STANDARD AGREEMENT AMENDMENT

STD 213A (Rev 6/03)

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Agreement Number	Amendment Number			
14-10525	A02			
Registration Number:				

			-			
1.	This Agreement is entered into between the State Agency and Contractor named below:					
	State Agency's Name		•	Also known as CDPH or the State		
	California Department of Public Hea	lth				
	Contractor's Name			(Also referred to as Contractor)		
	Nevada County					
2.	The term of this July 1	, 2014 through	June 30, 2017			
	Agreement is:					
3.	The maximum amount of this	\$ 1,107,717.00				
	Agreement after this amendment is:	One Million One Hu	indred Seven Thousand	Seven hundred and Seventeen Dollars		
4.	The parties mutually agree to this are of the Agreement and incorporated h		s. All actions noted b	elow are by this reference made a part		

- I. The purpose of this amendment is to amend Exhibit A, Scope of Work, and Exhibit B, Budget, to decrease the funding amount for State Fiscal Year (SFY) 15/16 to allow the contractor to complete more of the same services outlined in the original scope of work (SOW).
- II. Certain changes made in this amendment are shown as: Text additions are displayed in <u>bold and underline</u>. Text deletions are displayed as strike through text (i.e., Strike through).

(Continued on next page)

All other terms and conditions shall remain the same.

Sacramento, CA 95899-7377

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto. **CALIFORNIA** CONTRACTOR **Department of General Services Use Only** Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) **Nevada County** By(Authorized Signature) Date Signed (Do not type) Printed Name and Title of Person Signing Dan Miller, Chair - Board of Supervisors Address 500 Crown Point Circle, Ste. 110, Grass Valley, CA 95945 **STATE OF CALIFORNIA** Agency Name California Department of Public Health By (Authorized Signature) Date Signed (Do not type) Printed Name and Title of Person Signing Exempt per: HSC 101319 Jeff Mapes, Chief, Contracts Management Unit 1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377,

- III. Exhibit A, Scope of Work, Attachment 1, is hereby replaced in its entirety.
- IV. Exhibit B Page 2, paragraph 4, and page 6 paragraph 11, are amended as follows:

4. Amounts Payable

- A. The maximum amount payable under this agreement shall not exceed the total sum of \$1,050,219.00 \$1,108,202.00 1,107,717.00. Financial year individual fund limits are:
 - 1) Financial Year July 1, 2014 through June 30, 2015. <u>Funds added pursuant to this</u> amendment must be expended by June 30, 2015 and will be liquidated first.
 - 1. \$153,914.00 **\$144,455.00**, CDC PHEP Base Funds.
 - 2. \$0.00, Laboratory Funds.
 - 3. \$0.00, Laboratory Trainee Funds.
 - 4. \$0.00, Laboratory Training Assistance Funds.
 - 5. \$0.00, Cities Readiness Initiative Funds.
 - 6. \$132,889.00 \$190,872.00 **144,447.00**, HPP Funds.
 - 7. \$63,270.00, State General Funds Pandemic Influenza Funds.
 - 2) Financial Year July 1, 2015 through June 30, 2016
 - 1. \$153,914.00 **\$163,095.00**, CDC PHEP Base Funds.
 - 2. \$0.00, Laboratory Funds.
 - 3. \$0.00, Laboratory Trainee Funds.
 - 4. \$0.00, Laboratory Training Assistance Funds.
 - 5. \$0.00, Cities Readiness Initiative Funds.
 - 6. \$132,889.00 **\$179,131.00**, HPP Funds.
 - 7. \$63,270.00 \$63,246.00, State General Funds Pandemic Influenza Funds.
 - 3) Financial Year July 1, 2016 through June 30, 2017
 - 1. \$153,914.00, CDC PHEP Base Funds.
 - 2. \$0.00, Laboratory Funds.
 - 3. \$0.00, Laboratory Trainee Funds.
 - 4. \$0.00, Laboratory Training Assistance Funds
 - 5. \$0.00, Cities Readiness Initiative Funds
 - 6. \$132,889.00, HPP Funds.
 - 7. \$63,270.00, State General Funds Pandemic Influenza Funds.
- V. Exhibit B Paragraph 11, Advance Payment Authority and Limitation is amended to read as follows:

11. Advance Payment Authority and Limitation

- B. Each fiscal year, upon the submission of an application for funding by the administrative body of a local health jurisdiction, the department shall make the first quarterly payment to each eligible local health jurisdiction. Subsequent payments will be made pursuant to this Agreement or an amendment to this agreement, and those payments would not be advance payments, they would be quarterly allocations as detailed in Attachment 1 Payment Criteria.
- VI. Paragraph 4 (incorporated exhibits) Exhibit B. Attachment 1 Payment Criteria is hereby revised and replaced in its entirety.

HPP Capability 1: Healthcare System Preparedness

Objective: Strengthen the ability of a community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, state, local, and territorial governments to do the following: 1) Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to individuals in the community; 2) Provide timely monitoring and management of resources; 3) Coordinate the allocation of emergency medical care resources; and 4) Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders. Healthcare system preparedness is achieved through a continuous cycle of planning, organizing and equipping, training, exercises, evaluations and corrective actions.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
 ☑ Function 1: Develop, refine, or sustain Healthcare Coalitions ☑ Function 2: Coordinate healthcare planning to prepare the healthcare system for a disaster ☑ Function 3: Identify and prioritize essential healthcare assets and services ☑ Function 4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps ☐ Function 5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond ☐ Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation ☑ Function 7: Coordinate with planning for at-risk individuals and those with special medical needs 	7/1/14 – 6/30/17	 Maintain Hospital Preparedness Coordinator and HPP Partnership Coordinator. Support Operational Area Healthcare Coalition by providing resources to participating healthcare facilities for planning and other preparedness activities. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. Revise work plan as directed by CDPH. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. Submit annual performance measure data as required by the federal government. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

HPP Capability 2: Healthcare System Recovery

Objective: Collaborate with Emergency Management and other community partners, (public health, business, education and other partners) to develop efficient processes and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to preincident levels and improved levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Develop recovery processes	7/1/14 – 6/30/17	Support healthcare facility and operational area recovery planning.
for the healthcare delivery system		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
□ Function 2: Assist healthcare		
organizations to implement Continuity of Operations (COOP)		Revise work plan as directed by CDPH.
		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		 Submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		6. Submit annual performance measure data as required by the federal government.
		7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

HPP Capability 3: Emergency Operations Coordination

Objective: Strengthen ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to the framework of the National Incident Management System (NIMS).

Activities to Support the Objective	Timeline	Evaluation/Deliverables
□ Function 1: Healthcare organization multi-agency representation and coordination with emergency operations	7/1/14 — 6/30/17	Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition and maintain operational area response plans to ensure coordination across healthcare providers, emergency management, emergency medical services, and public health.
☐ Function 2: Assess and notify stakeholders of healthcare delivery status		 Maintain emergency operation centers within Healthcare Coalition member facilities and train healthcare staff in emergency response activities including ICS (Hospital Incident Command, Nursing Facility Incident Command, and Clinic Incident Command). For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
□ Function 3: Support healthcare response efforts through coordination of resources		 Attend CDPH annual workshop, healthcare provider related workshops, Homeland Security, other approved emergency preparedness workshops, and CDC and Assistant Secretary for Preparedness and Response (ASPR) sponsored workshops.
□ Function 4: Demobilize and evaluate healthcare operations		4. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. Revise work plan as directed by CDPH. Submit mid-year and year- end progress reports to CDPH according to guidelines within the Local Application Guidance.
		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		6. Submit annual performance measure data as required by the federal government.
		7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

HPP Capability 5: Fatality Management

Objective: Coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Coordinate surges of deaths and human remains at healthcare organizations with community	7/1/14 – 6/30/17	Maintain HPP Coordinator, HPP Partnership Coordinator, and Healthcare Coalition.
fatality management operations ☐ Function 2: Coordinate surges of concerned citizens		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
with community agencies responsible for family assistance		Revise work plan as directed by CDPH.
☐ Function 3: Mental/behavioral support at the		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
healthcare organization level		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		Submit annual performance measure data as required by the federal government.
		Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

HPP Capability 6: Information Sharing

Objective: Conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture	7/1/14 — 6/30/17	Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition and maintain communications plan and communication equipment for Local HPP Entity and Healthcare Coalition members.
☐ Function 2: Develop, refine, and sustain redundant, interoperable communication systems		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
redundant, interoperable communication systems		3. Revise work plan as directed by CDPH.
		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		6. Submit annual performance measure data as required by the federal government.
		 Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

HPP Capability 10: Medical Surge

Objective: Strengthen ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
 ✓ Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge ✓ Function 2: Coordinate integrated healthcare surge 	7/1/14 – 6/30/17	 Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition. Purchase, store and/or maintain medical supplies and equipment to ensure operational readiness to respond to a public health or medical emergency. Items may be purchased for healthcare coalition members.
operations with pre-hospital Emergency Medical Services (EMS) operations		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
⊠ Function 3: Assist healthcare organizations with surge capacity and capability		4. Revise work plan as directed by CDPH.
☐ Function 4: Develop Crisis Standards of Care		 Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
guidance Function 5: Provide assistance to healthcare organizations regarding evacuation and shelter in place		6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
operations		Submit annual performance measure data as required by the federal government.
		Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

HPP Capability 14: Responder Safety and Health

Objective: Strengthen the ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. This includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Assist healthcare organizations with	7/1/14 – 6/30/17	Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition.
additional pharmaceutical protection for healthcare workers		Healthcare Coalition members should maintain policies and procedures to
☐ Function 2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response		ensure healthcare worker safety and purchase and maintain protective equipment for healthcare coalition member staff.
Equipment (1.1.2) for healthoare workers during response		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
		4. Revise work plan as directed by CDPH.
		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		Submit annual performance measure data as required by the federal government.
		Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

HPP Capability 15: Volunteer Management

Objective: Strengthen the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Participate with volunteer planning	7/1/14 – 6/30/17	Maintain access to Disaster Healthcare Volunteers system.
processes to determine the need for volunteers in healthcare organizations	5,55,11	Each Healthcare Coalition member should maintain policies and procedures for incorporating volunteers into operations during public health and medical emergencies.
□ Function 2: Volunteer notification for healthcare response needs		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 3: Organization and assignment of volunteers		Revise work plan as directed by CDPH.
☐ Function 4: Coordinate the demobilization of volunteers		 Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		7. Submit annual performance measure data as required by the federal government.
		Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

HPP Capability 16: Program Management

Objective: Support Hospital Preparedness Program activities including application, progress reporting, invoicing, fiscal monitoring, and coordination across multiple capabilities including alignment with Hospital Preparedness Program (HPP).

Activities to Support the Objective	Timeline	Evaluation/Deliverables
 ☑ Function 1: Coordination across multiple Capabilities ☑ Function 2: Fiscal Monitoring and Tracking ☑ Function 3: Grants Management ☑ Function 4: Reporting on Performance Measures 	7/1/14 — 6/30/17	 Maintain local HPP Coordinator, Partnership Coordinator and Healthcare Coalition to coordinate activities across capabilities. Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting. Support program operations including office supplies and equipment, communications, laptops, cell phones, fax machines, satellite phones, and other forms of communication necessary for daily operations or emergency response.

PHEP Capability 1: Community Preparedness

Objective: The ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health's role in community preparedness is to do the following: 1) Support the development of public health, medical, and mental/behavioral health systems that support recovery; 2) Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents; 3) Promote awareness of and access to medical and mental/behavioral health resources that help protect the community's health and address the functional needs of at-risk individuals; 4) Engage public and private organizations in preparedness activities that represent the functional needs of at-risk individuals 5) Identify those populations that may be at higher risk for adverse health outcomes; and 6) Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Determine risks to the health of the jurisdiction	7/1/14 – 6/30/17	Maintain Public Health Emergency Preparedness Coordinator and staff trained in emergency preparedness outreach.
☐ Function 2: Build community partnerships to support health preparedness		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 3: Engage with community organizations		3. Revise work plan as directed by California Department of Public Health (CDPH).
to foster public health, medical, and mental/behavioral health social networks		 Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
☐ Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		6. Submit annual performance measure data as required by the federal government.
		 Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

PHEP Capability 2: Community Recovery

Objective: Strengthen capability to collaborate with community partners (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
Function 1: Identify and monitor public health, medical, and mental behavioral health system recovery needs	7/1/14 — 6/30/17	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
Function 2: Coordinate community public		2. Revise work plan as directed by CDPH.
health, medical, and mental behavioral health system recovery operations		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
☐ Function 3: Implement corrective actions to mitigate damages from future incidents		Complete and submit specific deliverables (response plans, After-Action Reports/Improvement Plans, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		5. Submit annual performance measure data as required by the federal government.
		Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

PHEP Capability 3: Emergency Operations Coordination

Objective: Maintain Emergency operations coordination: the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

Activities to Support the	Timeline	Evaluation/Deliverables
Objective ☐ Function 1: Conduct preliminary assessment to determine need for public activation ☐ Function 2: Activate public health emergency operations ☐ Function 3: Develop incident response strategy ☐ Function 4: Manage and sustain the public health response ☐ Function 5: Demobilize and evaluate public health emergency operations	7/1/14 — 6/30/17	 Maintain staff trained in emergency response activities. Maintain or maintain access to emergency operations center for local public health and medical response with the health department or county. Attend CDPH annual workshop, healthcare provider related workshops, Homeland Security, other approved emergency preparedness workshops, and CDC and ASPR sponsored workshops. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. Revise work plan as directed by CDPH. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules, emergency operations center maintenance and software) as described in approved work plan under each selected function for each budget year. Submit annual performance measure data as required by the federal government. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real
		events.

PHEP Capability 4: Emergency Public Information and Warning

Objective: Maintain ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
	7/1/14 – 6/30/17	Maintain access to trained public information staff.
public information system		Attend training specific to the PIO function during an emergency response.
□ Function 2: Determine the need for a joint public information system		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
Function 3: Establish and participate		4. Revise work plan as directed by CDPH.
in information system operations Function 4: Establish avenues for		 Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
public interaction and information exchange Function 5: Issue public information,		6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
alerts, warnings and notifications		7. Submit annual performance measure data as required by the federal government.
		Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

PHEP Capability 5: Fatality Management

Objective: Coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
Function 1: Determine role for public health in fatality management Function 2: Activate public health fatality management operations Function 3: Assist in the collection and dissemination of antemortem data Function 4: Participate in survivor mental/behavioral health services Function 5: Participate in fatality processing and storage operations	7/1/14 – 6/30/17	 Maintain staff with expertise in data collection and dissemination. Maintain partnership with local fatality management lead. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. Revise work plan as directed by CDPH. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. Submit annual performance measure data as required by the federal government.

PHEP Capability 6: Information Sharing

Objective: Maintain capability to conduct multi-jurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
· ·	7/1/14 – 6/30/17	 Maintain Health Alert Network Administration functions (CAHAN or CAHAN Replacement system) Maintain Epidemiologist or other staff with expertise in data collection and dissemination. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. Revise work plan as directed by CDPH. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules, software/system costs for information sharing/redundant communications) as
	 described in approved work plan under each selected function for each budget year. 7. Submit annual performance measure data as required by the federal government. 8. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events. 	

PHEP Capability 7: Mass Care

Objective: Maintain ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Determine public health role in mass care operations	7/1/14 – 6/30/17	Maintain partnership with local mass care lead.
☐ Function 2: Determine mass care needs of the impacted population		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
or the impactor population		3. Revise work plan as directed by CDPH.
☐ Function 3: Coordinate public health, medical, and mental/behavioral health services		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
☐ Function 4: Monitor mass care population health		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		6. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

PHEP Capability 8: Medical Countermeasure Dispensing

Objective: Maintain ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, and any others needed.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Identify and initiate medical countermeasure (MCM) dispensing	7/1/14 – 6/30/17	Maintain Public Health Emergency Preparedness Coordinator and staff trained in emergency response activities.
strategies		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 2: Receive medical countermeasures		Revise work plan as directed by CDPH.
		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
⊠ Function 4: Dispense medical countermeasures to identified population		 Complete and submit specific deliverables (response plans, Rand drills as required, After- Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
☐ Function 5: Report adverse events		Meet annual MCM distribution requirements including inventory system drill and facility call down drill.
		7. Participate in annual statewide medical and health exercise.

PHEP Capability 9: Medical Materiel Management and Distribution

Objective: Maintain ability to acquire, maintain (e.g., cold chain storage or other storage protocol) transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
	7/1/14 – 6/30/17	Purchase, store, and/or maintain medical supplies and equipment to ensue operational readiness to respond to a public health or medical emergency.
⊠ Function 2: Acquire medical materiel		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
⊠ Function 3: Maintain updated inventory management and reporting		3. Revise work plan as directed by CDPH.
system		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
⊠ Function 4: Establish and maintain security		5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function
☐ Function 5: Distribute medical		for each budget year.
materiel		Submit annual performance measure data as required by the federal government.
☐ Function 6: Recover medical materiel and demobilize distribution operations		7. Participate in annual statewide medical and health exercise.

PHEP Capability 10: Medical Surge

Objective: Maintain the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community, encompassing the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were comprised.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Assess the nature and scope of the incident ☐ Function 2: Support activation of medical surge ☐ Function 3: Support jurisdictional medical surge operations ☐ Function 4: Support demobilization of medical surge operations	7/1/14 — 6/30/17	 Maintain partnership with County Hospital Preparedness Program to align activities and goals. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. Revise work plan as directed by CDPH. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. Purchase, store, and/or maintain medical supplies and equipment to ensure operational readiness to respond to a public health or medical emergency. Submit annual performance measure data as required by the federal government.
		Participate in annual statewide medical and health exercise.

PHEP Capability 11: Non-Pharmaceutical Interventions

Objective: Maintain ability to recommend to the applicable local lead agency (if not local public health) and implement, if applicable, strategies for disease, injury and exposure control. Strategies include: isolation and quarantine; restrictions on movement and travel advisory/warnings; social distancing; external decontamination; hygiene; and precautionary protective behaviors.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Engage partners and identify factors that impact non-pharmaceutical	7/1/14 – 6/30/17	Maintain Public Health Emergency Preparedness Coordinator and staff trained in emergency response activities.
interventions		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 2: Determine non-pharmaceutical interventions		Revise work plan as directed by CDPH.
☐ Function 3: Implement non-pharmaceutical interventions		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
☐ Function 4: Monitor non-pharmaceutical interventions		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		6. Submit annual performance measure data as required by the federal government.
		7. Participate in annual statewide medical and health exercise.

PHEP Capability 12: Public Health Laboratory Testing

Objective: Maintain ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all-hazards. Hazards include chemical, radiological, and biological agents in multiple matrices that may include clinical samples, food, and environmental samples (e.g., water, air, and soil). This capability support routine surveillance, including pre-event or pre-incident and post-exposure activities.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
	7/1/14 – 6/30/17	Maintain Public Health Laboratory or access to Public Health Laboratory and maintain list of laboratory contacts.
☐ Function 2: Perform sample management		Purchase and/or maintain laboratory supplies needed for a surge in laboratory testing including items such as reagents and other testing items.
☐ Function 3: Conduct testing and		 For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
analysis for routine surge capacity		Revise work plan as directed by CDPH.
☐ Function 4: Support public health investigations		 Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
☐ Function 5: Report laboratory results		Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		7. Submit annual performance measure data as required by the federal government.
		Participate in annual statewide medical and health exercise.

PHEP Capability 13: Public Health Surveillance and Epidemiological Investigation

Objective: Ensure ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
	7/1/14 – 6/30/17	Maintain capacity for surveillance and epidemiological investigation.
surveillance and detection		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
□ Function 2: Conduct public health and epidemiological investigations		Revise work plan as directed by CDPH.
⊠ Function 3: Recommend, monitor, and analyze mitigation actions		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		6. Submit annual performance measure data as required by the federal government.
		7. Participate in annual statewide medical and health exercise.

PHEP Capability 14: Responder Safety and Health

Objective: Maintain ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, as requested.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
⊠ Function 1: Identify responder safety and health risks	7/1/14 – 6/30/17	Develop procedures to ensure safety of public health workforce and purchase and maintain protective equipment for employees according to these procedures.
□ Function 2: Identify safety and personal protective needs		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 3: Coordinate with partners to		Revise work plan as directed by CDPH.
facilitate risk-specific safety and health training		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
☐ Function 4: Monitor responder safety and health actions		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		Submit annual performance measure data as required by the federal government.
		7. Participate in annual statewide medical and health exercise.

PHEP Capability 15: Volunteer Management

Objective: The ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Coordinate volunteers	7/1/14 – 6/30/17	Maintain local administrative functions to ensure operational readiness of the Disaster Healthcare Volunteers system.
☐ Function 2: Notify volunteers		 For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 3: Organize,		Revise work plan as directed by CDPH.
assemble, and dispatch volunteers		 Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
☐ Function 4: Demobilize volunteers		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		6. Submit annual performance measure data as required by the federal government.
		7. Participate in annual statewide medical and health exercise.

PHEP Capability 16: Program Management

Objective: Support public health emergency preparedness program activities including application, progress reporting, invoicing, fiscal monitoring, and coordination across multiple capabilities including alignment with Hospital Preparedness Program (HPP).

Activities to Support the Objective	Timeline	Evaluation/Deliverables
 ☐ Function 1: Coordination across multiple Capabilities ☐ Function 2: Fiscal Monitoring and Tracking ☐ Function 3: Grants Management ☐ Function 4: Reporting on Performance Measures 	7/1/14 — 6/30/17	 Maintain local Public Health Emergency Preparedness Coordinator. Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting. Support program operations including office supplies and equipment, communications, laptops, cell phones, fax machines, satellite phones, and other forms of communication necessary for daily operations or emergency response.

Exhibit A – Attachment 1 Nevada County Scope of Work Pandemic Influenza Planning

Pandemic Influenza Capability 1: Planning and Preparedness Activities

Objective: The ability of communities to prepare for, withstand, and recover from public health incidents including a potential pandemic influenza. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health's role in preparing for, responding to, and recovering from a public health incident such as a pandemic influenza.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Develop, maintain and/or strengthen local pandemic influenza emergency response plan	7/1/14 – 6/30/17	Maintain Pandemic Influenza Coordinator and other trained staff needed to complete pandemic plans and testing of plans.
Function 2: Test pandemic influenza response in drills, exercises, and real events		 Maintain pandemic influenza operational response plans including plans for Government Authorized Alternate Care Sites. Purchase, store, and/or maintain supplies and equipment for operation of an alternate care site.
☐ Function 3: Engage public and private partners to ensure coordinated response efforts		 Hold mass vaccination clinics including the purchase of influenza or pneumococcal vaccine and other supplies for use in these clinics. Maintain capacity to store vaccine under refrigeration.
□ Function 4: Maintain surveillance system for reporting severe and fatal cases of laboratory confirmed influenza as required by CDPH		 For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. Revise work plan as directed by California Department of Public Health (CDPH).
		 Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		 Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1 Nevada County Scope of Work Pandemic Influenza Planning

Pandemic Influenza Capability 16: Program Management

Objective: Support Pandemic Influenza planning and preparedness program activities including application, progress reporting, invoicing, fiscal monitoring, and coordination across multiple capabilities including alignment with Hospital Preparedness Program (HPP).

Activities to Support the Objective	Timeline	Evaluation/Deliverables
 ✓ Function 1: Coordination across multiple Capabilities ✓ Function 2: Fiscal Monitoring and Tracking ✓ Function 3: Grants Management 	7/1/14 — 6/30/17	 Maintain local Public Health Emergency Preparedness Coordinator. Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting. Support program operations including office supplies and equipment, communications, laptops, cell phones, fax machines, satellite phones, and other forms of communication necessary for daily operations or emergency response.

Exhibit B - Attachment 2 Nevada County Budget Cost Sheet - Year 1

2014 - 2015 PROJECT BUDGET		CDC PHEP E	Base Funds		Laborato	ry Funds	Laboratory T	rainee Funds	Laborator Assistan			Cities Readine	ss Initiative Is		HPP Fu	unds		GFPI	=	тот	ALS
Personnel																					
Position Title and Number of each	FTE	Salary	Cost	FTE	Salary	Cost FTE	Salary	Cost FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost		
PHEP Coordinator (1)	41% \$	69,671	\$28,612		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	**	69,671	\$28,612
Epi and Surveillance Coordinator (1)	50% \$	74,658	\$37,329		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0		\$ -	\$0	35%	\$ 74,658	\$26,130	149,316	\$63,459
HPP Coordinator (2)			\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0	65%		\$46,034		\$ -	\$0	70,822	\$46,034
HPP Partnership Coordinator	\$	-	\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0	25%	\$ 64,720	\$16,180		\$ -	\$0	64,720	\$16,180
	\$	-	\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	-	\$0
	\$	-	\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	-	\$0
	\$	-	\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	-	\$0
	\$	-	\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	-	\$0
	\$	-	\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	-	\$0
	\$	-	\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	-	\$0
	\$		\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ - <u></u>	\$0		\$	\$0		\$ -	\$0	·	\$0
			\$65,941			\$0		\$0		\$0			\$0			\$62,214			\$26,130		\$154,285
			\$64,532												_	\$52,602				_	\$117,134
Fringe Benefits	%				%		%		%			%			%			%			
	64.92%	-	\$42,807	1	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0		0.00%	\$0		42.27%	\$26,296		84.60%	\$22,106	_	\$91,209
			\$41,893												_	\$22,233				_	\$64,126
Subtotal Personnel and Fringe			\$108,748			\$0		\$0		\$0			\$0			\$88,510			\$48,236		\$245,494
		_	\$106,425												_	\$74,834				_	\$181,260
Operating Expenses			\$17,923			\$0		\$0		\$0			\$0			\$42,896			\$0		\$60,819
		_	\$14,288												_	\$28,951				_	\$43,239
Equipment (Minor/Major)	Quantity	Unit Price	Total	Quantity	Unit Price	Total Quantity	Unit Price	Total Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total		
HEPA Filter			\$0			\$0		\$0		\$0			\$0	1	\$820	\$820			\$0		\$820
Ebola Equiptment			\$0			\$0		\$0		\$0			\$0	19	\$200	\$3,800			\$0		\$3,800
AED			\$0			\$0		\$0					\$0	1	\$2,800	\$2,800			\$0		\$2,800
Portable Storage Trailer			\$0			\$0		\$0					\$0	1	\$2,000	\$2,000			\$0		\$2,000
			\$0			\$0		\$0					\$0			\$0			\$0		\$0
		_	\$0			\$0		\$0		\$0		_	\$0		_	\$0			\$0	_	\$0
Equipment Subtotal			\$0			\$0		\$0		\$0			\$0			\$9,420			\$0		\$9,420
															_	\$7,149				_	\$7,149
In State Travel/Per Diem (Be sure travel is																					
referenced in the SOW)			\$1,500	l		\$0		\$0		\$0			\$0			\$0			\$0		\$1,500
		-	\$749																	-	\$749
Out of State Travel/Per Diem (Be sure OST is																					
referenced in the SOW)			\$0			\$0		\$0		\$0			\$0			\$0			\$0		\$0
Subcontracts																					,
Ken Cutler, Public Health Officer			\$0			\$0		\$0		\$0			\$0			\$4,940			\$0		\$4,940
Intermedix: EM Resources			\$0			\$0		\$0		\$0			\$0			\$3,928			\$0		\$3,928
			\$0			\$0		\$0		\$0			\$0			\$0			\$0		\$0
			\$0			\$0		\$0		\$0			\$0			\$0			\$0		\$0
			\$0			\$0		\$0		\$0			\$0			\$0			\$0		\$0
			\$0			\$0		\$0		\$0			\$0			\$0			\$0		\$0
			\$0			\$0		\$0		\$0			\$0			\$0			\$0		\$0
			\$0																		\$0
			\$0]							\$0
Subcontract Subtotal		-	\$0			\$0		\$0		\$0		_	\$0		_	\$8,868		_	\$0	-	\$8,868
			**		•	** !	•	** 1	•	** !			**			,	,				

Exhibit B - Attachment 2 Nevada County Budget Cost Sheet - Year 1

2014 - 2015 PROJECT BUDGET		CDC PHEP Base Funds	Laboratory Funds	Laboratory Trainee Funds	Laboratory Training Assistance Funds	Cities Readiness Initiative Funds	HPP Funds	GFPF	TOTALS
							\$3,500		\$3,500
Other Costs									
Software and Licenses		\$3,426	\$0	\$0	\$0	\$0	\$0	\$0	\$3,426
Training		\$119	\$0	\$0	\$0	\$0	\$27,502	\$0	\$27,621
Exercise Materials		\$2,620	\$0	\$0	\$0	\$0	\$400	\$2,975	\$5,995
Maintenance Agreements			**	**		**			
Wallichance Agreements		\$3,000	\$0	\$0	\$0	\$0	\$0	\$0	\$3,000
		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
									\$0
Other Costs Subtotal		\$9,164	\$0	\$0	\$0	\$0	\$27,902	\$2,975	\$40,041
		\$7,052					\$18,788		\$25,839
									
T. (18) (8)		*407.000	\$0		\$0		\$177,595	\$51,211	2000 440
Total Direct Costs		\$137,336	\$0	\$0	\$0	\$0	i i	\$51,211	\$366,142
		\$128,513					\$133,222		\$261,735
Total Indirect Costs		\$16,578	\$0	\$0	\$0	\$0	\$13, 276	\$12,059	\$41,914
(15.244665%14.97956%, 15%, 25% of Total Personnel	and Fringe	e Benefits) \$15,942					\$11,225		\$27,167
Total Costs		\$153,914	\$0	\$0	\$0	\$0	\$190,872	\$63,270	\$408,056
Total Costs			\$0	\$0	\$0	\$0		\$63,270	
		<u>\$144,455</u>					\$144,447		\$352,172

Out of State Trave

Supplies means: consumables office supply these are item that may be destroyed, dissipated, wasted are products that consumers buy recurrently i.e., items which "get used up" or discarded.

For example consumable office supplies are such products as paper, pens, file folder, binders, post-it notes, computer disks, and toner or ink cartridges..etc..

Note: Supplies do not include capital goods such as computers, fax machines, and other business machines or office furniture these would need to be set up in there own line item.

Note: Budget should link back to the SOW i.e. subcontractors/conferences/meeting/training/travel/printing/major equipment etc.... these types of services must be identified in the SOW (who/what/when and where)

Exhibit B - Attachment 3 Nevada County Budget Cost Sheet - Year 2

2015 - 2016 PROJECT BUDGET		CDC PHEP E	Base Funds		Laborat	ory Funds		Laboratory	Trainee Funds		Laborator Assistant			Cities Readine			HPP Fu	inds		GFPI	=	TOTAL	LS
Personnel																							
Position Title and Number of each	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost		
PHEP Coordinator (1)	35%	73,469	\$25,714		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 73,469	\$25,714
Epi and Surveillance Coordinator (1)	50%	74,658	\$37,329		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	35%	\$ 74,658	\$ 26,130	\$ 74,658	\$26,130
HPP Coordinator (2) (1)	\$	-	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	55%	\$ 73,468	\$40,408		\$ -	\$0	\$ 73,468	\$40,408
HPP Partnership Coalition Coordinator	\$	-	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	25%	\$ 18,578	\$4,645		\$ -	\$0	\$ 18,578	\$4,645
Epidemiologist (1)	30%	79,883	\$23,965		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	30%	\$ 79,883	\$23,965	\$ 159,767	\$47,930
Health Tech (1)	51% \$	18.578	\$9,475		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	15%	\$ 18.580	\$2.787	\$ 37.158	\$12,262
PanFlu Coordinator (1)	9	-	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	5%	\$ 73,460	\$3,673	\$ 73,460	\$3,673
	9	-	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		s -	\$0		s -	\$0		\$ -	\$0	\$ -	\$0
	9	6 -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		s -	\$0		s -	\$0		s -	\$0	\$ -	\$0
	9		\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		s -	\$0			\$0		s -	\$0	\$ -	\$0
	3		\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		s -	\$0		•	\$0		s -	\$0	\$ -	\$0
		-	\$59,154		Ψ	\$0		Ψ	\$0			\$0		_	\$0			\$45,052		•	\$30,425	_	\$134,631
Fringe Benefits	%				%			%			%			%			%			%			
	51.50%		\$30,466		#DIV/0!	\$0		#DIV/0!	\$0		#DIV/0!	\$0		0.00%	\$0)	66.93%	\$30,154		63.45%	\$19,305		\$79,925
Subtotal Personnel and Fringe			\$89,620			\$0			\$0			\$0			\$0			\$75,206			\$49,730		\$214,556
Operating Expenses			\$52,126			\$0			\$0			\$0			\$0			\$68,298			\$2,575		\$122,999
Equipment (Minor/Major)	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total		
HEPA Filter	Quantity	Omernice	\$0	Quantity	Olik Frice	\$0	Quantity	Office	\$0	Quantity	Omit Frice	\$0	Quantity	Ontrice	\$0	1 -	\$820	\$820	Quantity	Onitrice	\$0		\$820
Portable Vent			\$0			\$0			\$0			\$0			\$0 \$0		\$8,500				\$0		\$8,500
Fortable Vent			\$0			\$0			\$0			20			\$0 \$0	_	\$6,500	\$8,500 \$0			\$0		\$0,300 \$0
			\$0			\$0			\$0						\$0			\$0			\$0		\$0
			\$0			\$0			\$0						\$0			\$0			\$0		\$0
		-	\$0			\$0			\$0			\$0		_	\$0		_	\$0		_	\$0	_	\$0
Equipment Subtotal			\$0			\$0			\$0			\$0			\$0	'		\$8,500			\$0		\$8,500
In State Travel/Per Diem (Be sure travel is referenced in the SOW)			\$2,000			\$0			\$0			\$0			\$0			<u>\$3,105</u>			\$0		\$5,105
Out of State Travel/Per Diem (Be sure OST is referenced in the SOW)			\$0			\$0			\$0			\$0			\$0			\$0			\$0		\$0
Subcontracts																							
			\$0			\$0			\$0			\$0			\$0			\$0			\$0		\$0
			\$0			\$0			\$0			\$0			\$0			\$0			\$0		\$0
			\$0			\$0			\$0			\$0			\$0			\$0			\$0		\$0
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			\$0			\$0			\$0			\$0			\$0			\$0			\$0		\$0
			\$0			**			**			**			**			**			-		\$0
			\$0																				\$0
Subcontract Subtota		-	\$0			\$0	1		\$n			\$0		_	\$0		_	\$0		_	\$0	_	\$0

Exhibit B - Attachment 3 Nevada County Budget Cost Sheet - Year 2

2015 - 2016 PROJECT BUDGET		CDC PHEP Base Funds	Laboratory Funds	Laboratory Trainee Funds	Laboratory Training Assistance Funds	Cities Readiness Initiative Funds	HPP Funds	GFPF	TOTALS
Other Costs									
Software and Licenses		<u>\$125</u>	\$0	\$0	\$0	\$0	\$0	\$0	\$125
Training		<u>\$4,685</u>	\$0	\$0	\$0	\$0	<u>\$11,739</u>	\$0	\$16,424
Exercise Materials		\$200	\$0	\$0	\$0	\$0	<u>\$1,000</u>	\$ 2,975	\$4,175
Maintenance Agreements		\$3,000	\$0	\$0	\$0	\$0	\$0	\$0	\$3,000
		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
									\$0
Other Costs Subtotal		\$5,010	\$0	\$0	\$0	\$0	\$12,739	\$0	\$17,749
Total Direct Costs		\$148,756	\$0	\$0	\$0	\$0	\$167,849	\$52,305	\$368,910
Total Indirect Costs		\$14,339	\$0	\$0	\$0	\$0	\$11,281	\$10,941	\$36,561
(15.244665% 16% , 15%, 25% 22% of Total Personnel a	nd Fringe I	Benefits)							
Total Costs		\$163,095	\$0	\$0	\$0	\$0	\$179,130	\$63,246	\$405,471

Out of State Travel:

Supplies means: consumables office supply these are item that may be destroyed, dissipated, wasted are products that consumers buy recurrently i.e., items which "get used up" or discarded. For example consumable office supplies are such products as paper, pens, file folder, binders, post-it notes, computer disks, and toner or ink cartridges..etc..

Note: Supplies do not include capital goods such as computers, fax machines, and other business machines or office furniture these would need to be set up in there own line item.

Note: Budget should link back to the SOW i.e. subcontractors/conferences/meeting/training/travel/printing/major equipment etc.... these types of services must be identified in the SOW (who/what/when and where)

2014-15 2015-16 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding
2014-15-2015-16 Allocation Agreement

		CDC PHEP and	Reference Lab Funds
		Cities Readiness Initiative (CRI)	(\$260,246 total to each Reference Lab)
1st	Criteria	CDPH must receive the following:	CDPH must receive the following:
Quarter Payment		 Signed <u>FY</u> <u>2014-15</u> <u>Allocation Agreement</u> Contract 	Signed <u>FY 2014-15</u> Allocation Agreement Contract
1 ayıncın		 Receipt of all required application documents 	Receipt of all required application documents
		 Approved PHEP/CRI Work Plan 	Approved PHEP Lab Work Plan
		 Approved PHEP/CRI Budget 	Approved PHEP Lab Budget
		Submission of FY13-14 PHEP Year End Progress- Report-Submission of FY14-15 PHEP/CRI Year End Progress and Expenditure Reports	Submission of FY 13-14 Year End Progress Report- Submission of FY14-15 LAB Year End Progress and Expenditure Reports
	Payment	Advance payment of 25% of initial FY 14-15 15-16 CDC PHEP Base and/or CRI Fund allocation	Advance payment of 25% of initial FY 14-15 15-16 Lab Fund (not including lab trainees) allocation
2nd	Criteria	CDPH must receive the following:	CDPH must receive the following:
Quarter		 1st Quarter Payment Criteria must be met 	same as PHEP as it Applies to Lab
Payment		 Receipt of FY13-14 PHEP Year End Expenditure Report 	
		Approved Carry-Forward amount	
		 Signed Agreement Amendment, includes Carry- Forward 	
		 If required, submission of FY13-14 Supplemental Work Plan Progress Report 	
		 Receipt of PHEP Supporting Documentation- demonstrating unique expenditures for a minimum of 25% of Initial PHEP Base and/or CRI to cover the Q1- advance payment. 	
		 Contractor submits an invoice for unique approvable PHEP/CRI expenditures for a minimum of 25% of their initial allocation enough to cover the Q1 advance payment. 	
	-	If receipt of more than the 25% minimum requirement, first pay carry-forward, if applicable, matching PHEP Supporting Documentation submission up to the carry-forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation remaining will be 25% of the total CDC PHEP Base and/or CRI Fund.	
		Receipt of an invoice equivalent to the Q1 advance payment, is a no payment. Any expenditures exceeding the Q1 advance payment	same as PHEP/CRI as it applies to Lab
		will be paid from funds expiring June 30, 2015 2016, in the appropriate category, first.	

2014-15 2015-16 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF) Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding

2014-15-2015-16 Allocation Agreement

		2014-15 <u>2015-16</u> Allocation	<u>U</u>
3rd	Criteria	1st & 2nd Payment Criteria must be met	1st & 2nd Payment Criteria must be met
Quarter Payment		 Receipt of FY 44-15 15-16 PHEP/CRI Mid-Year reports 	same as PHEP/CRI as it applies to Lab
		 if required, completed PHEP/CRI Supplemental Work Plan and final report 	
		 Receipt of PHEP Supporting Documentation- demonstrating unique expenditures for a minimum of 25% of Initial Allocation. 	
		 Contractor Submits an invoice for unique approvable PHEP/CRI expenditures. 	
	Payment	If receipt of more than the 25% minimum requirement, first pay carry-forward, if applicable, matching PHEP Supporting Documentation submission up to the carry-forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation remaining will be 25% of the total CDC PHEP Base and/or CRI Fund.	
		Additional expenditures will be paid from funds expiring June 30, 2015 2016 , in the appropriate category first.	same as PHEP/CRI as it applies to Lab
Final	Criteria	 1st, 2nd & 3rd Payment Criteria must be met 	1st, 2nd & 3rd Payment Criteria must be met
Payment		Receipt of required Performance Measure reports	same as PHEP/CRI as it applies to Lab
		 Receipt of PHEP Supporting Documentation- demonstrating unique expenditures for a minimum of 25% of Initial Allocation. 	
		 Contractor Submits an invoice for unique approvable PHEP/CRI expenditures. 	
	Payment	If receipt of more than the 25% minimum requirement, first pay carry-forward, if applicable, matching PHEP Supporting Documentation submission up to the carry-forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation remaining will be 25% of the total CDC PHEP Base and/or CRI Fund.	
		Additional expenditures will be paid from funds expiring June 30, 2015 2016 , in the appropriate category first.	same as PHEP <u>/CRI as it applies to Lab</u>

2014-15 2015-16 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding

	2014-15- 2015-16 Allocation Agreement		
		Lab Trainee Funds	Lab Training Assistance Funds
1st Quarter Payment		 CDPH must receive the following: Signed FY 14-15 Allocation Agreement Contract Amendment, includes Lab Trainee Funds Receipt of all required Trainee application documents Approved Lab trainee(s) must be included in the approved Work Plan and Lab budget same as PHEP/CRI as it applies to Lab Trainee 	 application documents Approved Lab Training Assistance must be included in the approved Work Plan and Lab budget same as PHEP/CRI as it applies to Lab Trainee Assistance
		Trainee initial allocation	Advance payment of 25% of initial FY 44-15 15-16 PHEP Training Assistance initial allocation
2nd Quarter Payment	Criteria	N // A same as PHEP/CRI as it applies to Lab Trainee	N/A same as PHEP/CRI as it applies to Lab Trainee Assistance
	Payment	N/A same as PHEP/CRI as it applies to Lab Trainee	N/A same as PHEP/CRI as it applies to Lab Trainee Assistance
3rd Quarter	Criteria	N/A same as PHEP/CRI as it applies to Lab Trainee	N/A same as PHEP/CRI as it applies to Lab Trainee
Payment	Payment	N/A same as PHEP/CRI as it applies to Lab Trainee	N/A same as PHEP/CRI as it applies to Lab Trainee Assistance
Final Payment	Criteria	N //A same as PHEP/CRI as it applies to Lab Trainee	N /A same as PHEP/CRI as it applies to Lab Trainee Assistance
	Payment	N/A same as PHEP/CRI as it applies to Lab Trainee	N/A same as PHEP/CRI as it applies to Lab Trainee Assistance
		HPP	State GF
1st Quarter Payment	Criteria	 CDPH must receive the following: Signed FY 14-15 Allocation Agreement Contract Receipt of all required application documents Five Letters of Support (Refer to the FY 14-15 Application Guidance) Approved HPP Work Plan Approved HPP Budget Submission of Health Care Facility (HCF) Form Receipt of FY 13-14 HPP Year End Progress Report Submission of FY14-15 HPP Year End Progress and Expenditure Reports 	 CDPH must receive the following: Signed FY 14-15 Allocation Agreement Contract Receipt of all required application documents Receipt of FY 13-14 GF Pan Flu Year End Progress Report Approved GF Pan Flu Work Plan Approved GF Pan Flu Budget Submission of FY14-15 HPP Year End Progress and Expenditure Reports
	Payment	Advance payment of 25% of HPP Initial FY 15-16 Allocation	Advance payment of 25% of State GF Pandemic Influenza Initial FY 15-16 Allocation.

2014-15 2015-16 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding

2014-15 2015-16 Allocation Agreement				
2nd	Criteria	1st Payment Criteria must be met	1st Payment Criteria must be met	
Quarter Payment		Receipt of HPP FY13-14 Year End Expenditure Report	Receipt of GF Pan Flu FY13-14 Year End Expenditure Report	
		 An invoice for unique HPP expenditures for a minimum of 25% of Initial Allocation to cover the Q1 advance payment 	 An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation to cover the Q1 advance payment 	
		 If required, submission of completed FY 13-14- Supplemental Work Plan 	 If required, submission of completed FY 13-14- Supplemental Work Plan 	
		Contractor submits an invoice for unique approvable HPP expenditures for a minimum of 25% of initial allocation to cover the Q1 advance payment.	 Contractor submits an invoice for unique approvable GF Pan Flu expenditures for a minimum of 25% of initial allocation to cover the Q1 advance payment. 	
	Payment	HPP for unique expenditures less the advance payment of 25% of HPP Initial Allocation.	GF Pandemic Influenza for unique expenditures less the advance payment of 25% of State GF Pandemic Influenza Initial Allocation.	
		Receipt of an invoice equivalent to the Q1 advance payment, is a no payment.	Receipt of an invoice equivalent to the Q1 advance payment, is a no payment.	
		Any expenditures exceeding the Q1 advance payment will be paid from funds expiring June 30, 2015 2016, in the appropriate category, first.	Receipt of an invoice for more than the Q1 advance payment, is a payment of expenditures less the Q1 advance payment.	
3rd Quarter Payment	Criteria	 1st & 2nd Payment Criteria must be met An invoice for unique HPP expenditures for a minimum of 25% of Initial Allocation 	 1st & 2nd Payment Criteria must be met An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation 	
		Contractor Submits an invoice for unique approvable HPP expenditures.	 Contractor Submits an invoice unique approvable GF Pan Flu expenditures. 	
	Payment	HPP for unique expenditures .	GF Pandemic Influenza for unique expenditures.	
		Additional expenditures will be paid from funds expiring June 30, 2015 2016 in the appropriate category first.	Additional expenditures will be paid out of the appropriate category.	
Final Payment	Criteria	 1st, 2nd & 3rd Payment Criteria must be met Receipt of required Performance Measure reports An invoice for unique HPP expenditures for a minimum of 25% amount of Initial Allocation Contractor Submits an invoice for unique approvable 	 1st, 2nd & 3rd Payment Criteria must be met An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation Contractor Submits an invoice unique approvable 	
	Davis	HPP expenditures.	GF Pan Flu expenditures.	
	Payment	HPP for unique expenditures . Contractor Submits an invoice for unique approvable HPP expenditures.	GF Pandemic Influenza for unique expenditures. Additional expenditures will be paid out of the appropriate category.	