</u></p>	
2.0	<p>Federal Title X Funds (All funds within the 2. task series are subject to the Special Funding Requirements)</p> <p>In addition to adhering to the terms of Section 1.1, State Funded Services, LHJs must also comply with the Title X Program Guidelines for Project Grants for Family Planning Services. (2001)</p>		<p><u>Submit:</u> Reimbursement Workbook (a.k.a. R&E) that shows each Federal funding source</p>	<p><u>For the Period:</u> 01/01/12 – 06/30/12 <u>Due: 08/31/12</u></p> <p><u>For the Period:</u> 07/01/12 – 12/31/12 <u>Due: 01/31/13</u></p>	
2.1	<p>Scope of Services (FPRH Manual 3320, Title X Guidelines 5.1, 6.1)</p> <p>The LHJ must participate in the Region X Infertility Prevention Project, or use other funds to provide the equivalent or higher level of screening, treatment, and education.</p> <p>The LHJ's Title X project must comply with all Client Visit Record (CVR) and data reporting requirements specified in the CVR Manual. Clinics which keep CVR information as</p>		<p><u>Submit:</u> General A19-1A</p> <p><u>Submit:</u> Clinic Visit Records (CVRs) to Region X Family Planning Reporting System</p>	<p><u>For the Period:</u> 01/01/12 - 12/31/12</p> <p><u>Final Billing:</u> <u>Due: 01/31/13</u></p> <p><u>Previous month:</u> <u>Due: 15th Of the month</u></p>	<p>FFY12 FPRH TX ADMIN-CONTRACTS \$11,388</p>

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>computerized data must keep hard copy CVRs in the client's medical record, as specified; or, if the LHJ elects to keep this information solely as computerized data, the computer system must be subject to normal safety precautions against the loss of information. Data entry personnel are subject to the rules of confidentiality as specified in this Contract and the Title X Program Guidelines, and all information must be capable of being retrieved and audited by monitor visits.</p> <p>The LHJ must not provide abortion as a method of family planning. (42CFR59.5(5))</p> <p>The LHJ must inform staff that they may be subject to prosecution under Federal law if they coerce or endeavor to coerce any person to undergo abortion or sterilizations.</p> <p>The LHJ must have written policies regarding access to timely quality language assistance services to limited English proficient persons that are consistent with the Office of Civil Rights Policy Guidance on Prohibitions Against National Origin Discrimination As It Affects Persons with Limited English Proficiency.</p>				
2.2	<p>Federal Title X Family Planning Annual Report (FPAR) (FPRH Manual 3330, Title X Guidelines 6.2, 6.6)</p> <p>The LHJ must complete and submit the Federal Title X Family Planning Annual Report to FPRH on an annual basis. The LHJ must use the forms provided by FPRH.</p>		<p><u>Submit:</u> Fiscal Data Client Data</p>	<p><u>For the Period:</u> 01/01/12 - 12/31/12 <u>Due:</u> 02/03/13</p>	
2.3	<p>Staff Training (FPRH Manual 3600 and Title X guideline 6.2)</p> <p>The LHJ must provide staff training as specified in the FPRH Manual. Funds provided for this purpose are in addition to service funds and may not be used to supplant local service or other training funds. Any portion of said funds not expended per the FPRH Manual may be moved to Continuation (task 2.1) with approval from FPRH assigned Site Consultant by e-mail.</p>		<p><u>Submit:</u> General A19-1A</p> <p><u>Submit:</u> Training Report</p> <p>Form to be provided by FPRH</p>	<p><u>For the Period:</u> 01/01/12 - 12/31/12</p> <p><u>Final Billing:</u> <u>Due:</u> 01/31/13</p> <p><u>For the Period:</u> 01/01/12 - 12/31/12</p> <p><u>Final Billing:</u> <u>Due:</u> 01/31/13</p>	<p><u>Training:</u> \$0</p>

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.4	<p>Annual Plan (also known as annual grant application) (FPRH Manual 3100-33 10, Title X Guidelines 6.2)</p> <p>The LHJ must submit a grant application which is equivalent to an annual plan to FPRH annually. FPRH will provide the application forms and instructions.</p>		Submit: FPRH Grant Application	For the Period: 01/01/13 - 12/31/13 Due: 07/08/12	

***For Information Only:**

Funding is not tied to the 2006 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 revised Standards/Measures that may apply, may be found at:

<http://www.doh.wa.gov/hip/products/stds/10-11stds/overview.htm>

Program Specific Requirements/Narrative

This section is for program specific information not included elsewhere.

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

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

Assurances / Certifications

FORM E Assurances

Audits

The LHJ must make State financial and program audits or reviews conducted by other entities available to the DOH, FPRH or its designee.

Accessibility of Services

(FPRH Manual 5500, Title X Guidelines 6.4)

The LHJ must ensure that all services provided are accessible to target populations.

The community must be informed of available services by the LHJ.

Services must be provided solely on a voluntary basis. Acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, services in any non-family planning programs of the LHJ.

Services must be delivered without discrimination against people who have AIDS, are perceived to have AIDS, are related to or residing with someone with AIDS, have tested positive for the HIV antibody, or are perceived to be at high risk for contracting HIV.

Services should be available at times convenient to those seeking services.

Clients must be accepted upon referral from any source.

Adolescents and low-and marginal-income clients must receive priority in the provision of services.

Facilities must be geographically accessible to the populations served.

Clinic setting(s) must ensure respect for the privacy and the dignity of the individual.

Clinics must be handicapped-accessible in accordance with federal and state laws, policies, and procedures.

Facilities must meet applicable standards established by the Federal, State, and local governments. (e.g., local fire, building, and licensing codes)

The LHJ must have written plans and procedures for the management of emergencies.

Availability of Emergency Services

(FPRH Manual 6800)

The LHJ must have written plans and procedures management of on-site medical emergencies and emergencies requiring ambulance services and transport to a medical facility. The LHJ must inform clients of after-hours emergency procedures by means of the interview process, posters, or written instructions.

Billing Requirements

If family planning funds are awarded under this statement of work, the following will also apply:

The LHJ must bill Family Planning state funded eligible surgical services on a fee-for-service basis using the A-19-1A Surgical Summary Form accompanied by Attachment A (surgical summary form) for each client. Surgical procedure reimbursement rates are based on DSHS Medicaid approved reimbursement amounts.

Reimbursement report:

Enter revenue and corresponding expense (which are the same number) data by month for the Title X, State, and Other sections on the workbook.
(Data included in this report needs to be supported by your accounting system)

Client Referral List

(FPRH Manual 6600)

The LHJ must maintain an updated list of public and private social and health care providers and agencies to use in providing referrals.

Definitions

“FPRH” means Family Planning , a unit in the Washington State Department of Health.

“State” means State funded services.

“Title X Project” means services funded by Title X federal funds plus grant generated income.

“Grant Generated Income” means all state dollars used in the Title X Project for clinical services, community education, training, and audits, and all client fees, insurance reimbursements, Take Charge reimbursements, other Medicaid reimbursements, and other sources of income generated through the provision of Title X Project-related services. Title X Project-related services do not include sterilizations, abortions, or any flat-rated services, (e.g., some STD, or HIV testing).

"Placeholder" is an estimated budget amount to provide enough contract authority to spend funds subject to Special Funding Requirements while the contract amendment is being processed to reflect actual amount awarded.

Financial Management

The LHJ must maintain a financial management system that is consistent with generally accepted accounting principles (GAAP) and meets the financial requirements outlined below and specified in federal and state laws.

In light of high client need, the LHJ agrees to maintain, to the best of its ability, its current level of revenue contributions, and will make best efforts to increase these contributions in the future.

LHJs using State medical funds in more than one clinic site must have a documented method of allocating funds to the sites.

The LHJ must maintain documentation of all revenues and expenditures.

The LHJ must revise the contract budget as outlined below:

- All changes in categories that exceed 10 percent of the category total require FPRH approval, a budget revision, a contract amendment and/or a letter of authority prior to the end of the contract.
- Budget changes in this contract may be made without DOH contracting officer’s approval, provided that DOH program staff and the LHJ approve a written Letter of Authority specifying the changes, AND, the total maximum consideration for the statement of work is not increased or decreased as a result of the change, and/or the change results in an offsetting transfer of funds between expenditure categories.

The LHJ must implement policies and procedures for charging, billing, and collecting fees for services provided.

The LHJ must establish fees for services based on the cost of the service provided (cost analysis). The LHJ must establish a discount schedule in accordance with Title X Guidelines and the FPRH Manual.

The LHJ must not deny services to potential clients who are unable to pay.

The LHJ must not charge clients with incomes at or below 100 percent of the most recent federal poverty level guidelines.

The LHJ must assess and document each prospective client’s eligibility for third party reimbursement.

Surgical services provided under this agreement must be billed at the provider’s usual and customary fee. The LHJ must inform all providers of the billing and reimbursement procedures.

In addition to complying with those terms defined in the “Treatment and Assets” clause of the General Terms and Conditions, the LHJ must:

- Maintain property records and perform bi-annual property inventories for property purchased, in whole or part, with state or federal funds.
- Maintain property control systems to prevent loss, damage, or theft of equipment purchased with state funds.
- Use the following procedures when using state or federal funds to purchase equipment with a unit cost of \$5,000 or more:

- Itemize the equipment in the LHJ's budget.
- Receive approval from FPRH prior to purchase.
- Approval of the budget will constitute prior approval for itemized items only.
- Include the equipment purchased with state or federal funds on the annual equipment inventory submitted to FPRH.

The LHJ may submit monthly, quarterly, or biannually the A19-1A (invoice voucher) so long as it meets the submission deadline listed by each funding source in the tasks. Failure to do so may result in non-payment.

Funding availability is limited by the period listed by each funding category. In most cases funds cannot be carried over, therefore funds should be used in the designated period.

The State of Washington, the DOH, and FPRH assumes no liability for complications resulting from a procedure paid for by funds awarded under this statement of work and performed for a client by the LHJ or other provider. FPRH has, however, established an emergency care fund to assist the LHJ, and/or other providers in providing services to clients in need of emergency follow-up care. FPRH may reimburse the LHJ for complications resulting from a specific procedure performed for a client of the LHJ and paid for by project funds, subject to the following conditions:

- Sufficient emergency care funds are available.
- The client is eligible for state subsidized services. If more than six (6) months have elapsed since the last eligibility determination, the LHJ must re-determine client eligible to qualify for emergency care assistance.
- The need for follow-up care is identified and services are provided within the designated time period after the initial procedure is performed, as specified by the FPRH Manual.
- The clinician performing the procedure states to the LHJ in writing that the complications were related to the specific procedure and not to pre-existing conditions.
- A written second medical opinion is provided in advance if additional treatment or surgery is required after initial treatment of the complication. The client must provide to the LHJ a copy of the second opinion prior to additional treatment.

The LHJ's medical advisory committee must approve the physician providing the written second opinion as specified above.

Medical Director (FPRH Manual 6100)

The medical care component of the project must operate under written protocols that are signed by the medical director who has special training and/or experience in family planning.

Monitoring Visits LHJs are on a three-year monitoring cycle.

Personnel Policies (FPRH Manual 3580)

The LHJ must establish and maintain written personnel policies that comply with federal and state requirements.

Reports (FPRH 3390; Title X Guidelines, 3.4) The LHJ must submit all reports specified by the FPRH, using forms as indicated.

In accordance with the late report penalty policy issued by FPRH and subsequent revisions, when required reports or documents are submitted late, FPRH reserves the right to withhold payment until receipt of required report or document, and/or reduce the total amount awarded.

Restrictions on Funds

The LHJ must not use Federal Title X funds to provide or arrange for pregnancy terminations.

Review of Informational and Educational Materials

(Title X Guidelines 6.8)

The LHJ's Title X project must have a documented process for including community participation in the review and approval of informational and educational materials developed by, or made available under, the project. The review process must ensure that materials are suitable for the population or community for which they are intended, factually accurate, and appropriate for the purposes of Title X. The committee, which must consist of 5-9 members (Title X 6.8), may delegate responsibility for the review of factual, technical, and clinical accuracy to appropriate project staff.

The LHJ must comply with all federal Title X and Family Planning requirements, policies and regulations, as well as adhere to the requirements and provisions in the currently approved proposal submitted to FPRH for this statement of work period.

Special Funding Requirements

Payment for deliverables as specified herein is dependent on receipt of funding from the federal or state funding sources. In the event funding associated with the deliverables is not received DOH is under no obligation to make payments for the deliverables as specified. If funding is reduced or limited in any way after the effective date of this statement of work and prior to normal completion DOH may terminate task(s), remove funds, or reallocate funds at DOH's discretion under new funding limitations and conditions. DOH may make payments only upon the receipt of the funding. DOH will notify the LHJ within 7 working days upon notice by the funding source of funding availability.

Special References

See FP Manual, Chapter 1, Section 1500

See Form E, Projected Expenditures for Title X Project.

Staffing Requirements

(Title X 6.5, 6.8, 6.9)

The Project must be administered by a qualified program director.

Structure and Responsibilities of Policy Board

The LHJ must have a policy setting board (Board) with a membership that is broadly representative of the community.

The Board must:

- Operate under bylaws, or policies (as appropriate), that include a statement of the purpose of the program, a definition of the relationship between the Board and executive director/program coordinator, criteria and methods for selecting members and officers, and the frequency of meetings.
- Hold regularly scheduled meeting, at least annually. The LHJ must record and provide documentation upon request.

DOH Program Contact

Gayla L. Gilmore

Department of Health

P.O. Box 47880, Olympia, WA 98504-7880

gayla.gilmore@doh.wa.gov

(360) 236-3454

**Exhibit A
Statement of Work
Contract Term: 2012-2014**

DOH Program Name or Title: Maternal & Child Health - Effective January 1, 2012

Local Health Jurisdiction Name: Pacific County Health & Human Services Department
Contract Number: C16896

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

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

Period of Performance: January 1, 2012 through December 31, 2012

Statement of Work Purpose: The purpose of this statement of work is to add Maternal and Child Health Block Grant (MCHBG) activities and funding for the contract year January 1, 2012 to December 31, 2012.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY12 MCHBG HCO CONCON FEDERAL	93.994	333.99.94	78131221	01/01/12	09/30/12	0	29,799	29,799
TOTALS						0	29,799	29,799

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
The MCHBG Activity Plans are operational documents which include further details of those LHJ contract activities listed in the Task/Activity column of this statement of work and may change over the course of this contract period.					
1.	Work with the local community to assure maternal-child health problems are identified and addressed and that women, children, adolescents and their families, including those with special health care needs, have access to comprehensive, quality systems of care and are linked to needed services.				
	<u>INFRASTRUCTURE</u> INF 3.2 Provide information and data to interested groups on health related issues INF 4.1 Convene, staff, or participate in coalitions (which could include oral health and/or anti-hunger coalitions) <u>ENABLING SERVICES</u> EN 7.1 Care coordination for CSHCN		Complete a Final Annual Report and Federal MCH Report on 2011 activities. Complete Mid-Year Review , via phone or email, with Maternal and Child Health (MCH) ConCon Coordinator, of progress on contract activities listed in your MCHBG 2011-2012 Activity Plan.	March 2, 2012 July 13, 2012	Reimbursement for actual costs, not to exceed total MCH program contract funding.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	EN 7.2 Provide public health nursing services for high risk or vulnerable populations. EN 7.4 Parenting education		Submit an Interim Annual Report and Federal MCH Report on submitted and approved work activities listed on your MCHBG 2011-2012 Activity Plan to MCH ConCon Coordinator.	December 31, 2012	
2.	Administer allocated funds for diagnosis and treatment of infants and children according to Children with Special Health Care Needs (CSHCN) Program policies and procedures.				
2.1	Complete intake and renewal process into Child Health Intake Form (CHIF) Automated System on all infants and children receiving assistance and accessing services through the CSHCN Program. Submit CHIF client data on computer diskette for all children served, both new and renewals, according to CSHCN Program policies and procedures.		Client data on CD	Submit quarterly	NA
2.2	Complete a Health Services Authorization (HSA) form for purchased CSHCN services.		Completed HSA forms	Submit when generated	NA
2.3	Manage DX/TX allocation fund balance; track and report status of obligations according to CSHCN Program policies & procedures.		DX/TX Allocation fund report	Submit monthly	NA

***For Information Only:**

Funding is not tied to the 2006 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 revised Standards/Measures that may apply, may be found at:

<http://www.doh.wa.gov/hip/products/stds/10-11stds/overview.htm>

Program Specific Requirements/Narrative

This section is for program specific information not included elsewhere.

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

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

Program Manual, Handbook, Policy References:

See submitted MCHBG 2011-2012 Activity Plans for agency specific approved work activities.

Exhibit A, Statement of Work

Staffing Requirements: N/A

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

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

Special References (RCWs, WACs, etc):

“HRSA -Understanding Title V of the Social Security Act” http://ask.hrsa.gov/detail_materials.cfm?ProdID=687

“Social Security Act Title V Laws” http://www.ssa.gov/OP_Home/ssact/title05/0500.htm

Monitoring Visits (frequency, type):

1. Mid-year check-in - July
2. Review and Approve Program Reports for calendar year 2011 and 2012

Definitions: N/A

Assurances/Certifications: N/A

Special Billing Requirements: N/A

Special Instructions: N/A

Other: N/A

DOH Program Contact

Donna Compton, MCH ConCon Coordinator

Department of Health

PO Box 47855, Olympia, WA 98504-7855

donna.compton@doh.wa.gov

360-236-3558

**Exhibit A
Statement of Work
Contract Term: 2012-2014**

DOH Program Name or Title: Office of Immunization and Child Profile (OICP) -
Effective January 1, 2012

Local Health Jurisdiction Name: Pacific County Health & Human Services
Department
Contract Number: C16896

SOW Type: Original Revision # (for this SOW)

Period of Performance: January 1, 2012 through December 31, 2012

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

Statement of Work Purpose: The purpose of this statement of work is to define required immunization tasks, deliverables, and funding.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY12 VFC Ops	93.268	333.92.68	74203210	01/01/12	12/31/12	0	4,082	4,082
FFY12 317 Ops	93.268	333.92.68	74201210	01/01/12	12/31/12	0	2,173	2,173
FFY12 AFIX	93.268	333.92.68	74205210	01/01/12	12/31/12	0	9,118	9,118
TOTALS						0	15,373	15,373

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform accountability activities in accordance with state and federal requirements for the Vaccines for Children (VFC) Program as outlined in the Centers for Disease Control (CDC) VFC Operations Guide and as directed by the state administrators of the VFC program. Accountability requirements include, but are not limited to: provider education, provider site visits and required corrective action, quality assurance activities, VFC screening, satisfaction survey, outside provider agreements, new provider enrollment visits, fraud and abuse reporting, monthly accountability reports, and private provider report of vaccine usage.					
1.	Facilitate annual renewal of the Outside Provider Agreement for Receipt of State Supplied Vaccine for all health care providers receiving state-supplied childhood vaccines.		Outside Provider Agreements for Receipt of State Supplied Vaccine (DOH 348-022) paper form or on-line via the Washington Immunization Information System.	Annually, per Annual VFC Provider Agreement Update Schedule	Reimbursement for actual costs incurred, not to exceed total funding consideration amount *Funds available for this task: FFY12 AFIX, 74205210

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					*See Restrictions on Funds below.
2.	Enroll new providers. Conduct an enrollment site visit to all new providers, and gather information needed to complete Program enrollment.		A copy of the Quality Assurance Activity Cover Sheet (DOH 348-151) and the Outside Provider Agreement for Receipt of State Supplied Vaccine (DOH 348-022)	At the time of new provider enrollment	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>*Funds available for this task:</p> <p>FFY12 AFIX, 74205210</p> <p>*See Restrictions on Funds below.</p>
3.	Use and facilitate provider use of the Washington Immunization Information System to place and approve provider vaccine orders. Monitor provider orders for appropriateness (including: accuracy of shipping information, order frequency, timing, quantity and type)		Electronic submission of provider vaccine orders via the Washington Immunization Information System or Provider Request for Childhood Vaccine (DOH 348-015) and Provider Request for Childhood Seasonal Flu Vaccine (DOH 348-118)	Monthly based on provider order schedule	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task:</p> <p>FFY12 VFC Ops, 74203210</p> <p>FFY12 317 Ops, 74201210</p>
4.	Monitor vaccine accountability reports for compliance with VFC Provider Agreement related to vaccine management (ordering, inventory management, reconciliation, compliance with storage and handling, and reporting of all vaccine incidents and returns).		<p>1) Monthly Vaccine Accountability Report (DOH 348-006)</p> <p>2) Private Provider's Monthly Report of Vaccine Usage (DOH 348-025)</p>	<p>1) By the 15th of each month</p> <p>2) Submit electronically at the time of vaccine order via the Washington Immunization Information System; retain paper form for</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>*Funds available for this task:</p> <p>FFY12 AFIX, 74205210</p>

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			3) Report of Vaccine Storage Incidents (DOH 348-154) complete with reason and corrective action 4) Report all cases (or suspected cases) of vaccine fraud or abuse.	review at the time of LHJ site visit by DOH 3) Notify the Office of Immunization and Child Profile within 7 days of the incident 4) Notify the Office of Immunization and Child Profile within 7 days of the incident	*See Restrictions on Funds below.
5.	Provide communication, technical assistance, consultation, and education to providers about vaccine quality assurance, accountability, program participation and vaccine management.		A copy of the Summary of LHJ Technical Assistance Form (DOH 348-257) and as reflected in the completion of deliverables outlined in Tasks 1 – 4.	Annually by December 31	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task: FFY12 VFC Ops, 74203210 FFY12 317 Ops, 74201210
6.	Conduct VFC site visits at four (4) private provider sites within your jurisdiction. Site visits should address all requirements outlined in the Outside Provider Agreement, the CDC Vaccines for Children (VFC) Operations Manual, and as directed by the state administrators of the Vaccines for Children program.		1) VFC/AFIX Site Visit Selection Planning Form (DOH 348-158) identifying all providers who will receive a VFC site visit 2) A completed copy of the most recent CDC approved VFC Provider Compliance Site Visit Questionnaire (DOH 348-156) for each public and private provider site visit completed. 3) A copy of the Site Visit Cover Sheet (DOH 348-151)	1) Annually by January 15 2) Within thirty (30) days of when the site visit is conducted (no later than October 31, annually) 3) Within thirty (30) days of when the site visit is	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. *Funds available for this task: FFY12 AFIX, 74205210 *See Restrictions on Funds below.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			<p>for each public and private provider site visit where non-compliance is identified, documenting corrective action(s)</p> <p>4) A copy of the VFC/AFIX Site Visit Progress Report Form (DOH 348-157) listing which enrolled provider site visits were completed during the reporting period.</p>	<p>conducted (no later than October 31, annually)</p> <p>4) By the 15th of the month following the end of each quarter.</p>	
7.	<p>Conduct AFIX (Assessment, Feedback, Incentive, eXchange) site visits at two (2) private provider sites within your jurisdiction. Each AFIX visit should include: an assessment of practice immunization coverage rates for children ages 24 – 35 months old, sharing the coverage rate information with the provider and discussing opportunities for improvement in coverage rates and immunization practices.</p> <p>For family practices providers who primarily serve adolescent patients, an adolescent-only AFIX visit may be performed, assessing immunization coverage rates for patients 13-18 years old, per the <u>Adolescent-Only AFIX Protocols</u>.</p> <p>CoCASA (Comprehensive Clinical Assessment Software Application) should be used to assess the clinic's immunization coverage rates.</p>		<p>1) VFC/AFIX Site Visit Selection Planning Form (DOH 348-158) identifying all providers who will receive an AFIX site visit</p> <p>2) A copy of the AFIX Feedback Form (DOH 348-159), which documents that providers were given verbal/written feedback regarding their immunization coverage rates.</p> <p>3) Provide the private health care provider with feedback and a copy of the final printed report(s) that were generated using CoCASA.</p>	<p>1) Annually by January 15</p> <p>2) Within thirty (30) days of when the AFIX assessment is conducted (no later than October 31, annually)</p> <p>3) Within thirty (30) days of when the AFIX assessment is conducted (no later than October 31, annually)</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p>FFY12 AFIX, 74205210</p> <p>*See Restrictions on Funds below.</p>
8.	<p>Conduct activities to prevent perinatal hepatitis B infection in accordance with the <u>Perinatal Hepatitis B Prevention Program Guidelines</u>, including the following:</p> <p>1) identification and reporting of HBsAg-positive mothers and their infants;</p>		<p>1) Enter information for each case identified into the Perinatal Hepatitis B module of the WA Immunization Information System or complete a Perinatal Hepatitis B Confidential Case Report –</p>	<p>1) By the 15th of each month</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task:</p>

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>2) case management and tracking of infants to assure that they receive the first dose of HBIG and hepatitis B vaccine shortly after birth, the second dose at 1-2 months of age, the third dose at 6 months of age, and post-vaccination testing including HBsAg and anti-HBs at 9-18 months of age or 1-2 months after completing dose number three; and</p> <p>3) identification and tracking of susceptible household and sexual contacts to assure that they receive HBIG and/or hepatitis B vaccine, and post-vaccination testing if appropriate</p>		<p>Mother/Infant (DOH 348-030) and Household Contact (DOH 348-035) for each case identified</p> <p>2) Quarterly Perinatal Hepatitis B Outreach Summary (DOH 348-XXX)</p>	<p>2) By the 15th of the month following the end of each quarter</p>	<p>FFY12 317 Ops, 74201210</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 revised Standards/Measures that may apply, can be found at:

<http://www.doh.wa.gov/PHIP/catalog/topic/phs.htm>

Program Specific Requirements/Narrative

- All LHI staff who conduct VFC Compliance Site Visits and AFIX visits must participate in an annual VFC & AFIX training, conducted by DOH Office of Immunization and Child Profile (OICP) staff or their designee.

Program Manual, Handbook, Policy References

Office of Immunization and Child Profile References:

- Annual VFC Provider Agreement Update Schedule posted on the DOH Consolidated Contract website at <http://www.doh.wa.gov/concon/>
- Guidelines for VFC Status Screening at <http://www.doh.wa.gov/cfh/immunize/documents/vfcstatusscreen.pdf>
- Vaccine Accountability and Management Business Rules and Guidelines at <http://www.doh.wa.gov/cfh/immunize/documents/3rdpartyguides.pdf>
- Adolescent-only AFIX Protocols
- Site Visit Selection Protocol
- Perinatal Hepatitis B Prevention Program Guidelines at <http://www.doh.wa.gov/cfh/immunize/documents/hepbmanual.pdf>

CDC Reference:

- VFC Operations Guide at <http://www.cdc.gov/vaccines/programs/vfc/operations-guide.htm> (Note: All site visit reviewers are required to have access to the most current CDC VFC Operations Guide at every VFC compliance site visit).

Staffing Requirements: N/A

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

- Allowable expenses with 317 and VFC FA Operations Funds (dated September 7, 2011) document posted on the DOH Consolidated Contract website at <http://www.doh.wa.gov/concon/>
- In addition to the funding listed in the Payment Information and/or Amount column for each task, FFY12 317 Ops funding may be used for any activity in this statement of work, per funding availability.

Special References (RCWs, WACs, etc.): N/A

Monitoring Visits (frequency, type)

- All new LHJ site visit reviewers are required to have at least one observational visit conducted by DOH OICP staff or their designee. DOH OICP staff (or designee) will periodically conduct observational VFC/AFIX site visits with all other LHJ reviewers who conduct VFC Compliance Site Visits.

Definitions: N/A

Assurances/Certifications: N/A

Special Billing Requirements: N/A

Special Instructions: N/A

Other: N/A

DOH Program Contact

Tawney Harper
Administration Unit Section Manager
Office of Immunization and Child Profile
Department of Health
PO Box 47843, Olympia WA 98504-7843
tawney.harper@doh.wa.gov,
360-236-3525

Deliverables may be sent electronically via email at OICPContracts@doh.wa.gov,
by fax to 360-236-3590, or by mail to PO Box 47843, Olympia WA 98504-7843

**Exhibit A
Statement of Work
Contract Term: 2012-2014**

DOH Program Name or Title: Public Health Emergency Preparedness & Response (PHEPR) – Effective January 1, 2012

Local Health Jurisdiction Name: Pacific County Health & Human Services Department
Contract Number: C16896

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

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

Period of Performance: January 1, 2012 through August 9, 2012

Statement of Work Purpose: The purpose of this statement of work is to provide funding for FFY11 Public Health Emergency Preparedness & Response activities beginning January 1, 2012.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY11 PHEPR HC SYSTEMS - PREP	93.889	333.98.89	61308201	01/01/12	06/30/12	0	4,280	4,280
FFY11 PHEPR LHJ FUNDING	93.069	333.90.69	18101239	01/01/12	08/09/12	0	41,700	41,700
TOTALS						0	45,980	45,980

ASPR ACTIVITIES:

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information -and/or Amount
1.1	Coordinate regional healthcare system response plan updates, to include all elements in the healthcare system plan template (Concept of Operations, Activation and Response, Regional Healthcare System Overview, Communications, Surge Capacity, Critical Issues, Recovery, Training, and Plan Maintenance).		Submit updated regional healthcare system plan and Review Criteria Checklist for Healthcare Systems Response Plan	06/30/12	Reimbursement for costs, not to exceed total funding consideration amount.
1.2	At Risk Population Planning updated to be included in the regional healthcare system response plan.		Submit semi-annual progress reports on activities, to include: 1) log of planning activities; 2) description of planning successes; and 3) description of planning challenges.	06/30/12	
1.4	Update Regional Healthcare Coalition Strategic Plan as needed.		Submit strategic plan, as needed.	06/30/12	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information -and/or Amount
1.5	Update Regional Healthcare Coalition Charter as needed.		Submit coalition charter, if applicable	06/30/12	
1.6	Continue the development of Memoranda of Understanding (MOUs) between regional healthcare coalition partners.		Submit MOUs.	06/30/12	
1.10	Continue development of Alternate Care Facilities (ACF) plans with the goal of having a minimum of one Tier Two ACF plan in place for each region.		Submit semi-annual progress reports on activities, to include: 1) log of planning activities; 2) description of planning successes; and 3) description of planning challenges.	06/30/12	
1.11	Continue development of Alternate Care Facilities. A minimum of one Tier Two ACF plan should be in place for each region.		Submit -ACF Plan -MOUs with ACF Sites -After Action Report (AAR) that shows incorporation of ACF plan in exercise(s)	06/30/12	

CDC ACTIVITIES:

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.1	Complete a DOH provided gap analysis tool of the Centers for Disease Control (CDC) Public Health Emergency Preparedness (PHEP) Capabilities		Submit completed gap analysis.	Within 45 days of receipt of tool, whichever is later	Reimbursement for costs, not to exceed total funding consideration amount.
2.2	Complete a DOH provided work plan template outlining details for the first year, and projected activities for the following 4 years. First year activities should be based on the priorities identified in the gap analysis.		Submit a completed work plan. Submit end of year progress report on activities.	01/31/12 or within 45 days of the receipt of the template, whichever is later 08/01/12	
2.3	Update local plans (emergency response, emergency communications, communicable disease, and training and exercise) as the 15 CDC capabilities are developed in the jurisdiction.		Submit updated plans, procedures, and/or protocols (as applicable) to DOH.	08/01/12	
2.4	Each LHJ is to be available 24/7 for urgent or emergency issues and participate in regular state-initiated testing.		Provide DOH (Office of Public Health Planning and Development) with current agency emergency phone number(s).	08/01/12	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.5	Provide training and educational opportunities to public health staff and community partners as applicable.		Submit training records not contained in SmartPH using the format provided by DOH.	03/01/12 and 08/01/12	
2.6	Each LHJ will conduct a tabletop or more complex exercise of a portion of their emergency response plan (see PHEPR Activities Guidance and Clarification document for specific requirements). Participate in the Regional Healthcare Coalition medical surge exercise.		Submit after action reviews and corrective action plans.	60 days after the exercise	
2.7	Maintain emergency communications equipment and participate in a quarterly test of satellite phones.		Submit test results to DOH	Quarterly	
2.8	Adhere to federal National Incident Management System (NIMS) compliance guidelines and report compliance activities. Specific information about current NIMS requirements can be found on the Federal Emergency Management Agency (FEMA) website: : http://www.fema.gov/emergency/nims/		Report compliance activities through DOH provided on-line reporting tool.	08/01/12	
2.9	Participate in DOH initiated surveys regarding systems and surveillance data as requested.		Submit completed surveys, assessments, and disease outbreak summaries.	Within 30 days of request.	
2.10	Each non-Cities Readiness Initiative (CRI) LHJ will participate with state or regional officials in a Technical Assistance Review (TAR) of Strategic National Stockpile (SNS) Plan and work to achieve the SNS mandated score of 69 or higher.		Submit all documents to be reviewed to the state and regional officials 21 days prior to the scheduled TAR. Participate with state or regional officials to accomplish TAR.	21 days prior to TAR As scheduled	
2.16	Maintain up-to-date contact roster which includes a contact position/title, current phone number, and email address of LHJs and sentinel labs in the jurisdiction.		Submit contact roster.	08/01/12	
2.17	Conduct a quarterly test of satellite phones with the LHJs in the region.		Submit test results to DOH	Quarterly	

***For Information Only:**

Funding is not tied to the 2006 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 revised Standards/Measures that may apply, may be found at:

<http://www.doh.wa.gov/phip/products/stds/10-11stds/overview.htm>

Program Specific Requirements/Narrative

This section is for program specific information not included elsewhere.

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

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

DOH Program Contact:

Brad Halstead, Finance Analyst

Department of Health

PO Box 47890, Olympia, WA 98504-7890

brad.halstead@doh.wa.gov

PHEPR Deliverable Submission: concondeliverables@doh.wa.gov

360-236-4054

**Exhibit A
Statement of Work
Contract Term: 2012-2014**

DOH Program Name or Title: Recreational Shellfish Activities -
Effective January 1, 2012

Local Health Jurisdiction Name: Pacific County Health & Human
Services Department
Contract Number: C16896

SOW Type: Original Revision # (for this SOW)

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (if applicable) <input type="checkbox"/> ARRA (Recovery Act) <input type="checkbox"/> FFATA (Transparency Act)	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2012 through June 30, 2013

Statement of Work Purpose: The purpose of this statement of work is to provide funds for shellfish harvesting safety.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
Rec Shellfish / Biotoxin (PSAA)	N/A	334.04.93	26403600	01/01/12	06/30/13	0	4,275	4,275
TOTALS						0	4,275	4,275

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Biotoxin Monitoring <ul style="list-style-type: none"> Collect samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected. Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed. This may also include recruiting, training, and coordination of volunteers. 		Submit report on DOH approved format of activities for the year, including the number and names of beaches posted for classification.	Email Report to DOH by: 02/15/13	\$4,000
2	Outreach <ul style="list-style-type: none"> Staff educational booths at local events. Distribute safe shellfish harvesting information. 		Submit report including the number of events staff, and amount of educational materials distributed.	Email Report to DOH by: 02/15/13	\$275

***For Information Only:**

Funding is not tied to the 2006 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 revised Standards/Measures that may apply, may be found at:
<http://www.doh.wa.gov/phil/products/stds/10-11stds/overview.htm>

Program Specific Requirements/Narrative

This section is for program specific information not included elsewhere.

Program Manual, Handbook, Policy References

Department of Health's Biotoin Monitoring Plan

Special References (RCWs, WACs, etc)

Chapter 246-280 WAC

<http://www.doh.wa.gov/ehp/sf/recshell.htm>

<http://www.doh.wa.gov/ehp/sf/BiotoinProgram.htm>

Special Instructions

Report for work done the previous year must be submitted via email to Greg Combs by February 15th each year.

The report format will be provided by DOH and may be modified throughout the contract period via email announcement.

DOH Program Contact (Name, Program Title, Mailing Address, Email Address, Phone & Fax Number)

Greg Combs, Office of Shellfish and Water Protection, PO Box 47824, Olympia WA 98504-7824; 360.236.3380; Greg.Combs@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2012-2014**

DOH Program Name or Title: Tobacco Prevention & Control Program -
Effective January 1, 2012

Local Health Jurisdiction Name: Pacific County Health & Human
Services Department
Contract Number: C16896

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (if applicable) <input type="checkbox"/> ARRA (Recovery Act) <input type="checkbox"/> FFATA (Transparency Act)	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2012 through June 30, 2012

Statement of Work Purpose: The purpose of this statement of work is to provide funding for youth tobacco prevention activities including retailer education.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
Youth Tobacco Prevention	N/A	334.04.93	78710630	01/01/12	06/30/12	0	2,148	2,148
TOTALS						0	2,148	2,148

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Goal	Prevent Youth from Beginning to Use Tobacco		Report monthly activities electronically using CATALYST.	To be entered in CATALYST no later than the 10 th of the following month.	Cost reimbursement based on data in CATALYST.
1	<u>Provide Tobacco Prevention Activities that may include:</u> - Community coalition meetings - Education to policy makers and general public - Press releases on tobacco issues - Enforcement of Smoking in Public Places Law	4.1.1 B: Establish and actively participate in collaborative partnerships and coalitions to address public health issues	1. Conduct community engagement activities to discourage youth tobacco use. 2. Documentation in CATALYST of all tobacco prevention activities.	1 & 2 To be entered in CATALYST no later than the 10 th day of the following month.	Reimbursement for actual expenditures, not to exceed total funding consideration. Reimbursements will be based on data in CATALYST.
2	<u>Tobacco Retailer Education</u> Educate retailers about youth access laws (RCW 70.155 and 26.28.080) and assist retailers in complying with those laws. Educational activities should include multiple approaches and cover the maximum number of retailers in the	6.1S 6.1L 6.4S 6.4L	Documentation in CATALYST of tobacco retailer education work.	To be entered in CATALYST no later than the 10 th of the following month.	Reimbursement for actual expenditures, not to exceed total funding consideration. Reimbursements will be based on data in

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	community, especially near schools, other areas where youth congregate (i.e. skate parks, ball fields, recreation centers), and where there is a higher proportion of customers from priority populations.				CATALYST.

***For Information Only:**

Funding is not tied to the 2006 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 revised Standards/Measures that may apply, may be found at:

<http://www.doh.wa.gov/phip/products/stds/10-11stds/overview.htm>

Program Specific Requirements/Narrative

The work will be performed in accordance with the Activity Work Plan, incorporated by this reference, submitted by the Contractor to Department of Health (DOH) via the Community Action on Tobacco evALuation sYStem (CATALYST). CATALYST is a web based tool located at <https://fortress.wa.gov/doh/catalyst/home/default.asp>.

Program Manual, Handbook, Policy References

Staffing Requirements

It is understood that the LHJ will have a designated Tobacco Prevention and Control (TPC) coordinator who has access to email and the Internet.

The LHJ will report their activities using CATALYST. CATALYST is a web based tool located at <https://fortress.wa.gov/doh/catalyst/home/default.asp>. Information and instructions for using CATALYST can be found at http://www.doh.wa.gov/tobacco/data_evaluation/Assessment/CATALYST/Training_Materials.htm

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

Special References (RCWs, WACs, etc)

Youth Tobacco Prevention Account: To coordinate and implement tobacco intervention strategies to prevent and reduce tobacco use by youth per RCW 70.155.120

Monitoring Visits (frequency, type)

Definitions

Assurances/Certifications

Special Billing Requirements

Upon review and approval of monthly activities as entered in CATALYST and receipt of an invoice voucher, DOH will reimburse for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.

Special Instructions

LHJ must:

- Conduct criminal background checks on all staff who have unsupervised contact with minors.
- Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of the consolidated contracts.

This requirement is consistent with existing statute RCW 9.96A.020.

Other**DOH Program Contact (Name, Program Title, Mailing Address, Email Address, Phone & Fax Number)**

Chris Zipperer, Healthy Communities Consultant

Department of Health

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**Exhibit A
Statement of Work
Contract Term: 2012-2014**

DOH Program Name or Title: WIC Nutrition Program - Effective January 1, 2012

Local Health Jurisdiction Name: Pacific County Health & Human
Services Department
Contract Number: C16896

SOW Type: Original Revision # (for this SOW)

Period of Performance: January 1, 2012 through December 31, 2013

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

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: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
USDA WIC Nutrition and Local Support	10.557	333.10.57	76210220	01/01/12	09/30/12	0	82,425	82,425
USDA WIC Nutrition and Local Support	10.557	333.10.57	76210230	10/01/12	09/30/13	0	109,900	109,900
USDA WIC Nutrition and Local Support	10.557	333.10.57	TBD	10/01/13	12/31/13	0	27,475	27,475
USDA WIC Breastfeeding	10.557	333.10.57	76213220	01/01/12	09/30/12	0	3,358	3,358
USDA WIC Breastfeeding	10.557	333.10.57	76213230	10/01/12	09/30/13	0	3,677	3,677
USDA WIC Breastfeeding	10.557	333.10.57	TBD	10/01/13	12/31/13	0	939	939
USDA Breastfeeding Peer Counseling	10.557	333.10.57	76214210	01/01/12	09/30/12	0	12,888	12,888
TOTALS						0	240,662	240,662

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	WIC Nutrition Program	7.2 B			See "Special Billing Requirements" below
1.1	Maintain authorized participating caseload at 100%. The DOH State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when: 1. Unanticipated funding situations occur 2. Reallocations are necessary to redistribute caseload statewide.		Quarterly average as shown on Caseload Management Reports		

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Authorized participating caseload for January 2012 through December 2013 = 540				
1.2	Submit the annual Nutrition Education Plan for each year of the Contract.	9.2 B	Nutrition Education Plan	First year due 03/31/12 Second year due 03/31/13 Third year due 03/31/14	Payment withheld if not received by due date.
1.3	Submit the annual Nutrition Services Expenditure Report for each year of the Contract.	6.1 B	Nutrition Services Expenditure Report	11/30/12 11/30/13 11/30/14	Payment withheld if not received by due date.
1.4	Transmit electronically all client and check issuance data via the Client Information Management System (CIMS).	3.1 B	Client and Check Issuance data	Same day of operation; no later than noon the following day.	
1.5	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 B	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.6	Provide nutrition education services to clients and caregivers in accordance with federal and state requirements.	3.1 B	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.7	Issue WIC checks while assuring adequate check security and reconciliation.	3.1 B	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.8	Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).	3.1 B	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
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 B	Status report of chosen activities in Nutrition Education Plan. Documentation must be available for review by WIC monitor staff.	First year due 03/31/12 Second year due 03/31/13 Third year due 03/31/14 Biennial WIC monitor	
2.2	Work with community partners to improve practices that affect breastfeeding. Choose one or more of the following projects: <ul style="list-style-type: none"> ▪ Change worksite policies of employers who likely employ low income women ▪ Provide breastfeeding education to health care providers who serve low income 	4.2 B	Status report of chosen activities in Nutrition Education Plan. Documentation must be available for review by WIC monitor staff.	First year due 03/31/12 Second year due 03/31/13 Third year due 03/31/14 Biennial WIC monitor	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	pregnant and breastfeeding women <ul style="list-style-type: none"> ▪ Work with birthing hospitals to improve maternity care practices that affect WIC client breastfeeding rates. ▪ Provide clients access to lactation consultants ▪ Other projects will need pre-approval from the State WIC Office. 				
3	Breastfeeding Peer Counseling Program	3.1 B			See "Special Billing Requirements" below
3.1	Provide breastfeeding peer counseling program activities in accordance with federal and state requirements. The WIC Breastfeeding Peer Counseling Program is meant to enhance, not supplant, WIC Breastfeeding Promotion activities.		Breastfeeding Peer Counseling Report and Budget Documentation must be available for review by WIC monitor staff.	First year due 02/15/12 Second year due 02/15/13 Third year due 02/15/14 Biennial WIC monitor	
3.2	Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.		Documentation must be available for review by WIC monitor staff	Biennial WIC monitor	
3.3	Peer counselors are paid, supervised, and receive, at minimum, annual breastfeeding training.		Breastfeeding Peer Counseling Report and Budget Documentation must be available for review by WIC monitor staff	First year due 02/15/12 Second year due 02/15/13 Third year due 02/15/14 Biennial WIC monitor	
3.4	Assure peer counselors have access to an International Board Certified Lactation Consultant (IBCLC). If no IBCLC is available, peer counselors have access to staff who have attended state-approved lactation management training.		Breastfeeding Peer Counseling Report and Budget Documentation must be available for review by WIC monitor staff	First year due 02/15/12 Second year due 02/15/13 Third year due 02/15/14 Biennial WIC monitor	
3.5	Attend state-sponsored training on peer counselor programs		Documentation must be available for review by WIC monitor staff	Biennial WIC monitor	

***For Information Only:**

Funding is not tied to the 2006 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 revised Standards/Measures that may apply, may be found at:

<http://www.doh.wa.gov/hip/products/stds/10-11stds/overview.htm>

Program Specific Requirements/Narrative

Program Manual, Handbook, Policy References:

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

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

Staffing Requirements:

The LHJ must:

- Use Competent Professional Authority staff to determine client eligibility for the WIC Nutrition Program.
- Use a Registered Dietitian (RD) or other qualified nutritionist to assure the quality of nutrition education provided to clients.
- Use an RD or nutritionist to complete nutrition high risk care plans for high risk clients.

A Registered Dietitian refers to a person registered with the American Dietetic Association or someone who is registration eligible. A nutritionist refers to a person with a Master's Degree in nutrition or public health nutrition from an accredited school.

Restrictions on Funds:

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

Special References (RCWs, WACs):

Washington Administrative Code WAC 246-790-050

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 and are hereby incorporated in this rule by reference. 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.

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

Assurances/Certifications:

1. Computer Equipment Loaned by the DOH WIC Nutrition Program

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

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

The LHJ agrees to:

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

DOH may enforce this by:

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

DOH recommends LHJs carry insurance against possible loss or theft.

2. Civil Rights Assurance

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

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

3. 7CFR Parts 3016, 3017, 3018

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

Special Billing Requirements:

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.
- 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.
- 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 for WIC allowable costs.
- h. Advance payments are not allowed.

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 OMB Circular A-133. This circular requires the LHJ to have a single audit performed should LHJ spend \$500,000 or more of federal grants or awards from all sources. The LHJ is a sub-recipient of federal funds.

Special Requirements:

January 2012 - September 2012 time period: A total of \$12,888 is added in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.

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

Barbara Krogstad, RD, CD

WIC Nutrition Program

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