PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as “DOH”, and PACIFIC COUNTY PUBLIC 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:
     - Family Planning - Effective December 1, 2019
   - ☑ Amends Statements of Work for the following programs:
     - Family Planning - Effective September 1, 2018
     - Office of Emergency Preparedness & Response - Effective July 1, 2019
     - WIC Nutrition Program - Effective January 1, 2018
   - ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-11 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-10 Allocations as follows:
   - ☑ Increase of $32,952 for a revised maximum consideration of $1,192,322.
   - ☐ 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-11 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-10.

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 PUBLIC HEALTH & HUMAN SERVICES DEPARTMENT

[Signature]
Date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

[Signature]
Date

APPROVED AS TO FORM ONLY
Assistant Attorney General
<table>
<thead>
<tr>
<th>DOH Program Name or Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Planning - Effective September 1, 2018</td>
<td>3</td>
</tr>
<tr>
<td>Family Planning - Effective December 1, 2019</td>
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</tr>
<tr>
<td>Office of Emergency Preparedness &amp; Response - Effective July 1, 2019</td>
<td>18</td>
</tr>
<tr>
<td>WIC Nutrition Program - Effective January 1, 2018</td>
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DOH Program Name or Title: Family Planning - Effective September 1, 2018
Local Health Jurisdiction Name: Pacific County Public Health & Human Services Department
Contract Term: 2018-2020
Contract Number: CLH18256

SOW Type: Revision
Revision # (for this SOW): 4

Period of Performance: September 1, 2018 through November 30, 2019

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

Due dates after November 30, 2019 are for reporting only. LHJ may not bill under this contract for work done in December 2019.

Revision Purpose: The purpose of this revision is to shorten the period of performance and SFY20 Family Planning Cost Share end date from March 31, 2020 to November 30, 2019, correct FFY19 Family Planning Title X end date from March 31, 2020 to June 30, 2019 and terminate this statement of work.

<table>
<thead>
<tr>
<th>Chart of Accounts Program Name or Title</th>
<th>CFDA #</th>
<th>BARS Revenue Code</th>
<th>Master Index Code</th>
<th>Funding Period (LIJF Use Only)</th>
<th>Current Consideration</th>
<th>Change</th>
<th>Total Consideration</th>
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<td>SFY19 Family Planning Cost Share</td>
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<td>78440280</td>
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<td>SFY19 Family Planning Cost Share</td>
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Task Number | Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Title X Services A. Comply with federal Title X requirements, Washington State Family Planning Network requirements and all state and federal laws. Also see Program Manual, Handbook, Policy References section below.</td>
<td>A19 invoice vouchers submitted timely and accompanied with an R&amp;E showing revenue and expenses for the month billed and back up documentation per DOH policy.</td>
<td>No more than monthly and no less than quarterly.</td>
<td>Billing will be submitted no more than monthly and no less than quarterly.</td>
<td>Billing must be based on a current cost methodology approved by</td>
<td></td>
</tr>
<tr>
<td>Task Number</td>
<td>Task/Activity/Description</td>
<td>*May Support PHAB Standards/Measures</td>
<td>Deliverables/Outcomes</td>
<td>Due Date/Time Frame</td>
<td>Payment Information and/or Amount</td>
<td></td>
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<td>----------------------------------------------------------------------------------------</td>
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<td></td>
</tr>
</tbody>
</table>
| B.         | Provide medical services, community education, and outreach consistent with state and federal Title X requirements:  
1. Medical, laboratory, and related services that do not include abortion as a method of family planning.  
2. Community education services based on the needs of the community.  
3. Outreach to ensure all populations in community understand services available. Focus outreach efforts on increasing equity.  
Washington State Family Planning Network priority populations are:  
- People under 20 years old  
- People with incomes at or below 250% FPL  
- People who are uninsured or underinsured  
- People who require an extra level of confidentiality  
- People with low English proficiency  
Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories.  
All services will be provided in accordance with:  
- Title X Requirements  
- DOH Family Planning Manual  
- Other state and federal requirements  
- LHJ’s Current Scope Report | | All reports described in Reporting Requirements table below.  
Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.)  
Facilitate DOH desk reviews by making requested documentation available to DOH in requested format.  
Facilitate DOH site-visits by making appropriate staff and documentation readily available prior to and during review.  
DOH performs site visits at least every three years. Follow-up site visits are performed until identified issues are resolved.  
CVR data submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software. | | DOH (see Reporting Requirements table).  
DOH reserves the right to withhold payment until:  
- Compliance issues related to this or a previous contract are resolved in a way accepted by DOH  
- Current data is submitted to, and accepted by, Ahlers.  
- A19 back up documentation required by DOH has been submitted and approved.  
- Other deliverables have been met.  
Payment is limited to the maximum funds available for each funding source.  
In the event the DOH, at its sole discretion, withdraws from participation in federal Title X, unexpended federal funds will be removed from this contract.  
DOH will reimburse for:  
- Actual allowable costs according to your approved cost methodology (see Reporting Requirements table).  
or  
- Actual allowable costs as described above up to the amount remaining in the |
<table>
<thead>
<tr>
<th>Task Number</th>
<th>Task/Activity/Description</th>
<th>*May Support PHAB Standards/Measures</th>
<th>Deliverables/Outcomes</th>
<th>Due Date/Time Frame</th>
<th>Payment Information and/or Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Ensure data entry personnel protect confidentiality of Clinic Visit Record (CVR) data.</td>
<td></td>
<td>Data for each month</td>
<td>The last day of the next month.</td>
<td>contract divided by the number of months remaining in the funding source, plus one, whichever is less. Payment will be split among funding sources as calculated by R&amp;E provided by DOH (see Reporting Requirements table).</td>
</tr>
<tr>
<td>3.</td>
<td>Have ability to retrieve all information for auditing and monitoring by DOH or its designee.</td>
<td></td>
<td>Corrected CVR data</td>
<td>Within thirty (30) days of receiving error/rejection report or request from DOH family planning data manager.</td>
<td>All services through 03-31-19 must be billed by 04-30-19. All services through 06-30-19 must be billed by 08-15-19. All services through 09-30-19 must be billed by 10-30-19. All services through 11/30/19 must be billed by 12/31/19.</td>
</tr>
</tbody>
</table>

D. Notify DOH contract manager of all:
- Equipment LHJ proposes to purchase with contract funds. Equipment is defined as having an acquisition cost of $5,000 or more. All equipment must be approved by DOH prior to purchase.
- Key staff and organizational changes.
- Proposed clinic site additions. New clinic sites must be approved by DOH before offering Title X services.
- Expected clinic site closures. DOH may, at its sole discretion, recalculate LHJ’s funding allocation if it closes a clinic site.
- Any other change that might affect LHJ’s ability to provide Title X services.

Email briefly describing change. As needed to keep information current.
<table>
<thead>
<tr>
<th>Task Number</th>
<th>Task Number Task/Activity/Description</th>
<th>*May Support PHAB Standards/Measures</th>
<th>Deliverables/Outcomes</th>
<th>Due Date/Time Frame</th>
<th>Payment Information and/or Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Services outside Title X project</td>
<td></td>
<td>Surgical A19 accompanied by Surgical Services Summary and Health Insurance Claim Form forms for each visit billed. DOH will provide Surgical Services Summary forms and surgical A19s as part of R&amp;E workbook for all LHJ's who receive Non-Title X funds.</td>
<td>No more than six (6) months after date service was provided.</td>
<td>DOH will only reimburse for these services if this contract includes Non-Title X funds.</td>
</tr>
</tbody>
</table>

**Reporting Requirements:**

<table>
<thead>
<tr>
<th>Title and Purpose</th>
<th>Description</th>
<th>Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Current Scope Report</strong></td>
<td>This information must be reported using the template or format provided by DOH. All signatures must be after 04-01-2019. It will include: Information required at the beginning of this contract period. This information ensures that DOH has accurate information about LHJ’s organization and the services it provides. The federal Office of</td>
<td>05-31-19</td>
</tr>
<tr>
<td></td>
<td>Information required by federal Title X</td>
<td>AND</td>
</tr>
<tr>
<td></td>
<td>A. Signed Assurances</td>
<td>As needed to maintain accuracy of information.</td>
</tr>
<tr>
<td></td>
<td>B. 1&amp;E Committee roster with names and organizational affiliation</td>
<td></td>
</tr>
<tr>
<td>Title and Purpose</td>
<td>Description</td>
<td>Due</td>
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<tr>
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<tr>
<td>Population Affairs (OPA) requires DOH to maintain accurate information on the OPA Title X database: <a href="https://opa-fpcclinidb.hhs.gov/">https://opa-fpcclinidb.hhs.gov/</a>.</td>
<td><strong>Information about Title X contracts and LHJ’s staffing</strong>&lt;br&gt; A. Contact for Title X administrative issues&lt;br&gt; B. Head of organization&lt;br&gt; C. Contact for Title X clinical issues&lt;br&gt; D. Contact for Title X billing issues&lt;br&gt; E. Title X Medical Director</td>
<td></td>
</tr>
<tr>
<td>In addition, elements of this report allow DOH to ensure that Title X and Washington State Family Planning Network requirements regarding client fees, required Title X services, composition of Information and Education (I&amp;E) committee meet Title X requirements. It also provides other information to assist DOH to manage this contract and the Washington State Family Planning Network as a whole.</td>
<td><strong>Information related to family planning related services offered at each clinic site</strong>&lt;br&gt; A. Services required by Washington State Family Planning Network. All must be on LHJ’s Title X sliding fee schedule.&lt;br&gt; B. Additional services LHJ offers on Title X sliding fee schedule.&lt;br&gt; C. Other family planning-related services offered. (Services outside Title X.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Information related to outreach and education plans</strong>&lt;br&gt; A. Describe LHJ’s plan for community education and outreach including any changes to previous efforts.&lt;br&gt; B. Discuss plans to reach populations in LHJ’s community that:&lt;br&gt; • Have a heightened need for translation/interpreter services&lt;br&gt; • Are difficult to reach&lt;br&gt; • Have cultural considerations best addressed through tailored efforts&lt;br&gt; C. Discuss plans to reach Washington State Family Planning Network priority populations:&lt;br&gt; • People under 20 years old&lt;br&gt; • People with incomes at or below 250% FPL (federal poverty level)&lt;br&gt; • People who are uninsured or underinsured&lt;br&gt; • People who require an extra level of confidentiality&lt;br&gt; • People with low English proficiency&lt;br&gt; D. Discuss extra efforts planned to provide information and services to people who intersect with multiple priority population categories.</td>
<td></td>
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<td></td>
<td><strong>Information related to current Washington State Family Planning Network work plan</strong>&lt;br&gt; Describe LHJ’s plans to address portions of the Network work plan that it is responsible for or involved in. Include a description of the staff involved and timelines related to these activities.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Information related to billing and client fees</strong>&lt;br&gt; A. Budget that estimates LHJ’s cost of providing Title X during this contract period. It must provide detail by budget category for these contract funds and other funds expected to support Title X services.</td>
<td></td>
</tr>
<tr>
<td>Title and Purpose</td>
<td>Description</td>
<td>Due</td>
</tr>
<tr>
<td>-------------------</td>
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</tr>
</tbody>
</table>
| **B.** Proposed cost methodology: How LHIH determines appropriate expenses for the purpose of billing DOH. | - Cost methodologies DOH approved prior to 04-01-2019 are null and void.  
- LHIH may not use cost methodology until DOH has approved it in writing.  
This approval must be dated on or after 04-01-2019.  
- DOH may give preliminary approval contingent on DOH testing cost methodology onsite at LHIH facility.  
LHIH must facilitate such testing.  
LHIH may not use cost methodology until DOH gives final written approval.  
- Cost analysis: How LHIH determines what it costs to provide services. LHIH uses this to help construct its fee schedule. Cost analysis performed no more than three years prior to 04-01-2019. The Family Planning National Training Center (FPNTC) offers information and resources on performing costs analyses at [https://www.fpntc.org/search?keys=cost+analysis](https://www.fpntc.org/search?keys=cost+analysis). | |
| **C.** Sliding fee schedule based on cost analysis described above. | - LHIH may use the last fee schedule approved prior to this revision for up to sixty (60) days after this revision is fully executed.  
- LHIH must not implement the fee schedule submitted as part of this report until it has been approved in writing by DOH. |
| **D.** This information must be reported using the template or format provided by DOH. It will include information about LHIH's work during the previous contract period: | A. Progress on portions of the Network work plan LHIH was responsible for or involved in.  
B. Community education and outreach strategies and activities and a discussion of their effectiveness.  
C. Training provided to LHIH staff.  
D. Equipment purchased with previous contract funds, if any. | **06-10-19** |
| 2. Past Progress Summary Report | Summary of activities from previous family planning services contract period. This information allows DOH to provide required reports to the federal Office of Population Affairs (OPA).  
It also informs quality improvement of the Washington State Family Planning Network. | |
| 3. Mid-contract Progress Report | Information DOH is required to submit to its federal funders through FPAR (Family Planning Annual Report).  
All information is for calendar year 2019 *(January through December 2019)*. *(January through November 2019)*. | **01-31-20**  
**12/31/19** |
| Organization-level data on clinical services emailed to DOH family planning data manager | Number of:  
A. Pap tests with an ASC or higher result  
B. Pap tests with an HSIL or higher result  
C. HIV Positive confidential tests  
D. HIV Anonymous tests  
E. FTE required to provide Title X services:  
- Physicians  
- Physician assistants + nurse practitioners + certified nurse midwives  
- Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment. | 
<table>
<thead>
<tr>
<th>Title and Purpose</th>
<th>Description</th>
<th>Due</th>
</tr>
</thead>
</table>
| 4. Clinic Visit Reports (CVRs) | Financial data emailed to DOH Contract Manager  
- R&E showing Other Revenue through 12-31-19 as described in item 5, below.  
CVR data must be submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software.  
- Each month’s CVR data  
- Corrected CVR data | The last day of the next month  
Within thirty (30) days of receiving error or rejection report or request from DOH family planning data manager. |
| 5. Revenue and Expense Reports (R&E) | Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at: https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf.  
Completed R&E for time period that shows all sources of revenue that support Title X services and all expenses related to providing those services. R&E workbook will be provided by DOH.  
- Expenses must match General Ledger.  
- Other Funding must reflect revenue actually received in the reporting month.  
- All entries on “Other” rows must be accompanied by a description of the revenue source or expense, including any calculations uses. | Submitted with each invoice (A19). No more than monthly and no less than quarterly.  
R&E showing all sources of revenue that support Title X services for January-December 2019 are due 01-31-20; November 2019 are due 12/31/19. |

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

**Special Requirements**

**Federal Funding Accountability and Transparency Act (FFATA)**

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.
Information about the LHJ and this statement of work will be made available on USA Spending.gov by DOH as required by P.L. 109-282.

LHJ must comply with all federal Title X, state, and DOH Family Planning requirements, policies, and regulations and with their DOH-approved Current Scope Report.

Reference documents include:
- DOH Family Planning Manual (DOH publication 930-122) available at https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-122-FPRHManualComplete.pdf. Some provisions of this manual are highlighted in this (Program Specific Requirements) section, but all provisions of the manual must be complied with.
- Title X Guidelines (https://www.hhs.gov/cpa/guidelines/program-guidelines/index.html)
- Client Visit Record Manual (https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf)
- Current Washington State Family Planning Network work plan
- LHJ’s approved Current Scope Report.

Definitions
DOH contract manager is the same as DOH program contact. Changes to the DOH contract manager will be emailed to LHJ (no contract amendment will be executed for DOH contract manager changes).

Title X Project means services that have been designated by LHJ as TX services and included on their TX sliding fee scale. These must be services that are allowed under federal Title X requirements.

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

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

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

DOH Program Contact
Carol C Oakes, Program Consultant
PO Box 47855, Olympia, WA 98504-7855
Carol.Oakes@doh.wa.gov / (360) 236-3588

Exhibit A, Statements of Work
Revised as of November 15, 2019
DOH Program Name or Title: Family Planning - Effective December 1, 2019

Local Health Jurisdiction Name: Pacific County Public Health & Human Services Department
Contract Number: CLH18256

SOW Type: Original  Revision # (for this SOW)

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

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

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

Revision Purpose: N/A

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<tr>
<th>Chart of Accounts Program Name or Title</th>
<th>CFDA #</th>
<th>BARS Revenue Code</th>
<th>Master Index Code</th>
<th>Funding Period (LHJ Use Only) Start Date</th>
<th>End Date</th>
<th>Current Consideration</th>
<th>Change Increase (+)</th>
<th>Total Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Planning Cost Share</td>
<td>N/A</td>
<td>334.04.91</td>
<td>78440100</td>
<td>12/01/19</td>
<td>12/31/20</td>
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<td>17,722</td>
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<td>17,722</td>
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</table>

<table>
<thead>
<tr>
<th>Task Number</th>
<th>Task/Activity/Description</th>
<th>*May Support PHAB Standards/Measures</th>
<th>Deliverables/Outcomes</th>
<th>Due Date/Time Frame</th>
<th>Payment Information and/or Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Family Planning Services—excluding abortion and other surgical procedures related to family planning</td>
<td>A19 invoice vouchers submitted timely and accompanied with an R&amp;E showing revenue and expenses for the month billed and back up documentation per DOH policy.</td>
<td>No more than monthly and no less than quarterly.</td>
<td>Billing must be based on a current cost methodology approved by DOH (see Reporting Requirements table). DOH reserves the right to withhold payment until:</td>
<td>Compliance issues related to this or a previous SOW are resolved in a way accepted by DOH</td>
</tr>
</tbody>
</table>

Exhibit A, Statements of Work Revised as of November 15, 2019
<table>
<thead>
<tr>
<th>Task Number</th>
<th>Task/Activity/Description</th>
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<th>Deliverables/Outcomes</th>
<th>Due Date/Time Frame</th>
<th>Payment Information and/or Amount</th>
</tr>
</thead>
</table>
| 2.          | Medical, laboratory, and other services related to abortion are not covered by this task.  
3.          | Community education services must be based on the needs of the community.  
4.          | Outreach is to ensure all populations in your community understands the services available. Focus your outreach efforts on increasing equity.  
Washington State Family Planning Network priority populations are:  
- People under 20 years old  
- People with incomes at or below 250% FPL  
- People who are uninsured or underinsured  
- People who require an extra level of confidentiality  
- People with low English proficiency  
Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories.  
Provide all services in accordance with:  
- DOH Family Planning Manual  
- Other state and federal requirements  
- LHJ’s Current Scope Report (defined below)  
C. Collect, maintain, and provide data about each family planning clinic visit as defined in the Family Planning Manual.  
1. Maintain a computer system that includes normal safety precautions against loss of information.  
2. Ensure data entry personnel protect confidentiality of CVR data.  
3. Have ability to retrieve all information for auditing and monitoring by DOH or its designee. | Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.)  
- To facilitate DOH desk reviews—requested documentation available to DOH in requested format.  
- To facilitate DOH site-visits—appropriate staff and documentation readily available prior to and during review.  
DOH performs site visits at least every three-years. Follow-up site visits are performed until identified issues are resolved.  
CVR data submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software.  
- Data for each month  
- Corrected CVR data | As requested by DOH  
As requested by DOH | Current data is submitted to, and accepted by, Ahlers.  
- A19 back up documentation required by DOH has been submitted and approved.  
- Other deliverables have been met.  
Payment is limited to the maximum funds available for funding source.  
DOH will reimburse for:  
- Actual allowable costs according to your approved cost methodology (see Reporting Requirements table).  
or  
- The amount remaining in the SOW divided by the number of months remaining in the funding source, plus one, whichever is less.  
Payment will be calculated by R&E provided by DOH (see Reporting Requirements table).  
All services through 12-31-20 must be billed by 01-31-21.
<table>
<thead>
<tr>
<th>Task Number</th>
<th>Task/Activity/Description</th>
<th>PHAB Standards/Measures</th>
<th>Deliverables/Outcomes</th>
<th>Due Date/Time Frame</th>
<th>Payment Information and/or Amount</th>
</tr>
</thead>
</table>
| D.  | Notify DOH contract manager of all:  
|     |  - Key staff and organizational changes.  
|     |  - Proposed clinic site additions. New clinic sites must be approved by DOH before offering services supported by SOW funding.  
|     |  - Expected clinic site closures. Note: DOH may, at its sole discretion, recalculate LHJ’s funding allocation if it closes a clinic site.  
|     |  - Any other change that might affect LHJ’s ability to provide the family planning services described in this SOW.  |  | Email briefly describing change.  | As needed to keep information current.  |  |
| 2.  | Abortion and other surgical procedures related to family planning  
|     | A. LHJ may choose to use up to 3% of its total SOW funds for medical and surgical abortions and other family planning related surgical procedures.  
|     | B. LHJ must notify the DOH contract manager prior to providing services with SOW funds. DOH will move the appropriate amount to the appropriate funding source. This may or may not require an amendment.  
|     | D. Eligible clients are those with incomes at or below 250% FPL.  
|     | E. If LHJ bills for services provided by someone outside their organization the outside provider must agree to accept DOH payment as payment in full. LHJ is responsible for ensuring that the outside provider does not seek additional payment from the client or any other person or organization. (Also see Payment column.)  |  | Surgical A19 accompanied by Surgical Services Summary and Health Insurance Claim Forms form for each visit billed.  
|     | DOH will provide Surgical Services Summary forms and surgical A19s as part of R&E workbook for all LHJ’s who receive surgical funds.  |  | No more than six (6) months after date service was provided.  | DOH will only reimburse LHJ for these services if this SOW includes surgical funds.  
|     |  - DOH will pay for services at Health Care Authority (HCA) Medicaid reimbursement amounts.  
|     |  - This will be considered payment in full.  
<p>|     |  - LHJ will not seek additional payment from the client or any other person or organization.  |  |  |  |</p>
<table>
<thead>
<tr>
<th>Title and Purpose</th>
<th>Description</th>
<th>Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current Scope Report</td>
<td>This information must be reported using the template or format provided by DOH. All signatures and forms must be completed by 01-31-20. It will include: Information about your agency contacts and your organization’s staffing.</td>
<td>01-31-20</td>
</tr>
<tr>
<td></td>
<td>A. Head of Organization</td>
<td>AND</td>
</tr>
<tr>
<td></td>
<td>B. Head of Finance</td>
<td>As needed to maintain accuracy of information.</td>
</tr>
<tr>
<td></td>
<td>C. Medical Director</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D. The following (one person might fill more than one role)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Contract Coordinator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Clinical representative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Billing contact</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Outreach and education contact</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Contact for CVR data</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f. Contact for EHR information</td>
<td></td>
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<tr>
<td></td>
<td>Information regarding family planning related services offered at each clinic site:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A. Cost analysis: How LHIJ determines what it costs to provide services. LHIJ uses this to help construct its fee schedule. A cost analysis must be performed by LHIJ no more than three years prior to the start date of this SOW.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B. Sliding fee schedule that includes all services required in the Family Planning Manual. Additional Task 1 family planning-related services may also be included on LHIJ’s sliding fee schedule.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Sliding fee schedule must be based on cost analysis described above.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. LHIJ may use the last fee schedule approved prior to this SOW as long as it was approved later than 04-01-19. LHIJ must email the DOH contract manager letting them know it is using a prior approved fee schedule.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. LHIJ must not implement a revised fee schedule until it has been approved in writing by DOH.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C. Income conversion tables must be updated annually and approved by DOH</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Information related to current Community Outreach Plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LHIJ’s community outreach plan follows a 5-year cycle. In the first year LHIJ must assess, document and disseminate community health needs, this process must include the following steps:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A. Define the populations LHIJ serves and identify opportunities to expand reach within those populations and to un served populations in each community it serves.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B. Identify organizations and people representing the broad interests of the community and identify opportunities for partnership and collaboration.</td>
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<tr>
<td></td>
<td>C. Gather available data and current assessments (secondary data)</td>
<td></td>
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<tr>
<td></td>
<td>D. Seek community perspectives by gathering input from the various populations in LHIJ’s community (collect primary data)</td>
<td></td>
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<tr>
<td></td>
<td>E. Aggregate secondary and primary data and analyze aggregated data</td>
<td></td>
</tr>
</tbody>
</table>
2. **Progress Summary Report**

Summary of activities from previous Family Planning services SOW. This information allows DOH to provide required reports to the federal Office of Population Affairs.

It also informs quality improvement of the Washington State Family Planning Network.

This information must be reported using the template or format provided by DOH. It will include information about LHJ's work during the previous SOW:

- Progress on portions of the Network work plan LHJ was responsible for or involved in.
- Community education and outreach strategies and activities and a discussion of their effectiveness.
- Staff training.

3. **Family Planning Annual Report (FPAR)**

Information DOH is requesting to develop trend data. All information is for calendar year 2020 (January through December 2020).

Organization-level data on clinical services emailed to DOH family planning data manager

Number of:

- Pap tests with an ASC or higher result
- Pap tests with an HSIL or higher result
- HIV Positive confidential tests
- HIV Anonymous tests
- FTE required to provide Title X services:
  - Physicians
  - Physician assistants + nurse practitioners + certified nurse midwives
  - Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment.

Financial data emailed to DOH Contract Manager

- R&E showing Other Revenue through 12-31-20 as described in item 5, below.
| 4. Clinic Visit Reports (CVRs) | Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at: https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf. CVR data must be submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software.
- Each month’s CVR data
- Corrected CVR data |
|---------------------------------|---|
| 5. Revenue and Expense Reports (R&E) | Completed R&E for time period that shows all revenue (including program income) that support Task 1 Family Planning Services and all expenses related to providing those services. R&E workbook will be provided by DOH.
A. Expenses must match General Ledger.
B. Other revenue/program income must reflect revenue actually received in the reporting month.
C. All entries on “Other” rows must be accompanied by a description of the revenue source or expense, including any calculations uses. |

*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*

LHU must comply with all state and DOH Family Planning requirements, policies, and regulations and with their DOH approved Current Scope Report.
Reference documents include:
- Clinic Visit Record Manual (https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf)
- Current Washington State Family Planning Network work plan
- LHJ’s approved Current Scope Report
Special Billing Requirements
See Payment column of Tasks and Deliverables table and R&E report description in Reporting Requirements table

Special Instructions
Accessibility of Services

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

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

DOH Program Contact
Carol Oakes
PO Box 47880
Olympia, WA 98504-7880
Carol.Oakes@doh.wa.gov
(360) 236-3588
**DOH Program Name or Title:** Office of Emergency Preparedness & Response - Effective July 1, 2019

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

**Contract Number:** CLH18256

**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 2019 grant period.

**Revision Purpose:** The purpose of this revision is to add regional or statewide to scope of emergency preparedness events to be attended, spell out acronyms, update several deliverables and due dates to match activities, clarify health care coalition participation and deliverable, and update DOH contact information.

<table>
<thead>
<tr>
<th>Chart of Accounts Program Name or Title</th>
<th>CFDA #</th>
<th>BARS Revenue Code</th>
<th>Master Index Code</th>
<th>Funding Period (LHJ Use Only)</th>
<th>Current Consideration</th>
<th>Change</th>
<th>Total Consideration</th>
</tr>
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<tbody>
<tr>
<td>FFY19 PHEP BP1 LHJ FUNDING</td>
<td>93.069</td>
<td>333.93.06</td>
<td>31102190</td>
<td>07/01/19 to 06/30/20</td>
<td>25,178</td>
<td>0</td>
<td>25,178</td>
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<td>TOTALS</td>
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<td></td>
<td>25,178</td>
<td>0</td>
<td>25,178</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Task Number</th>
<th>Task/Activity/Description</th>
<th>*May Support PHAB Standards/Measures</th>
<th>Deliverables/Outcomes</th>
<th>Due Date/Time Frame</th>
<th>Payment Information and/or Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Attend emergency preparedness events, (e.g. trainings, meetings, conference calls, and conferences) to advance LHJ regional or statewide preparedness or complete the deliverables in this statement of work.</td>
<td>❐</td>
<td>Submit summary on the mid-year and end of year progress report.</td>
<td>December 31, 2019 and June 30, 2020</td>
<td>Reimbursement for actual costs not to exceed total funding consideration amount</td>
</tr>
<tr>
<td>2</td>
<td>Complete reporting templates as requested by DOH to comply with program and federal grant requirements such as: gap analysis, mid-year report and end-of-year report, etc.</td>
<td>❐</td>
<td>Submit completed templates to DOH.</td>
<td>Upon request</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Complete all performance measure reporting requirements as requested by DOH.</td>
<td>❐</td>
<td>Submit completed performance measure data.</td>
<td>Upon request</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Participate in at least one emergency preparedness training provided to LHJ staff by DOH or a DOH-contracted partner. Training may be conducted in-person or via webinar.</td>
<td>❐</td>
<td>Submit mid-year and end of year progress reports.</td>
<td>December 31, 2019 and June 30, 2020</td>
<td></td>
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<tr>
<td>Task Number</td>
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<td>5</td>
<td>Washington Secure Electronic Communication, Urgent Response and Exchange System (WASECURES): 5.1) Maintain WASECURES program as the primary emergency notification system within the LHJ for receiving alerts from DOH, and include all critical LHJ positions as registered users. 5.2) Participate in DOH-led WASECURES notification drills. 5.3) Conduct a notification drill using LHJ’s preferred staff notification system. Notes: Registered users must log in quarterly at a minimum. DOH will provide on-site technical assistance to LHJs, as needed, on using WASECURES. LHJs may choose to use other notification systems in addition to WASECURES to alert staff during incidents.</td>
<td>Submit documentation of participation in trainings. If training is conducted by a partner, provide a sign in sheet with participants’ contact information. Submit mid-year and end of year progress reports. A list of registered users to include their title and role in the emergency response plan. Submit results of notification drills conducted or participated in.</td>
<td>December 31, 2019 and June 30, 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Communications: 6.1) Participate in at least one risk communications webinar hosted by DOH. Webinars will be offered twice; one in the first half of the budget period and one in the second half of the budget period. 6.2) Participate in DOH Public Information Officer Workgroup. 6.3) Participate in at least one risk communications drill conducted by DOH. Drill will occur via webinar, conference call, and email. Drill will test LHJ’s ability to develop and disseminate key messages via social media, email to community partners, phone trees, newsletters, and other means preferred by the LHJ.</td>
<td>Submit mid-year and end of year progress reports. Submit messaging used to inform the public during drills, including a summary of how communication tools were used.</td>
<td>December 31, 2019 and June 30, 2020</td>
<td>Within 90 days of drill, but no later than June 30, 2020</td>
<td></td>
</tr>
<tr>
<td>Task Number</td>
<td>Task/Activity/Description</td>
<td>*May Support PHAB Standards/Measures</td>
<td>Deliverables/Outcomes</td>
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<tr>
<td>6.4)</td>
<td>Conduct a hot wash evaluating LHJ participation in the drill.</td>
<td>Submit documentation of items identified in hot wash in mid-year and end of year reports.</td>
<td>Within 90 days of the drill, but no later than June 30, 2020 December 31, 2019 and June 30, 2020</td>
<td></td>
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</tr>
<tr>
<td>6.5)</td>
<td>Participation in a real-world incident will satisfy the need to participate in a communications drill.</td>
<td>Submit documentation of participation in incident including communication methods and tools used. Submit After Action Review (AAR).</td>
<td>Within 90 days of the end of the incident, but no later than June 30, 2020</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Update plans to request, receive, and dispense Medical Countermeasures (MCM). Plans should include the addresses of all local public Points of Dispensing (PODs) (not including pharmacies or healthcare facilities), sources of public POD staffing, local receiving and pickup sites (Hubs) identified by the LHJ, and whether the LHJ intends to pick up countermeasures from DOH. Note #1: LHJs are not required to maintain a Hub; LHJs may partner with other organizations to centralize distribution. Note #2: DOH will provide technical assistance to LHJs on core elements of an MCM plan.</td>
<td>Submit mid-year and end of year progress reports. Updated Medical Countermeasures Plan.</td>
<td>December 31, 2019 and June 30, 2020 June 30, 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Provide immediate notification to the DOH Duty Officer at 360-888-0838 or <a href="mailto:hanalert@doh.wa.gov">hanalert@doh.wa.gov</a> for all response incidents involving utilization of emergency response plans and structures.</td>
<td>Submit mid-year and end of year progress reports including documentation that notification to DOH was provided; or statement that no incident response occurred. Notification to DOH duty officer.</td>
<td>December 31, 2019 and June 30, 2020 As soon as possible (performance measure target is within 60 minutes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Produce and provide situation reports documenting LHJ activity to DOH during all incidents involving an emergency response or activation by the LHJ. Situation reports may be developed by the LHJ, or</td>
<td>Submit mid-year and end of year progress reports to include situation reports demonstrating DOH was notified of incident</td>
<td>December 31, 2019 and June 30, 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task Number</td>
<td>Task/Activity/Description</td>
<td>*May Support PHAB Standards/Measures</td>
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<tr>
<td>10</td>
<td>Provide Essential Elements of Information (EEIs) during incident response upon request by DOH.</td>
<td></td>
<td>Provide essential elements of information upon request.</td>
<td>Upon request</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Regional healthcare coalition Participate in: - Health Care Coalition (HCC) district meetings and/or inform Regional Emergency Response Coordinator (RERC) of jurisdictional input (district meetings can be attended via webinar or in person), as requested by HCC Lead and deemed appropriate by LHJ - Information sharing process during incidents and at least one planning process or exercise</td>
<td></td>
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<tr>
<td>12</td>
<td>Attend regional Health Care Coalition district meetings and/or inform RERC of jurisdictional input (district meetings can be attended via webinar or in person), as requested by HCC Lead and deemed appropriate by LHJ</td>
<td></td>
<td>Submit mid-year and end of year progress reports documenting participation in meetings and/or webinars.</td>
<td>December 31, 2019 and June 30, 2020</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Participate in development of Disaster-Clinical Advisory Committee (DCAC) meetings as appropriate. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts.</td>
<td></td>
<td>Submit mid-year and end of year progress reports documenting participation in DCAC.</td>
<td>December 31, 2019 and June 30, 2020</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Participate in HCC planning process to update plans by reviewing coalition plans for alignment with local ESF8 plans.</td>
<td></td>
<td>Submit mid-year and end of year progress reports.</td>
<td>December 31, 2019 and June 30, 2020</td>
<td></td>
</tr>
</tbody>
</table>

Note: DOH will convey requests for specific data elements (EEIs) to the LHJ during an incident.
<table>
<thead>
<tr>
<th>Task Number</th>
<th>Task/Activity/Description</th>
<th>*May Support PHAB Standards/Measures</th>
<th>Deliverables/Outcomes</th>
<th>Due Date/Time Frame</th>
<th>Payment Information and/or Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 12</td>
<td>Complete an evaluation of your response capabilities based on a standard evaluation tool provided by DOH.</td>
<td>Document evaluation participation in the mid-year and end of year progress reports.</td>
<td>December 31, 2019 and June 30, 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46 13</td>
<td>Produce a budget plan including a detailed 12-month spending plan demonstrating how the LHJ plans to spend the funds during this period of performance, using a budget template provided by DOH. <strong>Note:</strong> 20% of LHJ’s annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHJ.</td>
<td>Submit budget plan using DOH-provided template.</td>
<td>August 1, 2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For Information Only:*
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**Program Specific Requirements/Narrative**
Any subcontract/s must be approved by DOH prior to executing the contract/s.

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

**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 USA Spending.gov by DOH as required by P.L. 109-282.

**Restrictions on Funds**
Please reference the Code of Federal Regulations: https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58f6dcb5363a27f26e9d12ccce462549&ty=HTML&h=1&mc=true&r=PART&n=pt2.1.200#se2.1.200_1539

**DOH Program Contact**
Karen Kenneson, Admin-Operations Supervisor
Tory Henderson, Contracts & Finance Specialist
Department of Health
P O Box 47960, Olympia, WA 98504-7960
360-236-4075 / karen.kenneson@doh.wa.gov
360-236-4596 / tory.henderson@doh.wa.gov
DOH Program Name or Title: WIC Nutrition Program - Effective January 1, 2018

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

Contract Number: CLH18256

SOW Type: Revision

Revision # (for this SOW) 7

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

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

Revision Purpose: The purpose of this revision is to add FFY20 USDA WIC Client Services Contracts funds, add FFY20 USDA Breastfeeding Peer Counseling funds, add Special Requirements, and add master index codes for FFY20 and FFY21 CSS USDA WIC Program Mgmt.

<table>
<thead>
<tr>
<th>Chart of Accounts Program Name or Title</th>
<th>CFDA #</th>
<th>BARS Revenue Code</th>
<th>Master Index Code</th>
<th>Funding Period (LHJ Use Only) Start Date</th>
<th>End Date</th>
<th>Current Consideration</th>
<th>Change Increase (+)</th>
<th>Total Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY18 CSS USDA WIC PROGRAM MGNT</td>
<td>10.557</td>
<td>333.10.55</td>
<td>76211280</td>
<td>01/01/18</td>
<td>09/30/18</td>
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<td>FFY19 CSS USDA WIC PROGRAM MGNT</td>
<td>10.557</td>
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<td>FFY16 CASCADES USDA WIC PROGRAM MGNT-MIS</td>
<td>10.578</td>
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<td>10/01/18</td>
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<td>FFY19 CSS USDA BF PEER COUNSELING</td>
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<td>10/01/19</td>
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<td>FFY20 USDA WIC CLIENT SVS CONTRACTS</td>
<td>10.557</td>
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<td>10/01/19</td>
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<td>FFY20 USDA BFPC PROG MGMT</td>
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<td>09/30/20</td>
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<td><strong>TOTALS</strong></td>
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<td></td>
<td></td>
<td></td>
<td><strong>348,635</strong></td>
<td><strong>15,230</strong></td>
<td><strong>363,865</strong></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Task Number</th>
<th>Task/Activity/Description</th>
<th>*May Support PHAB Standards/Measures</th>
<th>Deliverables/Outcomes</th>
<th>Due Date/Time Frame</th>
<th>Payment Information and/or Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>WIC Nutrition Program</td>
<td></td>
<td></td>
<td></td>
<td>See “Special Billing Requirements” below.</td>
</tr>
<tr>
<td>1.1</td>
<td>Maintain authorized participating caseload at 100% based on quarterly average as determined from monthly caseload management reports generated at the state WIC office.</td>
<td>7.2</td>
<td>Outcomes based on monthly participation data from state WIC caseload management reports.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task Number</td>
<td>Task/Activity/Description</td>
<td>*May Support PHAB Standards/Measures</td>
<td>Deliverables/Outcomes</td>
<td>Due Date/Time Frame</td>
<td>Payment Information and/or Amount</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>-------------------------------------</td>
<td>----------------------------------------</td>
<td>-------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>1.2</td>
<td>Submit the annual Nutrition Services Plan for each year of the Contract.</td>
<td>9.2</td>
<td>Nutrition Services Plan</td>
<td>First year due 11/30/18</td>
<td>Payment withheld if not received by due date.</td>
</tr>
<tr>
<td>1.3</td>
<td>Submit the annual Nutrition Services Expenditure Report for each year of the Contract.</td>
<td>11.2</td>
<td>Nutrition Services Expenditure Report</td>
<td>First year due 11/30/18</td>
<td>Payment withheld if not received by due date.</td>
</tr>
<tr>
<td>1.4</td>
<td>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.</td>
<td>3.1</td>
<td>Documentation must be available for review by WIC monitor staff.</td>
<td>Biennial WIC monitor</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>Provide nutrition education services to clients and caregivers in accordance with federal and state requirements.</td>
<td>3.1</td>
<td>Documentation must be available for review by WIC monitor staff.</td>
<td>Biennial WIC monitor</td>
<td></td>
</tr>
<tr>
<td>1.6</td>
<td>Issue WIC checks while assuring adequate check security and reconciliation.</td>
<td>11.2</td>
<td>Documentation must be available for review by WIC monitor staff.</td>
<td>Biennial WIC monitor</td>
<td></td>
</tr>
<tr>
<td>1.7</td>
<td>Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).</td>
<td>7.1</td>
<td>Documentation must be available for review by WIC monitor staff.</td>
<td>Biennial WIC monitor</td>
<td></td>
</tr>
</tbody>
</table>

The Department of Health (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 2018 through December 2020 = 440
Authorized participating caseload for January 2019 through December 2020 = 360
<table>
<thead>
<tr>
<th>Task</th>
<th>Task/Activity/Description</th>
<th>May Support PHAB Standards/Measures</th>
<th>Deliverables/Outcomes</th>
<th>Due Date/Time Frame</th>
<th>Payment Information and/or Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.8a</td>
<td>Submit entire WIC and Breastfeeding Peer Counseling Budget Workbook for each year of the contract.</td>
<td>11.2</td>
<td>Budget Workbook</td>
<td>First year due 10/31/18</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Second year due 09/30/19</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Third year due 09/30/20</td>
<td></td>
</tr>
<tr>
<td>1.8b</td>
<td>Submit Rev-Exp Report spreadsheet from the WIC Budget Workbook monthly with A19 Invoice and submit entire revised WIC and Breastfeeding Peer Counseling Budget Workbook for each year of the contract.</td>
<td>11.2</td>
<td>Rev-Exp Report and revised Budget Workbook</td>
<td>Mid-year revision due 04/30/19</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mid-year revision due 04/30/20</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Breastfeeding Promotion</td>
<td></td>
<td>See “Special Billing Requirements” below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Provide breastfeeding promotion and support activities in accordance with federal and state requirements</td>
<td>3.1</td>
<td>Status report of chosen activities in Nutrition Services Plan.</td>
<td>First year due 11/30/18</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Second year due 11/30/19</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Third year due 11/30/20</td>
<td></td>
</tr>
</tbody>
</table>
| 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 | 4.2                               | Status report of chosen activities in Nutrition Services Plan.                        | First year due 11/30/18                 |                                   |
<p>|          |                                                                                         |                                    |                                                                                        | Second year due 11/30/19                |                                   |
|          |                                                                                         |                                    |                                                                                        | Third year due 11/30/20                 |                                   |
|          | Other projects will need pre-approval from the State WIC Office.                         |                                    |                                                                                        | Biennial WIC monitor                    |                                   |</p>
<table>
<thead>
<tr>
<th>Task Number</th>
<th>Task/Activity/Description</th>
<th>*May Support PHAB Standards/Measures</th>
<th>Deliverables/Outcomes</th>
<th>Due Date/Time Frame</th>
<th>Payment Information and/or Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Breastfeeding Peer Counseling Program</td>
<td></td>
<td>Breastfeeding Peer Counseling Annual Report and expenditures from the previous federal fiscal year. Documentation must be available for review by WIC monitor staff.</td>
<td>First year due 12/31/18  Second year due 12/31/19  Third year due 12/31/20  Biennial WIC monitor</td>
<td>See “Special Billing Requirements” below</td>
</tr>
<tr>
<td>3.1</td>
<td>Provide breastfeeding peer counseling program activities in accordance with federal and state requirements. The WIC Breastfeeding Peer Counseling Program is meant to enhance, not replace, WIC Breastfeeding Promotion and support activities.</td>
<td>3.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.</td>
<td>3.1</td>
<td>Documentation must be available for review by WIC monitor staff.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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](http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf)

**Program Specific Requirements/Narrative**

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

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

Information about the LHJ and this statement of work will be made available on [USASpending.gov](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
- Other directives issued during the term of the Contract

Exhibit A, Statements of Work  
Revised as of November 15, 2019
Staffing Requirements:
The LHJ must:

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

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

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

The LHJ must maintain on file and have available for review, audit and evaluation:
1) All criteria used for certification, including information on income, nutrition risk eligibility and referrals
2) Program requirements
3) Nutrition education
4) All financial records

Definitions:
What is the WIC program?
(1) The WIC program in the state of Washington is administered by DOH.

(2) The WIC program is a federally funded program established in 1972 by an amendment to the Child Nutrition Act of 1966. The purpose of the program is to provide nutrition and health assessment; nutrition education; nutritious food; breastfeeding counseling; and referral services to pregnant, breastfeeding, and postpartum women, infants, and young children in specific risk categories.

(3) Federal regulations governing the WIC program (7 CFR Part 246) require implementation of standards and procedures to guide the state's administration of the WIC program. These regulations define the rights, responsibilities, and legal procedures of WIC employees, clients, persons acting on behalf of a client, and retailers. They are designed to promote:
   (a) High quality nutrition services;
   (b) Consistent application of policies and procedures for eligibility determination;
   (c) Consistent application of policies and procedures for food benefit issuance and delivery; and
   (d) WIC program compliance.

(4) The WIC program implements policies and procedures stated in program manuals, handbooks, contracts, forms, and other program documents approved by the USDA Food and Nutrition Service.

(5) The WIC program may impose sanctions against WIC clients for not following WIC program rules stated on the WIC rights and responsibilities.

(6) The WIC program may impose monetary penalties against persons who misuse WIC checks or WIC food but who are not WIC clients.
Assurances/Certifications:

1. Computer Equipment Loaned by the DOH WIC Nutrition Program
   In order to perform WIC program activities, DOH requires computers and printers to be in local WIC clinics or to be transported to mobile clinics. This equipment ("Loaned Equipment") is owned by DOH, and loaned to the local agency (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.

   c. Notify DOH immediately of any damage to Loaned Equipment.
   d. Notify DOH prior to moving or replacing any Loaned Equipment.

   The Department 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, 2018
   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:
1. Definitions
   Contract Period: January 1, 2018 - December 31, 2020
   Contract Budget Period: The time period for which the funding is budgeted.
     - There are four federal budget periods
       January 1, 2018 through September 30, 2018;
       October 1, 2018 through September 30, 2019;
       October 1, 2019 through September 30, 2020;
       October 1, 2020 through December 31, 2020.

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

Special Instructions:
The LHI shall:
1) Maintain complete, accurate, and current accounting of all local, state, and federal program funds received and expended.

2) Provide, as necessary, a single audit in accordance with the provisions of 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. This circular requires the LHI to have a single audit performed should LHI spend $750,000 or more of federal grants or awards from all sources. The LHI is a subrecipient of federal funds.

3) Staff must use Breastfeeding Peer Counseling (BFPC) Program funds only to support the peer counseling program. Once the program is established and peer counselors are trained, the majority of the salary costs must be paid to peer counselors to provide direct services to WIC clients. For a list of allowable costs see Volume 2, Chapter 4 – Allowable Costs. The priority use of BFPC funds is to hire and train peer counselors to provide breastfeeding peer counseling services to WIC clients.
Special Requirements:

<table>
<thead>
<tr>
<th>Contract Funding Period</th>
<th>Time Period Special Requirement Funds Available</th>
<th>Amount</th>
<th>Description of Special Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2018 - September 2018</td>
<td>January 2018 - September 2018</td>
<td>$10,955</td>
<td>Added in the USDA/WIC Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.</td>
</tr>
<tr>
<td>January 2018 - September 2018</td>
<td>January 2018 - September 2018</td>
<td>$8,300</td>
<td>Added in the USDA/WIC Program Management “Other” category to fund training and travel expenses for WIC staff to attend WIC-related trainings. This doesn’t include out of state trainings.</td>
</tr>
<tr>
<td>October 2018 - September 2019</td>
<td>October 2018- September 2019</td>
<td>$8,550</td>
<td>Added in the USDA/WIC Program Management “Other” category to fund training and travel expenses for WIC staff to attend WIC-related trainings. This doesn’t include out of state trainings.</td>
</tr>
<tr>
<td>October 2018 – September 2019</td>
<td>January 2019 – September 2019</td>
<td>$10,955</td>
<td>Added in the USDA/WIC Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.</td>
</tr>
<tr>
<td>October 2018 - September 2019</td>
<td>October 2018 - September 2019</td>
<td>$2,950</td>
<td>Added in the FFY16 Cascades USDA WIC Program Management-MIS category to fund training and travel expenses for WIC staff to attend Cascades trainings.</td>
</tr>
<tr>
<td>October 2018 - September 2019</td>
<td>January 2019 – September 2019</td>
<td>$8,131</td>
<td>Added in the CSS Program Management Other category to fund part-time staff salaries and benefits to support staff completing Cascades training.</td>
</tr>
<tr>
<td>October 2019 – September 2020</td>
<td>October 2019 - December 2019</td>
<td>$3,652</td>
<td>Added in the USDA/WIC Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.</td>
</tr>
<tr>
<td>October 2019 - September 2020</td>
<td>January 2020 - September 2020</td>
<td>$4,275</td>
<td>Added in the USDA WIC Client Services Contracts category to fund training and travel expenses for all WIC staff to participate in WIC-related trainings.</td>
</tr>
<tr>
<td>October 2019 - September 2020</td>
<td>January 2020 - September 2020</td>
<td>$10,955</td>
<td>Added in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.</td>
</tr>
</tbody>
</table>

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
Sonia Ferguson, HSCI
WIC Nutrition Program
PO Box 47886, Olympia, WA 98504-7886
sonia.ferguson@doh.wa.gov
360-236-3618

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