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

CONTRACT NUMBER: C16896 **AMENDMENT NUMBER: 16**

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 Statements of Work for the following programs:

   - Emergency Preparedness & Response - Effective July 1, 2014

   ☒ Amends Statements of Work for the following programs:

   - Maternal & Child Health Block Grant - Effective January 1, 2013
   - WIC Nutrition Program - Effective January 1, 2012

   ☐ Deletes Statements of Work for the following programs:

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

   ☒ Increase of **$89,780** for a revised maximum consideration of **$1,476,452**.

   ☐ Decrease of _____ for a revised maximum consideration of _____.

   ☐ No change in the maximum consideration of _____.
   Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C-10 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-9.

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

_____
Date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

_____
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: Emergency Preparedness & Response - Effective July 1, 2014

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

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

Period of Performance: July 1, 2014 through December 31, 2014

Funding Source	Federal Compliance (if applicable)	Type of Payment
☒ Federal Subrecipient	☐ ARRA (Recovery Act)	☒ Reimbursement
☐ State	☒ FFATA (Transparency Act)	☐ Fixed Price
☐ Other		

Statement of Work Purpose: The purpose of this statement of work is to establish the funding and tasks for the Public Health Emergency Preparedness and Response Program for the 2014-2015 grant period through December 31, 2014.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY14 EPR LHJ FUNDING	93.069	333.93.06	18101630	07/01/14	12/31/14	0	49,450	49,450
TOTALS						**0**	**49,450**	**49,450**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Admin 1	Complete reporting templates to comply with federal grant requirements (e.g., performance measures, gap analysis, etc.)		Submit completed templates.	As required	Reimbursement for costs, not to exceed total funding consideration amount.
Admin 2	Develop work plan for the 2015-2016 grant cycle.		Submit completed work plan.	*See reporting template for due date.	
Admin 3	Complete mid-year and end of year reporting.		Submit mid-year reporting template.	December 19, 2014	
Admin 4	Attend emergency preparedness events (monthly program update calls, quarterly workshops, etc.) hosted by DOH.		Submit mid-year reporting template.	December 19, 2014	
Admin 5	Bimonthly meetings in Olympia for the Regional Health Care Coalition. Health Officer, Director, and/or Deputy director attends the Regional Health Care Coalition.		Submit mid-year reporting template.	December 19, 2014	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Admin 6	Designate Local Emergency Response Coordinator (LERC).		Submit mid-year reporting template.	December 19, 2014	
3.1	Lead Emergency Support Function 8 (ESF-8) for the county. Review and update job action sheets specific to public health incident.		Submit mid-year reporting template.	December 19, 2014	
3.2	Activate an emergency response test with staff on a quarterly basis using the (SECURES) notification system		Submit mid-year reporting template.	December 19, 2014	
3.3	Participate in Incident Command System (ICS) position specific trainings.		Submit mid-year reporting template.	December 19, 2014	
3.4	Develop or participate in exercise or tabletop annually with community partners particularly related to use of Medical Reserve Corp (MRC) partners.		Submit mid-year reporting template.	December 19, 2014	
4.1	Reinforce and test the fundamental capabilities to alert staff and the public of threats to health and safety, (email and fax for providers and secures for staff)		Submit mid-year reporting template.	December 19, 2014	
4.2	Test satellite phones at least quarterly to assure the ability to communicate with staff and other partners.		Submit mid-year reporting template.	December 19, 2014	
4.3	Train and exercise staff in ICS.		Submit mid-year reporting template.	December 19, 2014	
5.1	Convene a meeting with community partners (coroner, Environmental health, Funeral homes, mental health, hospitals, and first responders) to update Mass Fatalities Plan.		Submit mid-year reporting template.	December 19, 2014	
8.2	Build partnerships that support efficient medication dispensing under LHJ direction. Renew Memorandums of Understanding (MOU's) with dispensing sites and update if needed.		Submit mid-year reporting template.	December 19, 2014	
8.3	Update Strategic National Stockpile (SNS) plan, particularly around Points of Dispensing (POD).		Submit mid-year reporting template.	December 19, 2014	
8.4	Develop "Just in Time" trainings that focus on setting up and managing PODs using MRC volunteers to assist in staffing the PODs.		Submit mid-year reporting template.	December 19, 2014	
9.1	Inventory cache stored at Ocean Beach Hospital; review policy on releasing cache.		Submit mid-year reporting template.	December 19, 2014	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
9.2	Review forms used for the distribution of medical materials.		Submit mid-year reporting template.	December 19, 2014	
9.3	Develop partnerships to efficiently manage and distribute medical cache.		Submit mid-year reporting template.	December 19, 2014	
10.1	Continue with recruitment and training of MRC to assist with medical surge needs on both ends of the county.		Submit mid-year reporting template.	December 19, 2014	
13.1	Maintain a 24/7 contact name and number to be available to send and receive alerts and Notifiable conditions reporting and communications with necessary partners, including DOH, local hospitals, providers and the public.		Submit mid-year reporting template.	December 19, 2014	
13.3	Maintain and update as needed a list of staff on call 24/7 that are able to receive and send emergency notifications, alerts, and Notifiable conditions reporting and communication. The list should include the contact person, title, current phone number and email address,		Submit mid-year reporting template.	December 19, 2014	
13.4	Participate in DOH Integrated surveys regarding systems and surveillance data as requested.		Submit mid-year reporting template.	December 19, 2014	
14.2	Determine what protective measures the first responders currently have available and determine future needs and resources.		Submit mid-year reporting template.	December 19, 2014	
14.3	Update Fit tests for N95 masks for public health staff.		Submit mid-year reporting template.	December 19, 2014	

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

Program Specific Requirements/Narrative

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
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Department of Health
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360-236-4056

Exhibit A
Statement of Work
Contract Term: 2012-2014

DOH Program Name or Title: Maternal & Child Health Block Grant - Effective January 1, 2013

Local Health Jurisdiction Name: Pacific County Health & Human Services Department

Contract Number: C16896

SOW Type: Revision **Revision # (for this SOW)** 5

Funding Source	Federal Compliance (if applicable)	Type of Payment
☒ Federal Subrecipient	☐ ARRA (Recovery Act)	☒ Reimbursement
☐ State	☒ FFATA (Transparency Act)	☐ Fixed Price
☐ Other		

Period of Performance: January 1, 2013 through December 31, 2014

Statement of Work Purpose: The purpose of this statement of work is to add new focus of work and funding for Maternal and Child Health Block Grant (MCHBG) related activities.

Revision Purpose: The purpose of this revision is to extend the period of performance and add funding and activities from 10/01/14 to 12/31/14for continuation of MCHBG related activities, add Special Instructions, and change the DOH Program Contact.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY13 MCHBG OHC CONCON FEDERAL	93.994	333.93.99	78734231	01/01/13	09/30/13	28,467	0	28,467
FFY14 MCHBG CBP CONCON	93.994	333.93.99	78734240	10/01/13	09/30/14	37,159	0	37,159
FFY13 PPPO MCHBG Operations	93.994	333.93.99	78131230	01/01/14	09/30/14	796	0	796
FFY15 MCHBG CBP ConCon	93.994	333.93.99	78734250	10/01/14	12/31/14	0	9,409	9,409
TOTALS						**66,422**	**9,409**	**75,831**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration and Year End Closeout of 2013 Contract					
1a	Identify MCHBG-focused carry forward activities and submit transition proposal to DOH contract manager, using DOH-supplied template.		Transition proposal	January 31, 2013	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements.
1b	Complete a proposed budget using template provided by DOH.		Completed budget submitted electronically.	April 15, 2013	
1c	Participate in calls, at a minimum of every other month, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and LHJ.		Designated LHJ staff will participate in contract management calls.	December 31, 2013 September 30, 2014 *December 31, 2014*	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1d	Participate in DOH sponsored MCHBG-related quarterly conference calls and/or webinars, including up to two (2) in-person meetings.		Designated LHJ staff will participate in calls, webinars, and meetings.	December 31, 2013 September 30, 2014 *December 31, 2014*	
1e	Complete MCHBG Federal Report Form 4, which includes budget details by types of individuals served. DOH will supply the form.		Submit MCHBG Federal Report Form 4 electronically to contract manager	December 31, 2013	
1f	Report actual expenditures for calendar year 2013 using template provided by DOH.		Submit actual expenditure budget forms electronically to contract manager	December 31, 2013	
1g	Report activities and outcomes of transition plan		Submit short narrative report electronically to contract manager	August 15, 2013	
1h	*Report actual expenditures and complete Federal Form 4 for January 1, 2014 – September 30, 2014 using the MCHBG Budget Workbook provided by DOH.*		*Submit actual expenditures and Federal Report 4 electronically to contract manager.*	*December 1, 2014*	
Planning and Needs Assessments					
2a	Conduct a Maternal and Child Health (MCH) Needs Assessment prior to March 31, 2013. DOH to supply guidance documents.		Submit 1. Electronic summary of MCH Needs Assessment 2. Electronic MCH Gap Analysis Tool	April 15, 2013	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements.
2b	Select Children and Youth with Special Health Care Needs (CYSHCN) performance measure (NPM05 required, others optional) and choose or develop SMART Objectives based on Needs Assessment findings from 2a and using DOH-supplied list.		Submit identified performance measure(s) and SMART Objectives electronically using DOH-supplied template	April 15, 2013	
2c	Select either Adverse Childhood Experiences (ACEs) or Universal Developmental Screening (UDS) performance measure and choose or develop SMART Objectives based on Needs Assessment findings from 2a and using DOH-supplied list.		Submit identified performance measure(s) and SMART Objectives electronically using DOH-supplied template	April 15, 2013	
2d	Select up to three (3) additional MCH performance measures and choose or develop SMART Objectives based on Needs Assessment findings related to 2a and using DOH-supplied list and template in coordination with DOH contract manager.		Submit identified performance measure(s) and SMART Objectives electronically.	April 15, 2013	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Implementation					
3a	Develop draft and final action plan that includes each identified SMART Objective from 2b, 2c, and 2d and using DOH-supplied template.		1. Submit draft Action Plan(s) to DOH contract manager for review. 2. Submit final Action Plan(s) to DOH contract manager for review.	1. Draft by June 15, 2013. 2. Final due by July 15, 2013.	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
3b	Report activities and outcomes of action plan using DOH provided template		Submit Action Plan Progress Reports for selected SMART Objectives	October 15, 2013 December 30, 2013 April 15, 2014 July 15, 2014 *October 15, 2014* *December 31, 2014* If LHJ chooses to bill on a monthly basis, reports are due on or before the 15th of the following month.	
3c	Develop action plan for January 1, 2014 through September 30, 2014 (to align with the Federal Fiscal Year) using DOH-provided template.		Submit Action Plan to DOH contract manager.	December 6, 2013	
3d	Develop an action plan (including Budget Workbook) for October 1, 2014 through September 30, 2015 (to align with the Federal Fiscal Year) using DOH provided template.		Submit Action Plan to DOH contract manager.	September 5, 2014	
Children and Youth with Special Health Care Needs (CYSHCN) The Maternal and Child Health Block Grant (MCHBG) continues to require the following basic minimum activities as specified in the CYSHCN Program Manual:					
4a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program Manual.		Submit CHIF data into Secure File Transport (SFT) website: https://sft.wa.gov	April 15, 2013 July 15, 2013 October 15, 2013 December 31, 2013 April 15, 2014 July 15, 2014 *October 15, 2014* *January 15, 2015 (See Special Instructions below)*	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				If LHJ chooses to bill on a monthly basis, reports are due on or before the 15th of the following month.	See Program Specific Requirements.
4b	Administer allocated DOH Diagnostic and Treatment funds for infants and children per CYSHCN Program Manual when funds are used.		Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed	
4c	Participate in the CYSHCN Regional System and quarterly meetings as described in the CYSHCN Program Manual.		Submit Action Plan Progress Reports including number of regional meetings attended to the DOH contract manager.	April 15, 2013 July 15, 2013 October 15, 2013 December 31, 2013 April 15, 2014 July 15, 2014 *October 15, 2014* *January 15, 2015 (See Special Instructions below)* If LHJ chooses to bill on a monthly basis, reports are due on or before the 15th of the following month.	

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

Program Specific Requirements/Narrative

Special Requirements:
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To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a 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
Children with Special Health Care Needs Manual
~~ftp://ftp.doh.wa.gov/CSHCN/CSHCN%20Manual%20for%20WEB.pdf~~http://www.doh.wa.gov/Portals/1/Documents/Pubs/970-209-CSHCN-Manual.pdf

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)].

2. Funds may not be used for:
   a. Inpatient services, other than inpatient services for children with special health care needs or high risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
   b. Cash payments to intended recipients of health services.
   c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
   d. Meeting other federal matching funds requirements.
   e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
   f. payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].

3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1)(D)].

Monitoring Visits (frequency, type)
Telephone calls with contract manager at least one every other month.

Special Billing Requirements
Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted at least quarterly and must be based on actual allowable program costs. Billing for services on a monthly or quarterly fraction of the "Total Consideration" will not be accepted or approved. Monthly invoices on actual allowable program costs will be accepted but an updated Action Plan Progress Report must also be submitted.

Special Instructions
Deliverable due date(s) outside of the 2012-2014 consolidated contract term are for informational purposes only and will be included in a new statement of work under the new consolidated contract term beginning January 1, 2015.

DOH Program Contact
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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: Revision **Revision # (for this SOW)** 11

Period of Performance: January 1, 2012 through December 31, 2014

Funding Source	Federal Compliance (if applicable)	Type of Payment
☒ Federal Subrecipient	☐ ARRA (Recovery Act)	☒ Reimbursement
☐ State	☒ FFATA (Transparency Act)	☐ Fixed Price
☐ 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 revision is to modify tasks 1.9a, 3.1, 3.3 and 3.4, and add FFY15 USDA Breastfeed Peer Counsel and FFY15 USDA WIC NLS funds and a Special Requirement.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY12 USDA WIC NLS	10.557	333.10.55	76210220	01/01/12	09/30/12	82,425	0	82,425
FFY13 USDA WIC NLS	10.557	333.10.55	76210230	10/01/12	09/30/13	113,102	0	113,102
FFY14 USDA WIC NLS	10.557	333.10.55	76210240	10/01/13	09/30/14	108,014	0	108,014
FFY12 USDA WIC BREASTFEEDING	10.557	333.10.55	76213220	01/01/12	09/30/12	2,738	0	2,738
FFY13 USDA BREASTFEED PEER COUNSEL	10.557	333.10.55	76214230	10/01/12	09/30/14	11,456	0	11,456
FFY14 USDA BREASTFEED PEER COUNSEL	10.557	333.10.55	76214240	10/01/13	12/31/14	10,024	0	10,024
FFY11 USDA BREASTFEED PEER COUNSEL	10.557	333.10.55	76214210	01/01/12	09/30/12	11,615	0	11,615
FFY12 OA MATERNITY CARE SUMMIT & TRNG	10.557	333.10.55	76211225	01/01/12	09/30/12	1,464	0	1,464
FFY12 USDA BREASTFEED PEER COUNSEL	10.557	333.10.55	76214220	07/01/12	09/30/13	14,161	0	14,161
FFY12 USDA FMNP ADMIN	10.572	333.10.57	76540220	01/01/12	09/30/12	235	0	235
FFY09 REVITALIZE QUALITY NUTRITION GRANT	10.557	333.10.55	76215210	10/01/12	12/31/12	2,500	0	2,500
FFY13 USDA FMNP ADMIN	10.572	333.10.57	76540230	10/01/12	09/30/13	115	0	115
FFY15 USDA BREASTFEED PEER COUNSEL	10.557	333.10.55	76214250	10/01/14	12/31/14	0	4,296	4,296
FFY15 USDA WIC NLS	10.557	333.10.55	76210250	10/01/14	12/31/14	0	26,625	26,625
TOTALS						**357,849**	**30,921**	**388,770**

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%.		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
	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. Authorized participating caseload for January 2012 through December 2013 = **540** Revised Authorized participating caseload for January 2013 through December 2013 = **520** Revised Authorized participating caseload for January 2014 through December 2014 = **500**				
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	
1.9a	Submit WIC *and Breastfeeding Peer Counseling* Budget Workbook for each year of the contract.		Budget Workbook	09/30/13 09/30/14	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.9b	Revise and submit WIC Budget Workbook mid-year for each year of the contract.		Revised Budget Workbook	Mid-year revision due 04/30/13 Mid-year revision due 04/30/14	
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: ▪ Change worksite policies of employers who likely employ low income women ▪ Provide breastfeeding education to health care providers who serve low income pregnant and breastfeeding women ▪ Work with birthing hospitals to improve maternity care practices that affect WIC client breastfeeding rates. ▪ Provide clients access to lactation consultants ▪ Provide staff and community partners breastfeeding training. ▪ Other projects will need pre-approval from the State WIC Office.	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	
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 *Annual* Report and ~~*Budget*~~ *expenditures from the previous federal fiscal year.* Documentation must be available for review by WIC monitor staff.	First year due 02/15/12 Second year due 12/17/12 Third year due 12/16/13 *Due 12/31/14* 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	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.3	Peer counselors are paid, supervised, and receive, at minimum, annual breastfeeding training.		Breastfeeding Peer Counseling *Annual* Report and ~~*Budget*~~ *expenditures from the previous federal fiscal year.* Documentation must be available for review by WIC monitor staff	First year due 02/15/12 Second year due 12/17/12 Third year due 12/16/13 *Due 12/31/14* 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 *Annual* Report and ~~*Budget*~~ *expenditures from the previous federal fiscal year.* Documentation must be available for review by WIC monitor staff	First year due 02/15/12 Second year due 12/17/12 Third year due 12/16/13 *Due 12/31/14* 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	
4	**Farmers Market Nutrition Program (FMNP)**				See "Special Billing Requirements" below
4.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC clients between June 1 and September 30 of current year.		Send completed FMNP check registers to banking contractor on a weekly basis following FMNP procedures. Documentation must be available for review by WIC monitor staff	Weekly July-Sept 2012 Weekly June-Sept 2013 All registers sent by Oct. 1 and by 2012 , Oct. 1, 2013 Biennial WIC Monitor	

<u>*For Information Only:</u>
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/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/ResourceCatalog/Standards.aspx

<u>Program Specific Requirements/Narrative</u>

Special Requirements:
<u>Federal Funding Accountability and Transparency Act (FFATA)</u>
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:
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 n 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.

January 2012 – September 2012 time period: A total of $1,464 is added in the OA Maternity Care Summit and Training category to fund supplies and activities as per the Breastfeeding Operational Adjustment grant request submitted to the Washington State WIC Nutrition Program to engage hospitals to improve their maternity care practices that affect breastfeeding. The Pacific County Health Department must submit two reports to the Department of Health WIC Nutrition Program for the FFY12 OA Maternity Care Summit and Training Project. An interim report is due June 22, 2012. The interim report must include expenses and obligations to date, anticipated future expenditures, and a balance of funds for each earmarked item. A final report is due October 19, 2012. The final report must include actual expenses for the year with a narrative description of project accomplishments.

October 2012 – December 2012 time period: A total of $4,296 is added in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.

October 2012 – December 2012 time period: A total of $2,500 is added in the WIC/USDA Revitalizing Quality Nutrition Services category to fund the WIC Fruit and Vegetable Community Partnership Grant activities. The funds shall be used to purchase supplies, complete activities and coordinate the project as outlined in the grant submitted to the DOH WIC Nutrition Program. Any changes in grant activities must have prior approval from the DOH WIC Nutrition Program.

January 2013 – September 2013 time period: A total of $8,592 is added through June 2013 in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.

October 2012 – September 2013 time period: A total of $1,655 is added through June 2013 in the WIC/USDA Base Funding category to spend on breastfeeding promotion activities per Task 2.2 listed under Breastfeeding Promotion in the Statement of Work (SOW).

October 2012 - September 2013 time period: A total of $2,300 in WIC/USDA WIC Base Funding through June 2013 is added for the purpose of funding registration and travel expenses for staff to attend the following required trainings and meeting:

- Childhood Obesity Prevention Conference, Seattle
- WIC Coordinator meeting, SeaTac
- Baby Behavior training, 4 locations statewide

Any of these remaining funds designated for training/travel are to be used for attendance at Core WIC, Coordinator, or Nutritionist trainings held in Olympia or to another training after receiving approval from the State WIC Office. Refer to Memo #2012-105 for more information about this funding.

January 2013 – September 2013 time period: A total of $4,296 is added in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.

October 2012 – September 2013 time period: A total of $552 is included for July through September 2013 in the WIC/USDA Base Funding category to spend on breastfeeding promotion activities per Task 2.2 listed under Breastfeeding Promotion in the Statement of Work (SOW).

October 2013 – September 2014 time period: A total of $552 is included for October through December 2013 in the WIC/USDA Base Funding category to spend on breastfeeding promotion activities per Task 2.2 listed under Breastfeeding Promotion in the Statement of Work (SOW).

October 2013 – September 2014 time period: A total of $4,296 is included for October through December 2013 in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling Program.

January 2014 – September 2014 time period: A total of $2,864 for January and February 2014 is included in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling Program.

January 2014 – September 2014 time period: A total of $10,024 for March through September2014 is included in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling Program.

October 2014 – December 2014 time period: *A total of $4,296 is added in the FFY15 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
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