

**PACIFIC COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
2012 – 2014 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: C16896

AMENDMENT NUMBER: 1

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and PACIFIC COUNTY HEALTH & HUMAN SERVICES 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 Statement of Work for the following programs:
 - 5930 Public Health Funding - Effective January 1, 2012
 - Local Capacity Development Funds - Effective January 1, 2012
 - Supplemental Nutrition Assistance Program-Education - Effective January 1, 2012
- Amends Statements of Work for the following programs:
 - Office of Immunization & Child Profile (OICP) - Effective January 1, 2012
 - Public Health Emergency Preparedness & Response (PHEPR) - Effective January 1, 2012
 - WIC Nutrition Program - Effective January 1, 2012
- Deletes Statements of Work for the following programs:

2. Exhibit B-1 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B Allocations as follows:

- Increase of \$183,493 for a revised maximum consideration of \$564,016.
- Decrease of _____ for a revised maximum consideration of _____.
- No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

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

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

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

PACIFIC COUNTY HEALTH & HUMAN SERVICES
DEPARTMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Date

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

2012-2014 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
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**Exhibit A
Statement of Work
Contract Term: 2012-2014**

DOH Program Name or Title: 5930 Public Health Funding - 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 Ongoing

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 type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> One-Time Distribution
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Statement of Work Purpose: The purpose of this statement of work is to set forth the requirements for use of funding distributed under the provisions of E2SSB5930 enacted in the 2007 legislative session. This is a performance-based agreement, the purpose of which is to improve the three performance measures as itemized below, in rank order.

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			
Blue Ribbon Local Health Funds	N/A	334.04.99	79211100	N/A	N/A	0	30,000	30,000
TOTALS						0	30,000	30,000

Number	Performance Measure	Activities	Deliverables/Due Dates	Payment Amount
1.	Increase the uptake of new and under-used child and adolescent vaccines.	The LHJ shall review its local data related to the respective performance measure, identify areas for improvement, and develop and implement a work plan to make improvements in the respective measure.	LHJ will submit a work plan, using the template provided by the DOH, for its 2012 work addressing the performance measures by February 15, 2012. The template for the work plan should be accessed at http://www.doh.wa.gov/phip/products/5930/doc/wrkpln-temp.doc .	Lump sum payment as follows: January 2012: \$30,000
2.	Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.			
3.	Develop and implement effective community and health care system interventions to address obesity and its consequent burden of chronic disease. Interventions may target worksites, schools, communities or primary medical care.	The LHJ will begin new or add to or enhance existing work in such a manner to positively impact the performance measures in rank order. The LHJ will report required data for each performance measure. See additional note in Special References section.	At any time LHJ substantively changes its work plan, it will promptly submit the updated work plan to DOH. LHJ will report required data for each performance measure based on the guidelines contained in the document "Metrics to Support 5930 Performance Measures" amended June 1, 2009. This document may be updated from time to time to provide additional information in the "Notes" section only (no changes will be made to the "Performance Measure," "Reporting Measure" or "Data Source" sections) and should be accessed on the DOH website at http://www.doh.wa.gov/PHIP/products/5930/doc/metrics.pdf for the most up-to-date revision.	

Program Specific Requirements/Narrative

RCW 43.70.512, RCW 43.70.514, RCW 43.70.516, RCW 43.70.520, and RCW 43.70.522.

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

Kay Koth

Office of Public Health Systems Development

Department of Health

Mailing address: P O Box 47890, Olympia, WA 98504-7890

Street address: 101 Israel Rd SE, Tumwater, WA 98501

360-236-4061/Fax 360-586-7424

Email: kay.koth@doh.wa.gov

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

DOH Program Name or Title: Local Capacity Development Funds - 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 type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2012 through December 31, 2012

Statement of Work Purpose: The purpose of this statement of work is to identify the five tasks, as identified and detailed in Appendix A appended hereto, that will be the focus of work for the 2012 calendar year. LHJ will choose one or more of these five tasks on which to work.

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			
GFS Local Capacity	N/A	334.04.92	79110100	01/01/12	06/30/12	0	15,855	15,855
GFS Local Capacity	N/A	334.04.92	79110100	07/01/12	12/31/12	0	15,855	15,855
TOTALS						0	31,710	31,710

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	<p>LHJ will select one or more of the following tasks as the basis of work that it will undertake to show progress toward achieving that task:</p> <ol style="list-style-type: none"> 1. Participate in or conduct a collaborative process resulting in a comprehensive community health assessment. 2. Conduct a comprehensive planning process in partnership with other community organizations resulting in a community health improvement plan. 3. Develop and implement a health department organization strategic plan. <p>LHJ will complete Appendix A and submit to the DOH per the instructions therein.</p>	Submission of completed Appendix A and documentation that demonstrates the status of achieving the tasks selected to be worked on.	Between February 15 and March 31, 2012.	\$15,855

2012 Local Capacity Development Funds Statement of Work

APPENDIX A

How the LHJ Will Use LCDF

Return to Kay Koth – kay.koth@doh.wa.gov, phone 360-236-4061, fax 360-586-7424.
For questions, contact Kay or Marie Flake – marie.flake@doh.wa.gov, phone 360-236-4063

Date _____ Contact Person _____

Phone _____ E-mail _____

LHJ _____ Please indicate status of each task and how LCDF funds will be used by placing an X the appropriate cell	Recommended BARS Expenditure Code	Completed	Will Use LCDF Funds to Support This Task
1. Participate in or conduct a collaborative process resulting in a community health assessment *	562.8		
2. Conduct a comprehensive planning process in partnership with others that results in a community health improvement plan *	562.8		
3. Implement elements and strategies of the community health improvement plan and monitor progress	Dependent on the activity		
4. Develop and adopt an agency strategic plan *	562.1		
5. Implement an agency strategic plan .	Dependent on the activity		

*If completed, please submit the web link or an electronic copy to DOH

Work Plan for Tasks Supported by LCDF (high level) – Due Feb 15 – March 31; update if needed July 31.

- Key Components
- Milestones and Timeline
- Final Product Expected

Progress Report – Due July 31

Final Project Report – Due Dec 31

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

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

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

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

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

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

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

Revision Purpose: The purpose of this revision is to amend tasks, deliverables, due dates, and reference materials.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
FFY12 VFC Ops	93.268	333.92.68	74203210	01/01/12	12/31/12	4,082	0	4,082
FFY12 317 Ops	93.268	333.92.68	74201210	01/01/12	12/31/12	2,173	0	2,173
FFY12 AFIX	93.268	333.92.68	74205210	01/01/12	12/31/12	9,118	0	9,118
TOTALS						15,373	0	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 and Prevention (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 *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
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	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.
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	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
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).		1) Monthly Vaccine Accountability Report (DOH 348-006) 2) Private Provider's Monthly Report of Vaccine Usage (DOH 348-025)	1) By the 15 th of each month 2) Submit electronically at the time of vaccine order via the Washington Immunization Information System; retain paper form for review at the time of LHJ site visit by DOH	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
			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.	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	
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 <i>Guide Manual</i> , and as directed by the state administrators of the Vaccines for Children program. <i>Conduct VFC Compliance Site Visit Follow-Up to assure providers resolve all corrective actions identified during the initial VFC compliance site visit. Follow-up may include another physical site visit or verification by email, phone, fax, or mail that corrective actions were completed.</i>		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 <i>Site-Visit completed Quality Assurance Activity Cover Sheet</i> (DOH 348-151) and supporting documentation	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 conducted (no later than October 31, annually)	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><i>that describes the type of VFC Compliance Follow-up (e.g., site visit, email, phone, fax, or mail) and how the provider corrected any identified non-compliance. for each public and private provider site visit where non-compliance is identified, documenting corrective action(s).</i></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>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 site 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 (DOH 348-258)</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 <i>following documents</i>:</p> <ul style="list-style-type: none"> • AFIX Feedback Form (DOH 348-159), which documents that providers were given verbal/written feedback regarding their immunization coverage rates. • <i>CoCASA report(s) for Childhood Assessments (24 – 35 month old): 431331 and 4313314 Diagnostic Report Childhood</i> • <i>CoCASA reports for Adolescent Assessments</i> 	<p>1) Annually by January 15</p> <p>2) Within thirty (30) days of when the AFIX <i>assessment visit</i> 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*: FFY12 AFIX, 74205210</p> <p>*See Restrictions on Funds below.</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><i>(13 – 18 year old):</i> 32121 Adolescent Coverage Report</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>4) <i>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.</i></p>	<p>3) Within thirty (30) days of when the AFIX <i>assessment visit</i> is conducted (no later than October 31, annually)</p> <p>4) <i>By the 15th of the month following the end of each quarter.</i></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>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>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 – 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 348-268 XXX)</p>	<p>1) By the 15th of each month</p> <p>2) By the 15th of the month following the end of each quarter</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task:</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 LHJ 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 <http://www.doh.wa.gov/cfh/immunize/documents/adolonlyprotocol.pdf>
- Site Visit Selection Protocol <http://www.doh.wa.gov/cfh/immunize/documents/selectprotocol.pdf>
- 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, MPA
 Administrative Services 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: Revision **Revision # (for this SOW)** 1

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		

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: The purpose of this revision is to remove requirements for FFATA compliance.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
FFY11 PHEPR HC SYSTEMS - PREP	93.889	333.98.89	61308201	01/01/12	06/30/12	4,280	0	4,280
FFY11 PHEPR LHJ FUNDING	93.069	333.90.69	18101239	01/01/12	08/09/12	41,700	0	41,700
TOTALS						45,980	0	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.	01/31/12 or within 45 days of the receipt of the template, whichever is later	
			Submit end of year progress report on activities.	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/hip/products/stds/10-11stds/overview.htm>

Program Specific Requirements/Narrative

This section is for program specific information not included elsewhere.

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: Supplemental Nutrition Assistance Program-Education - 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 checked="" type="checkbox"/> Reimbursement	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> ARRA (Recovery Act)	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other	<input type="checkbox"/> FFATA (Transparency Act)	

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

Statement of Work Purpose: The purpose of this statement of work is to provide Supplemental Nutrition Assistance Program - Education (SNAP-Ed) to improve the likelihood that person eligible for SNAP (Food Stamps) will make healthy food choices within a limited budget.

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 DSHS SNAP-Ed IAR	10.561	333.10.61	76430920	01/01/12	09/30/12	0	122,403	122,403
TOTALS						0	122,403	122,403

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	For the Supplemental Nutrition Assistance Program-Education (SNAP-Ed), the LHJ will perform work as described in the SNAP-Ed plan submitted to DOH and approved by USDA in September 2011, which is incorporated herein by reference. The activities will provide nutrition education information to increase the likelihood of Basic Food Program recipients making healthy food choices and choosing active lifestyles using the 2010 Dietary Guidelines for Americans and MyPlate food guidance system as the foundation.		1. Prepare Quarterly Progress Reports, using the form provided by DOH, to summarize work on the following: <ul style="list-style-type: none"> ▪ Target audiences reached – project activities, settings, and demographics ▪ Key nutrition messages delivered ▪ Formative, process and outcome evaluation results to date ▪ Achievements, challenges, changes ▪ Success Stories 	Progress Reports due for the period January 1, 2012-September 30, 2012: 1 st Quarter – Due Jan. 30, 2012 2 nd Quarter – Due Apr. 30, 2012 3 rd Quarter – Due July 30, 2012 4 th Quarter – Due Oct. 30, 2012	Reimbursement upon receipt and approval of deliverables for the funding period will not exceed \$122,403.

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. Prepare Monthly Invoice Vouchers, using the form provided by DOH, documenting costs incurred and accompanied by an agency financial system status report supporting the costs. 3. Submit Quarterly Progress reports and Invoice Vouchers to the SNAP-Ed Contract Manager.	Invoice Vouchers due at minimum quarterly and Final Invoice Voucher is due 45 days after the end of the SNAP-Ed funding period.	

***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

Work will not begin previous to the period of performance of the amendment defining the USDA approved task/activity description and associated funding level. Non-compliance with quarterly report due dates may result in reduction of funding or cancellation of the agreement with SNAP-Ed.

Monitoring Visits (frequency, type)

LHJ's premises and records will be made available to DOH and USDA staff for the purposes of observing nutrition education activities and reviewing or auditing for program compliance.

Assurances/Certifications

The Local Governmental Agency or Non Governmental Agency is fiscally responsible for nutrition education activities funded with Supplemental Nutrition Assistance Program funds and is liable for repayment of unallowable costs. Nutrition education activities are conducted exclusively for the benefit of Basic Food Program participants and applicants. Waivers are approved for each project with nutrition education activities that include non-participants; however, primary beneficiaries must be Basic Food Program participants, applicants, and other low-income people. At least 50 percent of the target population must have gross incomes at or below 185 percent of poverty.

Documentation of costs, payments, and donations for approved SNAP-Ed activities are maintained and will be available for USDA and DOH review and audit.

Program activities are conducted in compliance with all applicable Federal laws, rules, regulations including Civil Rights and OMB circulars governing cost issues.

Program activities do not supplant existing nutrition education programs, and where operating in conjunction with existing programs, enhance and supplement them.

Program activities are reasonable and necessary to accomplish SNAP-Ed objectives and goals.

Materials developed with Federal Supplemental Nutrition Assistance Program funds include the appropriate non-discrimination statement, credit provided to Basic Food Program as a funding source, and a brief message about how the Basic Food Program can help provide a healthy diet and how to apply for benefits.

Messages of nutrition education are consistent with the Dietary Guidelines for Americans and stress the importance of variety, balance, and moderation, and do not disparage any specific food, beverage or commodity.

Special Billing Requirements

Costs billed will align with the approved budget below and be supported by an agency financial system report submitted to the designated SNAP-Ed contract manager.

<u>Category</u>	<u>Costs</u>
Salaries	65,558
Benefits	25,895
Contracts/Grants	0
Non-Capital Equipment	396
Goods and Services	9925
Travel	4047
Building/Space	0
Maintenance	0
Total Direct Costs	105,821
Indirect Costs	16,582
Total Costs	\$122,403

Budget Revisions

The LHJ will be allowed, in a one-year period, to adjust funding listed in a Category by up to 10% as long as the \$122,403 budget maximum is not exceeded, without prior approval by DOH. Any anticipated need greater than 10% in a Category of the budget must be pre-approved by DOH. To receive approval for an over expenditure greater than 10%, the LHJ will submit a proposed budget revision in writing, using a Budget Revision Request form provided by DOH. Budget Revision Requests must be approved, in advance, in writing by DOH, and will require a contract amendment to be approved by both parties.

DOH Program Contact

Kathi LLoyd, SNAP-Ed Contract Manager
 Department of Health
 PO Box 47855, Olympia, WA 98504
kathi.lloyd@doh.wa.gov
 (360) 236-3965

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

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: The purpose of this amendment is to decrease funding in the USDA WIC Breastfeeding category.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Decrease (-)	Total Consideration
				Start Date	End Date			
USDA WIC Nutrition and Local Support	10.557	333.10.57	76210220	01/01/12	09/30/12	84,425	0	84,425
USDA WIC Nutrition and Local Support	10.557	333.10.57	76210230	10/01/12	09/30/13	109,900	0	109,900
USDA WIC Nutrition and Local Support	10.557	333.10.57	TBD	10/01/13	12/31/13	27,475	0	27,475
USDA WIC Breastfeeding	10.557	333.10.57	76213220	01/01/12	09/30/12	3,358	-620	2,738
USDA WIC Breastfeeding	10.557	333.10.57	76213230	10/01/12	09/30/13	3,677	0	3,677
USDA WIC Breastfeeding	10.557	333.10.57	TBD	10/01/13	12/31/13	939	0	939
USDA Breastfeeding Peer Counseling	10.557	333.10.57	76214210	01/01/12	09/30/12	12,888	0	12,888
TOTALS						242,662	-620	242,042

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

PO Box 47886, Olympia, WA 98504-7886

Barbara.Krogstad@doh.wa.gov 360-236-3711 or 1-800-841-1410 x 3711

**EXHIBIT B-1
ALLOCATIONS
Contract Term: 2012-2014**

Chart of Accounts Program Title	Amendmen	CFDA*	BARS Revenue Code*	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
				Start Date	End Date	Start Date	End Date			
USDA Breastfeeding Peer Counseling	N/A	10.557	333.10.57	01/01/12	09/30/12	10/01/11	09/30/12	\$12,888	\$12,888	\$12,888
USDA WIC Breastfeeding	N/A	10.557	333.10.57	01/01/12	09/30/12	10/01/11	09/30/12	\$3,358		
USDA WIC Breastfeeding	Amend 1	10.557	333.10.57	01/01/12	09/30/12	10/01/11	09/30/12	(\$620)	\$2,738	
USDA WIC Breastfeeding	N/A	10.557	333.10.57	10/01/12	09/30/13	10/01/12	09/30/13	\$3,677	\$3,677	
USDA WIC Breastfeeding	N/A	10.557	333.10.57	10/01/13	12/31/13	10/01/13	12/31/13	\$939	\$939	\$7,354
USDA WIC Nutrition & Local Support	N/A	10.557	333.10.57	01/01/12	09/30/12	10/01/11	09/30/12	\$82,425	\$82,425	
USDA WIC Nutrition & Local Support	N/A	10.557	333.10.57	10/01/12	09/30/13	10/01/12	09/30/13	\$109,900	\$109,900	
USDA WIC Nutrition & Local Support	N/A	10.557	333.10.57	10/01/13	12/31/13	10/01/13	12/31/13	\$27,475	\$27,475	\$219,800
DSHS SNAP-Ed IAR	Amend 1	10.561	333.10.61	01/01/12	09/30/12	10/01/11	09/30/13	\$122,403	\$122,403	\$122,403
PHEPR LHJ Funding	N/A	93.069	333.90.69	01/01/12	08/09/12	08/10/11	08/09/12	\$41,700	\$41,700	\$41,700
FPRH TX Admin-Contracts	N/A	93.217	333.92.17	01/01/12	12/30/12	12/31/11	12/30/12	\$11,388	\$11,388	\$11,388
AFIX	N/A	93.268	333.92.68	01/01/12	12/31/12	01/01/12	12/31/12	\$9,118	\$9,118	\$9,118
317 Ops	N/A	93.268	333.92.68	01/01/12	12/31/12	01/01/12	12/31/12	\$2,173	\$2,173	\$2,173
VFC Ops	N/A	93.268	333.92.68	01/01/12	12/31/12	01/01/12	12/31/12	\$4,082	\$4,082	\$4,082
PHEPR HC Systems - Prep	N/A	93.889	333.98.89	01/01/12	06/30/12	07/01/11	06/30/12	\$4,280	\$4,280	\$4,280
MCHBG HCO ConCon Federal	N/A	93.994	333.99.94	01/01/12	09/30/12	10/01/11	09/30/12	\$29,799	\$29,799	\$29,799
FPRH St Admin-Contracts (TX Match)	N/A	N/A	334.04.91	01/01/12	12/30/12	12/31/11	12/30/12	\$30,898	\$30,898	\$30,898
GFS Local Capacity	Amend 1	N/A	334.04.92	01/01/12	06/30/12	07/01/11	06/30/13	\$15,855		
GFS Local Capacity	Amend 1	N/A	334.04.92	07/01/12	12/31/12	07/01/11	06/30/13	\$15,855	\$31,710	\$31,710
Rec Shellfish/Biotoxin (PSAA)	N/A	N/A	334.04.93	01/01/12	06/30/13	07/01/11	06/30/13	\$4,275	\$4,275	\$4,275
Youth Tobacco Prevention	N/A	N/A	334.04.93	01/01/12	06/30/12	07/01/11	06/30/13	\$2,148	\$2,148	\$2,148

**EXHIBIT B-1
ALLOCATIONS
Contract Term: 2012-2014**

Chart of Accounts Program Title	Amendmen	CFDA*	BARS Revenue Code*	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
				Start Date	End Date	Start Date	End Date			
Blue Ribbon Local Health Funds	Amend 1	N/A	334.04.99	00/00/00	00/00/00	00/00/00	00/00/00	\$30,000	\$30,000	\$30,000
TOTAL								\$564,016	\$564,016	
Total consideration:		\$380,523						GRAND TOTAL		\$564,016
		\$183,493								
GRAND TOTAL		\$564,016						Total Fed		\$464,985
								Total State		\$99,031

*Catalog of Federal Domestic Assistance

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