## STANDARD AGREEMENT AMENDMENT

STD 213A (Rev 6/03)

X	Check here if additional	pages are added:	1	Page(s)

Agreement Number	Amendment Number			
14-10525	04			
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 Health
	Contractor's Name (Also referred to as Contractor)
	Nevada County
2.	The term of this July 1, 2014 through June 30, 2018
	Agreement is:
3.	The maximum amount of this \$ 1,105,967.00
	Agreement after this amendment is: One Million One Hundred Five Thousand Nine Hundred Sixty Seven Thousand Dollars.
4.	The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

- I. The purpose of this amendment is to amend Exhibit A, Scope of Work, Attachment 1, and Exhibit B, Budget, to add additional funds, activities and a one-year extension for year 16/17 to allow the contractor to complete the services outlined in the Scope of Work. The one-year extension (July 1, 2017 to June 30, 2018) is contingent upon approval of the federal government, Office of the Assistant Secretary for Preparedness and Response (ASPR)/Hospital Preparedness Program (HPP) and the Centers for Disease Control and Prevention
  - **II.** Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., Strike through).

(Continued on next page)

CALIFORNIA

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

(CDC)/Public Health Emergency Preparedness (PHEP).

CONTRA	Department of General Services	
Contractor's Name (If other than an individual, state whether	Use Only	
Nevada County		
By(Authorized Signature)	Date Signed (Do not type)	
<b>K</b>		
Printed Name and Title of Person Signing		
Hank Weston Chair – Board of Supervisor	S	
Address		
5000 Crown Point Circle, Ste. 110, Grass		
STATE OF C	ALIFORNIA	
Agency Name		
California Department of Public Health		
By (Authorized Signature)	Date Signed (Do not type)	
<b>K</b>		
Printed Name and Title of Person Signing	Exempt per:HSC 101319	
Jeff Mapes, Chief, Contracts Managemer		
Address		
1616 Capitol Avenue, Suite 74.317, MS 1 Sacramento, CA 95899-7377		

- III. Exhibit A, Scope of Work, Attachment 1, is hereby replaced in its entirety.
- IV. Exhibit B Page 2, paragraph 4 is 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 \$1,097,757.00 **\$1,105,967.00**. Financial year individual fund limits are:
  - 1) Financial Year July 1, 2014 through June 30, 2015. Funds pursuant to this 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 \$141,821.00, 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 \$153,977.00, HPP Funds.
    - 7. \$63,270.00 \$63,246.00, State General Funds Pandemic Influenza Funds.
  - 3) Financial Year July 1, 2016 through June 30, 20172018
    - 1. \$153,914.00 \$165,841.00 **\$174,051.00**, 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. \$<del>132,889.00</del> \$157,502.00, HPP Funds.
    - 7. \$63,270.00 \$63,198.00, State General Funds Pandemic Influenza Funds.
- V. Exhibit B, Attachment 1 Payment Criteria is hereby replaced in its entirety.
- **VI.** Exhibit B Attachment 4 is hereby replaced in their 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	7/1/14 – 6/30/ <del>17</del> <u>18</u>	Maintain Hospital Preparedness Coordinator and HPP     Partnership Coordinator.
□ Function 2: Coordinate healthcare planning to prepare the healthcare system for a disaster		Support Operational Area Healthcare Coalition by providing resources to participating healthcare facilities for planning and other preparedness activities.
□ Function 3: Identify and prioritize essential healthcare assets and services		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
□ Function 4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps		Revise work plan as directed by CDPH.
□ Function 5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond	7/1/16- 6/30/ <del>17</del> <u>18</u>	Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
□ Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation		<ol> <li>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</li> </ol>
□ Function 7: Coordinate with planning for at-risk individuals and those with special medical needs	7/1/14 – 6/30/ <del>17</del> <u>18</u>	as required by the federal government.
		<ol><li>Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.</li></ol>

## **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
<ul> <li>☐ Function 1: Develop recovery processes for the healthcare delivery system</li> <li>☐ Function 2: Assist healthcare organizations to implement Continuity of Operations (COOP)</li> </ul>	7/1/14 – 6/30/ <del>17</del> <u>18</u>	<ol> <li>Support healthcare facility and operational area recovery planning.</li> <li>For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.</li> <li>Revise work plan as directed by CDPH.</li> </ol>
		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		<ol> <li>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.</li> </ol>
		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 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/ <del>17</del> <u>18</u>	<ol> <li>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.</li> </ol>
<ul><li>☑ Function 2: Assess and notify stakeholders of healthcare delivery status</li><li>☑ Function 3: Support healthcare response</li></ul>		<ol> <li>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</li> </ol>
efforts through coordination of resources	7/1/14 – 6/30/16	annual Local Application Guidance.
☐ Function 4: Demobilize and evaluate healthcare operations	7/1/14 – 6/30/ <del>17</del> <u>18</u>	<ol> <li>Attend CDPH annual workshop, healthcare provider related workshops, Homeland Security, other approved emergency preparedness workshops, and CDC and ASPR sponsored workshops.</li> </ol>
		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.
		<ol> <li>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.</li> </ol>
		6. Submit annual performance measure data as required by the federal government.
		<ol> <li>Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.</li> </ol>

## **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	7/1/ <del>14</del> 16– 6/30/ <del>17</del> <u><b>18</b></u>	Maintain HPP Coordinator, HPP Partnership Coordinator, and Healthcare Coalition.		
community fatality management operations		<ol><li>For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.</li></ol>		
☐ Function 2: Coordinate surges of concerned citizens with community agencies responsible for family assistance		3. Revise work plan as directed by CDPH.		
☐ Function 3: Mental/behavioral support at the		<ol> <li>Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.</li> </ol>		
healthcare organization level		<ol> <li>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.</li> </ol>		
		6. Submit annual performance measure data as required by the federal government.		
		<ol> <li>Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.</li> </ol>		

## **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/ <del>17</del> <u>18</u>	<ol> <li>Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition and maintain communications plan and communication equipment for Local HPP Entity and Healthcare Coalition members.</li> </ol>
☐ Function 2: Develop, refine, and sustain redundant, interoperable communication systems		<ol><li>For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.</li></ol>
reduridant, intersperasio communication eyeteme		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.
		<ol> <li>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.</li> </ol>
		6. Submit annual performance measure data as required by the federal government.
		<ol> <li>Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.</li> </ol>

## **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	Timeline Evaluation/Deliverables	
	7/1/14 – 6/30/ <del>17</del> <b>18</b>	Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition.	
with the coordination of the healthcare organization response during incidents that require medical surge	_	<ol> <li>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.</li> </ol>	
□ Function 2: Coordinate integrated healthcare surge 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.	
		4. Revise work plan as directed by CDPH.	
surge capacity and capability		<ol><li>Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.</li></ol>	
<ul><li>☐ Function 4: Develop Crisis Standards of Care guidance</li><li>☐ Function 5: Provide assistance to healthcare</li></ul>	7/1/16 – 6/30/ <del>17</del> <u>18</u>	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.	
organizations regarding evacuation and shelter in place operations		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 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
	7/1/ <del>14</del> 16– 6/30/ <del>17</del> <b>18</b>	Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition.
with additional pharmaceutical protection for healthcare workers	_	<ol> <li>Healthcare Coalition members should maintain policies and procedures to ensure healthcare worker safety and purchase and maintain protective equipment for healthcare coalition member staff.</li> </ol>
		<ol> <li>For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.</li> </ol>
workers during response		4. Revise work plan as directed by CDPH.
		<ol> <li>Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.</li> </ol>
		<ol> <li>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.</li> </ol>
		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 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/ <del>17</del> <b>18</b>	Maintain access to Disaster Healthcare Volunteers system.
processes to determine the need for volunteers in healthcare organizations		<ol> <li>Each Healthcare Coalition member should maintain policies and procedures for incorporating volunteers into operations during public health and medical emergencies.</li> </ol>
☐ 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.
		4. Revise work plan as directed by CDPH.
□ Function 4: Coordinate the demobilization of volunteers	7/1/16 – 6/30/ <del>17</del> <u>18</u>	<ol> <li>Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.</li> </ol>
		<ol> <li>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.</li> </ol>
		7. Submit annual performance measure data as required by the federal government.
		<ol> <li>Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.</li> </ol>

## **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).

Timeline	Evaluation/Deliverables
7/1/14 – 6/30/ <del>17</del> <u>18</u>	<ol> <li>Maintain local HPP Coordinator, Partnership Coordinator and Healthcare Coalition to coordinate activities across capabilities.</li> </ol>
	<ol><li>Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting.</li></ol>
	3. 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/ <del>17</del> <u><b>18</b></u>	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		3. Revise work plan as directed by California Department of Public Health (CDPH).
organizations 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.
		<ol> <li>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.</li> </ol>
		6. Submit annual performance measure data as required by the federal government.
		<ol> <li>Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.</li> </ol>

## 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/ <del>14</del> 16– 6/30/ <del>17</del> <u><b>18</b></u>	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
, and the second		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 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.
		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 Objective	Timeline	Evaluation/Deliverables
Activities to cappert the espective	7/1/14 –	
☐ Function 1: Conduct preliminary assessment to determine need for public activation	6/30/ <del>17</del> <u>18</u>	Maintain staff trained in emergency response activities.
Function 2: Activate public health emergency operations		Maintain or maintain access to emergency operations center for local public health and medical response with the health department or county.
□ Function 3: Develop incident response strategy	7/1/14 – 6/30/16	<ol> <li>Attend CDPH annual workshop, healthcare provider related workshops, Homeland Security, other approved emergency preparedness workshops, and CDC and ASPR sponsored workshops.</li> </ol>
☐ Function 4: Manage and sustain the public health response	7/1/14 – 6/30/ <del>17</del> <u><b>18</b></u>	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 5: Demobilize and evaluate public health emergency operations		5. 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.
		<ol> <li>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.</li> </ol>
		8. 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/ <del>17</del> <b>18</b>	Maintain access to trained public information staff.
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 in information system operations		4. Revise work plan as directed by CDPH.
Function 4: Establish avenues for public		<ol> <li>Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.</li> </ol>
interaction and information exchange  ☐ Function 5: Issue public information, alerts, warnings and notifications	7/1/16 – 6/30/ <del>17</del> <u>18</u>	<ol> <li>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.</li> </ol>
		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
<ul> <li>☐ Function 1: Determine role for public health in fatality management</li> <li>☐ Function 2: Activate public health fatality management operations</li> <li>☐ Function 3: Assist in the collection and dissemination of antemortem data</li> <li>☐ Function 4: Participate in survivor mental/behavioral health services</li> <li>☐ Function 5: Participate in fatality processing</li> </ul>	7/1/44 16– 6/30/4 <del>7</del> 18	<ol> <li>Maintain staff with expertise in data collection and dissemination.</li> <li>Maintain partnership with local fatality management lead.</li> <li>For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.</li> <li>Revise work plan as directed by CDPH.</li> <li>Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.</li> <li>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.</li> </ol>
and storage operations		7. 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
☐ Function 1: Identify stakeholders to be incorporated into information flow	7/1/14 – 6/30/ <del>17</del> <u>18</u>	Maintain Health Alert Network Administration functions (CAHAN or CAHAN Replacement system)
☐ Function 2: Identify and develop rules and data elements for sharing		Maintain Epidemiologist or other staff with expertise in data collection and dissemination.
☐ Function 3: Exchange information to determine	7/1/14 – 6/30/16	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
a common operating picture	0/30/10	4. Revise work plan as directed by CDPH.
		<ol> <li>Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.</li> </ol>
		6. 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.
		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/ <del>17</del> <u>18</u>	Maintain partnership with local mass care lead.
□ Function 2: Determine mass care needs of the impacted population	7/1/16 – 6/30/ <del>17</del> <b>18</b>	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
Function 3: Coordinate public health, medical,	0/30/ <del>17</del> 18	Revise work plan as directed by CDPH.
and mental/behavioral health services		<ol> <li>Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.</li> </ol>
☐ Function 4: Monitor mass care population health		<ol> <li>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.</li> </ol>
		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 strategies	7/1/14 – 6/30/ <del>17</del> <u>18</u>	Maintain Public Health Emergency Preparedness Coordinator and staff trained in emergency response activities.
	7/1/14 –	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 3: Activate dispensing modalities	6/30/16	Revise work plan as directed by CDPH.
⊠ Function 4: Dispense medical countermeasures to identified population	7/1/14 – 6/30/ <del>17</del> <u><b>18</b></u>	Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
☐ Function 5: Report adverse events		<ol> <li>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.</li> </ol>
		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
⊠ Function 1: Direct and activate medical materiel management and distribution	7/1/14 – 6/30/ <del>17</del> <u><b>18</b></u>	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 system	7/1/14 – 6/30/16	Revise work plan as directed by CDPH.
☐ Function 4: Establish and maintain security		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
<ul><li>☐ Function 5: Distribute medical materiel</li><li>☐ Function 6: Recover medical materiel and</li></ul>		5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each
demobilize distribution operations		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 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
	7/1/ <del>14</del> 16– 6/30/ <del>17</del> <u>18</u>	Maintain partnership with County Hospital Preparedness Program to align activities and goals.
<ul><li>☐ Function 2: Support activation of medical surge</li><li>☐ Function 3: Support jurisdictional medical</li></ul>	7/1/14 – 6/30/ <del>17</del> <u>18</u>	<ol><li>For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.</li></ol>
surge operations		Revise work plan as directed by CDPH.
⊠ Function 4: Support demobilization of medical surge operations	7/1/16 – 6/30/ <del>17</del> <u>18</u>	<ol> <li>Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.</li> </ol>
		<ol> <li>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.</li> </ol>
		<ol> <li>Purchase, store, and/or maintain medical supplies and equipment to ensure operational readiness to respond to a public health or medical emergency.</li> </ol>
		7. Submit annual performance measure data as required by the federal government.
		8. 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/ <del>14</del> 16– 6/30/ <del>17</del> <u>18</u>	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.
		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.
		<ol> <li>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.</li> </ol>
		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
⊠ Function 1: Manage laboratory activities	7/1/14 – 6/30/ <del>17</del> <u>18</u>	Maintain Public Health Laboratory or access to Public Health Laboratory and maintain list of laboratory contacts.
☐ Function 2: Perform sample management		<ol><li>Purchase and/or maintain laboratory supplies needed for a surge in laboratory testing including items such as reagents and other testing items.</li></ol>
	7/1/16 —	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 4: Support public health investigations	6/30/ <del>17</del> <u>18</u> 7/1/14 –	Revise work plan as directed by CDPH.
	6/30/ <del>17</del> <u>18</u>	<ol><li>Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.</li></ol>
		<ol> <li>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.</li> </ol>
		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/ <del>17</del> <b>18</b>	Maintain capacity for surveillance and epidemiological investigation.
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.
cpideriilologicai irrvestigations		5. Revise work plain as directed by ODTTI.
		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
☐ Function 4: Improve public health surveillance and epidemiological investigation systems		<ol> <li>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.</li> </ol>
		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	
	7/1/14 – 6/30/ <del>17</del> <u>18</u>	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 facilitate risk-specific safety and health training		<ol> <li>Revise work plan as directed by CDPH.</li> <li>Submit mid-year and year-end progress reports to CDPH according to guidelines</li> </ol>	
☐ Function 4: Monitor responder safety and health actions	7/1/16 – 6/30/ <del>17</del> <b>18</b>		within the Local Application Guidance.
Health actions		<ol> <li>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.</li> </ol>	
		6. 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
	7/1/ <del>14</del> 16– 6/30/ <del>17</del> <u><b>18</b></u>	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, assemble, and dispatch volunteers		Revise work plan as directed by CDPH.
☐ Function 4: Demobilize volunteers		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		<ol> <li>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.</li> </ol>
		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
	7/1/14 – 6/30/ <del>17</del> <b>18</b>	Maintain local Public Health Emergency Preparedness Coordinator.
Capabilities	_	<ol><li>Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting.</li></ol>
☐ Function 2: Fiscal Monitoring and Tracking		
☐ Function 3: Grants Management		<ol> <li>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.</li> </ol>
⊠ Function 4: Reporting on Performance Measures		

## 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	7/1/14 – 6/30/ <del>17</del> <u>18</u>	Maintain Pandemic Influenza Coordinator and other trained staff needed to complete pandemic plans and testing of plans.
response plan    Strengther local particular fillideriza emergency response plan   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.
<ul> <li>☑ Function 3: Engage public and private partners to ensure coordinated response efforts</li> </ul>		<ol> <li>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.</li> </ol>
☐ Function 4: Maintain surveillance system for reporting severe and fatal cases of laboratory confirmed influenza as required by CDPH		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 California Department of Public Health (CDPH).
		5. 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.
		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
	7/1/14 – 6/30/ <del>17</del> <u>18</u>	Maintain local Public Health Emergency Preparedness Coordinator.
Capabilities		<ol><li>Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting.</li></ol>
□ Function 2: Fiscal Monitoring and Tracking		
		<ol> <li>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.</li> </ol>

# Exhibit B - Attachment 4 Nevada County Budget Cost Sheet - Year 3

2016 - 2017 PROJECT BUDGET		CDC PHEP E	Base Funds		Laborato	ry Funds		tory Trainee Funds		tory Training ance Funds		Cities Rea			HPP Fu	nds		GFP	F	TO	OTALS
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)		75,950	\$35,697	FIE	Salary \$ -	\$0	Salary	\$0	Salary	\$0		Salary	\$0	FIE	Salary \$ -	\$0	FIE	-	Cost \$0	¢.	\$35,697
Epi and Surveillance Coordinator (1)	47% \$ 50% \$		\$37,329		\$ -	\$0 \$0	\$	\$0 \$0	\$	\$0 \$0		ф - ф	\$0 \$0		\$ - \$ -	\$0	35%		\$26,130	\$ 149,31	
HPP Coordinator (2) (1)	3070 ¥	1-1,000	\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0	48%	\$ 76,271	\$36,610	3370	•	\$0,130	\$ 76,27	
HPP Partnership Coordinator	\$	_	\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0 \$0		\$ -	\$0	<del>25%</del>		\$16,180			\$0	\$ 64,72	
Epidemiologist (1)	30% \$		\$26,805		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0	2070	\$ -	\$0	30%		\$26,805	\$ 178,70	
Coalition Coordinator (1)	\$		\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0	80%	\$ 16,810	\$13,448	3		\$0	\$ 16,81	
PH Coordinator (1)	\$		\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0		\$ -	\$0	5% 5			\$ 76,11	
EPO Staff (1)	\$	-	\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0		\$ -	\$0	20%		\$3,362	\$ 16,80	-
	\$	-	\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0		\$ -	\$0	9	-	\$0	\$ -	\$0
	\$	-	\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0		\$ -	\$0	9	-	\$0	\$ -	\$0
	\$	-	\$0		\$ -	\$0	\$ -	\$0	\$ -	\$0		\$ -	\$0		\$ -	\$0	9	-	\$0	\$ -	\$0
		·	\$62,502			\$0		\$0		\$0		_	\$0			\$50,058			\$33,972		\$146,532
Fringe Benefits	%				%		%		%			%			%			%			
	72.46%		\$45,291		#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0		0.00%	\$0		56.34%	\$28,203		61.83%	\$21,005		\$94,499
Subtotal Personnel and Fringe		=	\$107,792	1		\$0		\$0	]	\$0			\$0	1		\$78,261	1		\$54,977		\$241,030
-						·															
Operating Expenses			\$39,321			\$0		\$0		\$0			\$0			\$55,971			\$275		\$95,567
Equipment (Minor/Major)	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity Unit Price	e Total	Quantity Unit Price	e Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total		
HEPA Filter			\$0			\$0		\$0		\$0			\$0	4	<del>\$820</del>	<del>\$820</del>			\$0		\$820
			\$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
Equipment Subtotal		-	\$0 \$0		-	\$0 <b>\$0</b>		\$0 \$0	-	\$0 <b>\$0</b>		-	\$0 <b>\$0</b>		_	\$0 \$0	1	_	\$0 <b>\$0</b>		\$0 <b>\$0</b>
			**			**		**		**			**			**			**		,,
In State Travel/Per Diem (Be sure travel is referenced in the SOW)			\$4,823			\$0		\$0		\$0			\$0			\$4,915			\$0		\$9,738
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			\$0			\$0			\$0		\$0
			\$0 \$0																		\$0 \$0
Subcontract Subtotal		-	\$0	1	]	\$0		\$0	1	\$0		_	\$0	1		\$0	1	_	\$0		\$0

## Exhibit B - Attachment 4 Nevada County Budget Cost Sheet - Year 3

2016 - 2017 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		\$150	\$0		\$0	\$0	\$0	\$0	\$0	\$150
<u>Training</u>		<u>\$3,031</u>	\$0		\$0	\$0	\$0	<u>\$4,085</u>	\$0	\$7,116
Exercise Materials		\$4,000	\$0		\$0	\$0	\$0	<del>\$400</del>	\$1,349	\$5,749
Maintenance Agreements		<del>\$3,000</del>	\$0		\$0	\$0	\$0	\$0	\$0	\$3,000
		\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0
										\$0
Other Costs Subtotal		\$7,181	\$0		\$0	\$0	\$0	\$4,085	\$1,349	\$12,615
Total Direct Costs		\$159,117	\$0		\$0	\$0	\$0	\$143,231	\$56,601	\$358,950
Total Indirect Costs		\$14,934	\$0		\$0	\$0	\$0	\$14,271	\$6,597	\$35,802
( <del>15.244665%</del> <b>13.9%</b> , <del>15%</del> <b>18.2%</b> , 25% of Total Personne	el and Frir	nge Benefits)								
Total Costs		\$174,051	\$0		\$0	\$0	\$0	\$157,502	\$63,198	\$394,752

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)

		CDC PHEP and	Reference Lab Funds
		Cities Readiness Initiative (CRI)	(\$260,246 total to each Reference Lab)
1st Quarter Payment	Criteria	CDPH must receive the following:  • Signed FY 2014-15 Allocation Agreement Contract. Fully executed FY 15-16 Contract Amendment.	CDPH must receive the following:  • Signed FY 2014-15 Allocation Agreement Contract. Fully executed FY 15-16 Contract Amendment.
		<ul> <li>Receipt of all required application documents</li> <li>Approved PHEP/CRI Work Plan</li> <li>Approved PHEP/CRI Budget</li> <li>Submission of FY13-14 PHEP Year End Progress Report, Submission of FY14-15 PHEP/CRI Year End Progress and Expenditure Reports</li> </ul>	<ul> <li>Receipt of all required application documents</li> <li>Approved PHEP Lab Work Plan</li> <li>Approved PHEP Lab Budget</li> <li>Submission of FY 13-14 Year End Progress Report, Submission of FY14-15 LAB Year End Progress and Expenditure Reports</li> </ul>
	Payment	Advance payment of 25% of initial FY <del>14-15, 15-16,</del> 16-17 CDC PHEP Base and/or CRI Fund allocation	Advance payment of 25% of initial FY <del>14-15, 15-16,</del> 16-17 Lab Fund (not including lab trainees) allocation
2nd Quarter Payment	Criteria	<ul> <li>CDPH must receive the following:</li> <li>1st Quarter Payment Criteria must be met</li> <li>Receipt of FY13-14 PHEP Year End Expenditure-Report—Submission of FY 15-16 PHEP/CRI Year End Progress and Expenditure Reports</li> <li>Approved budget revision—Carry—Forward amount</li> <li>Signed Agreement Amendment, includes Carry—Forward</li> <li>If required, submission of FY13-14 Supplemental—Work Plan Progress Report</li> <li>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.</li> <li>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.</li> </ul>	CDPH must receive the following:  • Same as PHEP/CRI as it Applies to Lab
		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 will be paid from funds expiring June 30, 2015, 2016, 2017, in the appropriate category, first.	Same as PHEP/CRI as it applies to Lab

3rd Quarter	Criteria	• 1st & 2nd Payment Criteria must be met	1st & 2nd Payment Criteria must be met
Payment		<ul> <li>Receipt of FY 14-15, 15-16, 16-17 PHEP/CRI Mid-Year reports</li> <li>if required, completed PHEP/CRI Supplemental Work Plan and final report Funds carried over from the previous year (15-16 to 16-17) must be spent by March 31, 2017 and Invoiced by April 30, 2017.</li> <li>Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial Allocation.</li> <li>Contractor Submits an invoice for unique approvable PHEP/CRI expenditures.</li> </ul>	Same as PHEP/CRI as it applies to Lab
		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, 2017, in the appropriate category first.	
4th Quarter FY16-17 Final Payment	Criteria	<ul> <li>1st, 2nd &amp; 3rd Payment Criteria must be met</li> <li>Receipt of required Performance Measure reports</li> <li>Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial Allocation.</li> <li>Contractor Submits an invoice for unique approvable PHEP/CRI expenditures.</li> <li>Expenditures occurring on or by June 30, 2017 must be invoiced and submitted by August 1, 2017.</li> </ul>	<ul> <li>1st, 2nd &amp; 3rd Payment Criteria must be met</li> <li>Same as PHEP/CRI as it applies to Lab</li> </ul>
		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, 2017, in the appropriate category first.	Same as PHEP/CRI as it applies to Lab
2016-18 1st Extension Payments		Fully executed FY 16-18 Contract Amendment  Additional expenditures will be paid from funds expiring June 30, 2018 in the appropriate category first.	Same as PHEP/CRI as it applies to Lab  Same as PHEP/CRI as it applies to Lab

2016-18	Criteria	1st Extension Payment Criteria must be met	Same as PHEP/CRI as it applies to Lab
Final Extension Payment		Submission of FY 16-18 PHEP and/or CRI Mid Year Progress and Expenditure Reports     Expenditures must occurr on or by March 31, 2018 and must be invoiced and submitted by April 30, 2018.	
	,	Additional expenditures will be paid from funds expiring June 30, 2018 in the appropriate category first.	Same as PHEP/CRI as it applies to Lab

2014-15, 2015-16, <del>2016-17</del> , <b>2016-18</b> Allocation Agreement					
		Lab Trainee Funds	Lab Training Assistance Funds		
1st Quarter Payment	Criteria	CDPH must receive the following:  Signed FY 14-15 Allocation Agreement Fully executed FY 15-16 Contract Amendment, includes Lab Trainee Funds  Receipt of all required Trainee application	LHD must: CDPH must receive the following: Signed FY 14-15 Allocation Agreement Fully executed FY 15-16 Contract Amendment, includes Lab Trainee Funds Receipt of all required Training Assistance		
		<ul> <li>documents</li> <li>Approved Lab trainee(s) must be included in the approved Work Plan and Lab budget</li> <li>Same as PHEP/CRI as it applies to Lab Trainee</li> </ul>	<ul> <li>application documents</li> <li>Approved Lab Training Assistance must be included in the approved Work Plan and Lab budget</li> <li>Same as PHEP/CRI as it applies to Lab Trainee</li> </ul>		
	Dayment	Advance payment of 25% of initial FY 14-15, 15-16,	Assistance  Advance payment of 25% of initial FY 14-15, 15-16,		
		16-17 PHEP Trainee initial allocation	16-17 PHEP Training Assistance initial allocation		
2nd Quarter Payment	Criteria	<ul> <li>N/A         Same as PHEP/CRI as it applies to Lab Trainee</li> </ul>	<ul> <li>N/A         Same as PHEP/CRI as it applies to Lab Trainee     </li> <li>Assistance</li> </ul>		
·	Payment	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 Payment	Criteria	<ul> <li>N/A         Same as PHEP/CRI as it applies to Lab Trainee     </li> </ul>	N/A     Same as PHEP/CRI as it applies to Lab Trainee		
	Payment	Same as PHEP/CRI as it applies to Lab Trainee	N/A     Same as PHEP/CRI as it applies to Lab Trainee     Assistance		
4th Quarter FY16-17	Criteria	<ul> <li>N/A         Same as PHEP/CRI as it applies to Lab Trainee     </li> </ul>	N/A     Same as PHEP/CRI as it applies to Lab Trainee		
Final Payment	Payment	Same as PHEP/CRI as it applies to Lab Trainee	N/A     Same as PHEP/CRI as it applies to Lab Trainee     Assistance		
2016-18 1st Extension Payments		Same as PHEP/CRI as it applies to Lab Trainee	Same as PHEP/CRI as it applies to Lab Trainee		
	Payment	Same as PHEP/CRI as it applies to Lab Trainee	Same as PHEP/CRI as it applies to Lab Trainee		
2016-18 Final Extension	Criteria	Same as PHEP/CRI as it applies to Lab Trainee	Same as PHEP/CRI as it applies to Lab Trainee		
<u>Payment</u>	Payment	Same as PHEP/CRI as it applies to Lab Trainee	Same as PHEP/CRI as it applies to Lab Trainee		

		HPP	State GF Pandemic Influenza
1st Quarter Payment		CDPH must receive the following:  • Signed FY 14-15 Allocation Agreement Fully executed FY 15-16 Contract Amendment • 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 Organization data 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 Fully executed FY 15-16 Contract Amendment 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 <del>FY 15-16,</del> FY 16-17 allocation	Advance payment of 25% of State GF Pandemic Influenza Initial <del>FY 15-16,</del> FY 16-17 allocation.
2nd Quarter Payment	Criteria	<ul> <li>1st Payment Criteria must be met</li> <li>Receipt of HPP FY13-14 Year End Expenditure Report</li> <li>Submission of FY 15-16 HPP Year End Progress and Expenditure Reports</li> <li>An invoice for unique HPP expenditures for a minimum of 25% of Initial Allocation to cover the Q1-advance payment</li> <li>If required, submission of completed FY 13-14-Supplemental Work Plan</li> <li>Contractor submits an invoice for unique approvable HPP expenditures for a minimum of 25% of initial allocation to cover the Q1 advance payment.</li> </ul>	<ul> <li>1st Payment Criteria must be met</li> <li>Receipt of GF Pan Flu FY13-14 Year End-Expenditure Report</li> <li>Submission of FY 15-16 Pan Flu Year End Progress and Expenditure Reports</li> <li>An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation to cover the Q1-advance payment</li> <li>If required, submission of completed FY 13-14-Supplemental Work Plan</li> <li>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.</li> </ul>
	Payment	HPP for unique expenditures less the advance—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, 2017, in the appropriate category, first.	GF Pandemic Influenza for unique expenditures less Receipt of an invoice equivalent to the Q1 advance payment, is a no payment.  Receipt of an invoice for more than the Q1 advance payment, is a payment of expenditures less the Q1 advance payment.

	2014-15, 2015-16, <del>2016-17</del> , <b>2016-18</b> Allocation Agreement						
3rd Quarter Payment		<ul> <li>1st &amp; 2nd Payment Criteria must be met</li> <li>An invoice for unique HPP expenditures for a minimum of 25% of Initial Allocation</li> <li>Contractor Submits an invoice for unique approvable HPP expenditures.</li> <li>Receipt of FY 16-17 HPP Mid-Year Progress and Expenditure reports</li> <li>Funds carried over from the previous year (15-16 to 16-17) must be spent by March 31, 2017 and Invoiced by April 30, 2017.</li> <li>HPP for unique expenditures.</li> <li>Additional expenditures will be paid from funds expiring June 30, 2015, 2016, 2017 in the appropriate category first.</li> </ul>	<ul> <li>1st &amp; 2nd Payment Criteria must be met</li> <li>An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation</li> <li>Contractor Submits an invoice unique approvable GF Pan Flu expenditures.</li> <li>Receipt of FY 16-17 GF Pan Flu Mid-Year Progress and Expenditure reports</li> <li>Funds carried over from the previous (15-16 to 16-17) year must be spent by March 31, 2017 and Invoiced by April 30, 2017.</li> <li>GF Pandemic Influenza for unique expenditures.</li> </ul>				
4th Quarter FY16-17 Final Payment	Criteria	<ul> <li>1st, 2nd &amp; 3rd Payment Criteria must be met</li> <li>Receipt of required Performance Measure reports</li> <li>An invoice for unique HPP expenditures for a minimum of 25% amount of Initial Allocation</li> <li>Contractor Submits an invoice for unique approvable HPP expenditures.</li> <li>Expenditures occurring on or by June 30, 2017 must be invoiced and submitted by August 1, 2017.</li> </ul>	GF Pan Flu expenditures.				
	Payment	HPP for unique expenditures. Contractor Submits an invoice for unique approvable HPP expenditures. Additional expenditures will be paid from funds expiring June 30, 2017 in the appropriate category first.	GF Pandemic Influenza for unique expenditures. Additional expenditures will be paid out of the appropriate category.				
2016-18 1st Extension	Criteria	Fully executed FY 16-18 Contract Amendment	• <u>N/A</u>				
<u>Payments</u>	,	Additional expenditures will be paid from funds expiring June 30, 2018 in the appropriate category first.	<u>N/A</u>				
2016-18 Final Extension Payment	Criteria	1st Extension Payment Criteria must be met     Submission of FY 16-18 HPP Mid Year Progress and Expenditure Reports     Expenditures must occurr on or by March 31, 2018 and must be invoiced and submitted by April 30, 2018.	• <u>N/A</u>				
		Additional expenditures will be paid from funds expiring June 30, 2018 in the appropriate category first.	<u>N/A</u>				