



COUNTY OF HUMBOLDT

AGENDA ITEM NO.
C-29

For the meeting of: June 23, 2015

Date: May 29, 2015

To: Board of Supervisors

From: Phillip R. Crandall, Director *Ph. Crandall*
Department of Health and Human Services

Subject: Contract Amendment with California Department of Public Health (CDPH) for Various Emergency Preparedness Programs for FY 2014-17

RECOMMENDATION(S):

That the Board of Supervisors:

1. Approve Contract Amendment to Agreement #14-10503-A01 with the Emergency Preparedness Office of CDPH (EPO) for various Emergency Preparedness Programs in Fund 1175, Budget Unit 455 (Emergency Preparedness and Response) for Fiscal Years 2014-17 in the amount of \$1,925,329.00.
2. Authorize the Chair of the Board to sign three (3) originals of the attached agreement and certifications.
3. Authorize the Director of Public Health to sign any subsequent amendments and documents directly related to Agreement #14-10503;
4. Direct the Clerk of the Board to return the signed documents; and one (1) copy of the Board Motion to the Department of Health and Human Services Contract Unit for transmittal to DHHS – Public Health.

SOURCE OF FUNDING:

Public Health Funds

Prepared by Bill Linn, HPP Coordinator

CAO Approval *Amy Olsen*

REVIEW: Auditor *AL* County Counsel _____ Human Resources *DL* Other _____

TYPE OF ITEM:
 Consent
 Departmental
 Public Hearing
 Other _____

PREVIOUS ACTION/REFERRAL:

Board Order No. C-6

Meeting of: 9/16/2014

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT
Upon motion of Supervisor Bass Seconded by Supervisor Sundberg
Ayes Sundberg, Fennell, Bohm, Bass
Nays _____
Abstain _____
Absent Lovelace

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: June 23, 2015
By: *Kathy Hayes*
Kathy Hayes, Clerk of the Board

DISCUSSION:

The Department of Health and Human Services has participated in the Center for Disease Control (CDC) Emergency Preparedness and Response Grant since 2002 to improve and expand Public Health Emergency Preparedness and Hospital Preparedness Programs in Humboldt County. Grant funds are used to assist Public Health, hospitals, skilled nursing facilities, and other health care facilities with their efforts in response, planning, obtaining needed equipment, training staff, and testing their emergency preparedness and response plans.

On September 16, 2014 your Board approved and executed State Standard Agreement #14-10503 with CDPH which provides funding for the CDC Public Health Emergency Preparedness Program, the State General Fund Pandemic Influenza Program, and the Assistant Secretary of Preparedness and Response Program (ASPR). The term of this agreement is from July 1, 2014 through June 30, 2017 for a total of \$1,887,696.

As in prior fiscal years there were unexpended funds from Fiscal Year 2013-14. This amount is allowed to "carry-forward" to the current Fiscal Year. Beginning with the current Fiscal Year of 2014-15, CDPH has a new "Local Contract" process which requires that the current contract can only reflect dollars yet to be paid to the County. The funds identified with "carry-forward" or "payment balance" for Fiscal Year 2013-14 equals \$37,633.00, which is reflected in the Amendment before your Board today increasing the total award for Fiscal Years 2014 – 2017 to \$1,925,329. This Amendment comes to you this date due to delays in the State Contracts Management Unit in forwarding to the county.

To ensure that the "carry-forward" or "payment balance" can be expended quickly, as part of the State's new contract process CDPH has reduced specified line items by this amount. There is no loss of funding for the current Fiscal Year and a revised budget for the above named fund has been submitted by the amounts listed above and approved by the State.

FINANCIAL IMPACT:

The Emergency Preparedness and Response program is federally and state funded and resides in Budget 1175, Budget Unit 455. Approval of this contract amendment will allow Public Health to be reimbursed for services provided through the Emergency Preparedness and Response Program in the amount of \$629,232 for Fiscal Year 2014-15. There is no change in funding for the current Fiscal Year.

This agreement supports your Board's Strategic Framework by protecting vulnerable populations creating opportunities for improved safety and health.

OTHER AGENCY INVOLVEMENT:

There is no other agency involved in this agreement.

ALTERNATIVES TO STAFF RECOMMENDATIONS:

Your Board could choose not to approve this contract amendment with CDPH; however, this is not recommended. It would result in the loss of federal and state funding for governmental and non-governmental agencies throughout the County of Humboldt to support emergency preparedness and response efforts.

ATTACHMENTS:

1. Three (3) originals of State Agreement #14-10503- A01
2. Copy of State Agreement #14-10503.

STANDARD AGREEMENT AMENDMENT

STD 213A (Rev 6/03)

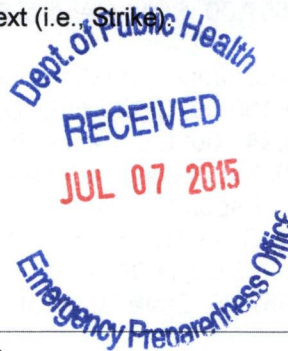
Check here if additional pages are added: 2 Page(s)

| | |
|---------------------------------------|--------------------------------|
| Agreement Number 14-10503 | Amendment Number A01 |
| Registration Number: EP1382459 | |

1. This Agreement is entered into between the State Agency and Contractor named below:

| | |
|--|----------------------------------|
| State Agency's Name California Department of Public Health | Also known as CDPH or the State |
| Contractor's Name Humboldt County | (Also referred to as Contractor) |
2. The term of this Agreement is: **July 1, 2014** through **June 30, 2017**
3. The maximum amount of this Agreement after this amendment is: **\$ 1,925,329.00**
One Million Nine Hundred Twenty Five Thousand Three Hundred Twenty Nine Dollars and No Cents
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. **Purpose of amendment:** This amendment is to increase the funding amount for State Fiscal Year (SFY) 14/15 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 bold and underline. Text deletions are displayed as strike through text (i.e. ~~Strike~~).



(Continued on next page)

All other terms and conditions shall remain the same.

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

| CONTRACTOR | CALIFORNIA Department of General Services Use Only |
|---|--|
| Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) Humboldt County | |
| By (Authorized Signature) | Date Signed (Do not type) 6/23/2015 |
| Printed Name and Title of Person Signing Estelle Fennell, Chair, Board of Supervisors | |
| Address 825 5th Street, Eureka, CA 95501 | |
| STATE OF CALIFORNIA | |
| Agency Name California Department of Public Health | |
| By (Authorized Signature) | Date Signed (Do not type) 7/16/15 |
| Printed Name and Title of Person Signing Elizabeth Stone, Chief, Contracts Management Unit | |
| Address 1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377 | |
| <input checked="" type="checkbox"/> Exempt per: HSC 101319 | |

III. 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 ~~\$1,887,696.00~~ **\$1,925,329.00**. Financial year individual fund limits are:

1) Financial Year July 1, 2014 through June 30, 2015. **Funds added pursuant to this amendment must be expended by June 30, 2015 and will be liquidated first.**

1. \$175,136.00, CDC PHEP Base Funds.
2. \$260,246.00, Laboratory Funds.
3. \$0.00, Laboratory Trainee Funds.
4. \$0.00, Laboratory Training Assistance Funds.
5. \$0.00, Cities Readiness Initiative Funds.
6. ~~\$129,293.00~~ **\$166,926.00**, HPP Funds.
7. \$64,557.00, State General Funds Pandemic Influenza Funds.

2) Financial Year July 1, 2015 through June 30, 2016

1. \$175,136.00, CDC PHEP Base Funds.
2. \$260,246.00, Laboratory Funds.
3. \$0.00, Laboratory Trainee Funds.
4. \$0.00, Laboratory Training Assistance Funds
5. \$0.00, Cities Readiness Initiative Funds
6. \$129,293.00, HPP Funds.
7. \$64,557.00, State General Funds Pandemic Influenza Funds.

3) Financial Year July 1, 2016 through June 30, 2017

1. \$175,136.00, CDC PHEP Base Funds.
2. \$260,246.00, Laboratory Funds.
3. \$0.00, Laboratory Trainee Funds.
4. \$0.00, Laboratory Training Assistance Funds
5. \$0.00, Cities Readiness Initiative Funds
6. \$129,293.00, HPP Funds.
7. \$64,557.00, State General Funds Pandemic Influenza Funds.

IV. 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.**

III. Exhibit A, Scope of Work, 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 \$1,887,696.00 **\$1,925,329.00**. Financial year individual fund limits are:

1) Financial Year July 1, 2014 through June 30, 2015. **Funds added pursuant to this amendment must be expended by June 30, 2015 and will be liquidated first.**

1. \$175,136.00, CDC PHEP Base Funds.
2. \$260,246.00, Laboratory Funds.
3. \$0.00, Laboratory Trainee Funds.
4. \$0.00, Laboratory Training Assistance Funds.
5. \$0.00, Cities Readiness Initiative Funds.
6. ~~\$129,293.00~~ **\$166,926.00**, HPP Funds.
7. \$64,557.00, State General Funds Pandemic Influenza Funds.

2) Financial Year July 1, 2015 through June 30, 2016

1. \$175,136.00, CDC PHEP Base Funds.
2. \$260,246.00, Laboratory Funds.
3. \$0.00, Laboratory Trainee Funds.
4. \$0.00, Laboratory Training Assistance Funds.
5. \$0.00, Cities Readiness Initiative Funds.
6. \$129,293.00, HPP Funds.
7. \$64,557.00, State General Funds Pandemic Influenza Funds.

3) Financial Year July 1, 2016 through June 30, 2017

1. \$175,136.00, CDC PHEP Base Funds.
2. \$260,246.00, Laboratory Funds.
3. \$0.00, Laboratory Trainee Funds.
4. \$0.00, Laboratory Training Assistance Funds.
5. \$0.00, Cities Readiness Initiative Funds.
6. \$129,293.00, HPP Funds.
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V. 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.

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Hospital Preparedness Program (HPP)

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 | Staff | Evaluation/Deliverables |
|--|-----------------------------|-------|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Function 1: Develop, refine, or sustain Healthcare Coalitions <input checked="" type="checkbox"/> Function 2: Coordinate healthcare planning to prepare the healthcare system for a disaster <input checked="" type="checkbox"/> Function 3: Identify and prioritize essential healthcare assets and services <input checked="" type="checkbox"/> Function 4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps <input type="checkbox"/> Function 5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond <input type="checkbox"/> Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation <input checked="" type="checkbox"/> Function 7: Coordinate with planning for at-risk individuals and those with special medical needs | <p>7/1/14 – 6/30/17</p> | | <ol style="list-style-type: none"> 1. Maintain Hospital Preparedness Coordinator and HPP Partnership Coordinator. 2. Support Operational Area Healthcare Coalition by providing resources to participating healthcare facilities for planning and other preparedness activities. 3. 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. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 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 for each budget year. Submit annual performance measure data as required by the federal government. 6. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Hospital Preparedness Program (HPP)

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 pre-incident 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 | Staff | Evaluation/Deliverables |
|--|-----------------------------|-------|---|
| <p><input checked="" type="checkbox"/> Function 1: Develop recovery processes for the healthcare delivery system</p> <p><input checked="" type="checkbox"/> Function 2: Assist healthcare organizations to implement Continuity of Operations (COOP)</p> | <p>7/1/14 – 6/30/17</p> | | <ol style="list-style-type: none"> 1. Support healthcare facility and operational area recovery planning. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. 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. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Hospital Preparedness Program (HPP)

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 | Staff | Evaluation/Deliverables |
|--|-----------------------------|-----------------------------|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Function 1: Healthcare organization multi-agency representation and coordination with emergency operations <input checked="" type="checkbox"/> Function 2: Assess and notify stakeholders of healthcare delivery status <input checked="" type="checkbox"/> Function 3: Support healthcare response efforts through coordination of resources <input checked="" type="checkbox"/> Function 4: Demobilize and evaluate healthcare operations | <p>7/1/14 – 6/30/17</p> | <p>ICS 400 Training</p> | <ol style="list-style-type: none"> 1. 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. 2. 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. 3. Attend CDPH annual workshop, healthcare provider related workshops, Homeland Security, other approved emergency preparedness workshops, and CDC and ASPR sponsored workshops. 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. 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 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. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Hospital Preparedness Program (HPP)

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 | Staff | Evaluation/Deliverables |
|---|---------------------|-------|---|
| <input type="checkbox"/> Function 1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations <input type="checkbox"/> Function 2: Coordinate surges of concerned citizens with community agencies responsible for family assistance <input type="checkbox"/> Function 3: Mental/behavioral support at the healthcare organization level | 7/1/14 – 6/30/17 | | <ol style="list-style-type: none"> 1. Maintain HPP Coordinator, HPP Partnership Coordinator, and Healthcare Coalition. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 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 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. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Hospital Preparedness Program (HPP)

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 | Staff | Evaluation/Deliverables |
|--|-----------------------------|-------|--|
| <p><input checked="" type="checkbox"/> Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture</p> <p><input checked="" type="checkbox"/> Function 2: Develop, refine, and sustain redundant, interoperable communication systems</p> | <p>7/1/14 – 6/30/17</p> | | <ol style="list-style-type: none"> 1. Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition and maintain communications plan and communication equipment for Local HPP Entity and Healthcare Coalition members. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 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 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. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Hospital Preparedness Program (HPP)

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 | Staff | Evaluation/Deliverables |
|--|-----------------------------|-------|---|
| <p><input checked="" type="checkbox"/> Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge</p> <p><input checked="" type="checkbox"/> Function 2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations</p> <p><input checked="" type="checkbox"/> Function 3: Assist healthcare organizations with surge capacity and capability</p> <p><input type="checkbox"/> Function 4: Develop Crisis Standards of Care guidance</p> <p><input type="checkbox"/> Function 5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations</p> | <p>7/1/14 – 6/30/17</p> | | <ol style="list-style-type: none"> 1. Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition. 2. 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. 3. 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. 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. 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. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Hospital Preparedness Program (HPP)

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 | Staff | Evaluation/Deliverables |
|--|-------------------------|-------|---|
| <p><input type="checkbox"/> Function 1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers</p> <p><input type="checkbox"/> Function 2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response</p> | <p>7/1/14 – 6/30/17</p> | | <ol style="list-style-type: none"> 1. Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition. 2. Healthcare Coalition members should maintain policies and procedures to ensure healthcare worker safety and purchase and maintain protective equipment for healthcare coalition member staff. 3. 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. 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. 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. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Hospital Preparedness Program (HPP)

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 | Staff | Evaluation/Deliverables |
|---|-----------------------------|-------|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Function 1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations <input checked="" type="checkbox"/> Function 2: Volunteer notification for healthcare response needs <input checked="" type="checkbox"/> Function 3: Organization and assignment of volunteers <input type="checkbox"/> Function 4: Coordinate the demobilization of volunteers | <p>7/1/14 – 6/30/17</p> | | <ol style="list-style-type: none"> 1. Maintain access to Disaster Healthcare Volunteers system. 2. Each Healthcare Coalition member should maintain policies and procedures for incorporating volunteers into operations during public health and medical emergencies. 3. 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. 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. 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. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Hospital Preparedness Program (HPP)

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 | Staff | Evaluation/Deliverables |
|---|---------------------|--------------------|--|
| <input checked="" type="checkbox"/> Function 1: Coordination across multiple Capabilities <input checked="" type="checkbox"/> Function 2: Fiscal Monitoring and Tracking <input checked="" type="checkbox"/> Function 3: Grants Management <input checked="" type="checkbox"/> Function 4: Reporting on Performance Measures | 7/1/14 – 6/30/17 | HPP Coordinator | <ol style="list-style-type: none"> 1. Maintain local HPP Coordinator, Partnership Coordinator and Healthcare Coalition to coordinate activities across capabilities. 2. Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting. 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. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Public Health Emergency Preparedness (PHEP)

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 | Staff | Evaluation/Deliverables |
|---|-----------------------------|-------|---|
| <p><input checked="" type="checkbox"/> Function 1: Determine risks to the health of the jurisdiction</p> <p><input checked="" type="checkbox"/> Function 2: Build community partnerships to support health preparedness</p> <p><input checked="" type="checkbox"/> Function 3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks</p> <p><input checked="" type="checkbox"/> Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts</p> | <p>7/1/14 – 6/30/17</p> | | <ol style="list-style-type: none"> 1. Maintain Public Health Emergency Preparedness Coordinator and staff trained in emergency preparedness outreach. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by California Department of Public Health (CDPH). 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 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 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. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Public Health Emergency Preparedness (PHEP)

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 | Staff | Evaluation/Deliverables |
|--|---------------------|-------|--|
| <input type="checkbox"/> Function 1: Identify and monitor public health, medical, and mental behavioral health system recovery needs <input type="checkbox"/> Function 2: Coordinate community public health, medical, and mental behavioral health system recovery operations <input type="checkbox"/> Function 3: Implement corrective actions to mitigate damages from future incidents | 7/1/14 – 6/30/17 | | <ol style="list-style-type: none"> 1. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 2. Revise work plan as directed by CDPH. 3. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 4. 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. 6. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Public Health Emergency Preparedness (PHEP)

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 | Staff | Evaluation/Deliverables |
|--|-----------------------------|-----------------------------|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Function 1: Conduct preliminary assessment to determine need for public activation <input checked="" type="checkbox"/> Function 2: Activate public health emergency operations <input checked="" type="checkbox"/> Function 3: Develop incident response strategy <input checked="" type="checkbox"/> Function 4: Manage and sustain the public health response <input checked="" type="checkbox"/> Function 5: Demobilize and evaluate public health emergency operations | <p>7/1/14 – 6/30/17</p> | <p>ICS 300 Training</p> | <ol style="list-style-type: none"> 1. Maintain staff trained in emergency response activities. 2. Maintain or maintain access to emergency operations center for local public health and medical response with the health department or county. 3. Attend CDPH annual workshop, healthcare provider related workshops, Homeland Security, other approved emergency preparedness workshops, and CDC and ASPR sponsored workshops. 4. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 5. Revise work plan as directed by CDPH. 6. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 7. 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. 8. Submit annual performance measure data as required by the federal government. 9. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Public Health Emergency Preparedness (PHEP)

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 | Staff | Evaluation/Deliverables |
|--|-----------------------------|--|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Function 1: Activate the emergency public information system <input checked="" type="checkbox"/> Function 2: Determine the need for a joint public information system <input checked="" type="checkbox"/> Function 3: Establish and participate in information system operations <input checked="" type="checkbox"/> Function 4: Establish avenues for public interaction and information exchange <input type="checkbox"/> Function 5: Issue public information, alerts, warnings and notifications | <p>7/1/14 – 6/30/17</p> | <p>Risk Communication Training</p> | <ol style="list-style-type: none"> 1. Maintain access to trained public information staff. 2. Attend training specific to the PIO function during an emergency response. 3. 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. 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. 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. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Public Health Emergency Preparedness (PHEP)

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 | Staff | Evaluation/Deliverables |
|--|---------------------|-------|---|
| <input type="checkbox"/> Function 1: Determine role for public health in fatality management <input type="checkbox"/> Function 2: Activate public health fatality management operations <input type="checkbox"/> Function 3: Assist in the collection and dissemination of antemortem data <input type="checkbox"/> Function 4: Participate in survivor mental/behavioral health services <input type="checkbox"/> Function 5: Participate in fatality processing and storage operations | 7/1/14 – 6/30/17 | | <ol style="list-style-type: none"> 1. Maintain staff with expertise in data collection and dissemination. 2. Maintain partnership with local fatality management lead. 3. 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. 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. 7. Submit annual performance measure data as required by the federal government. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Public Health Emergency Preparedness (PHEP)

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 | Staff | Evaluation/Deliverables |
|--|---------------------|-------|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Function 1: Identify stakeholders to be incorporated into information flow <input checked="" type="checkbox"/> Function 2: Identify and develop rules and data elements for sharing <input checked="" type="checkbox"/> Function 3: Exchange information to determine a common operating picture | 7/1/14 – 6/30/17 | | <ol style="list-style-type: none"> 1. Maintain Health Alert Network Administration functions (CAHAN or CAHAN Replacement system) 2. Maintain Epidemiologist or other staff with expertise in data collection and dissemination. 3. 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. 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, 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. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Public Health Emergency Preparedness (PHEP)

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 | Staff | Evaluation/Deliverables |
|--|-----------------------------|-------|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Function 1: Determine public health role in mass care operations <input type="checkbox"/> Function 2: Determine mass care needs of the impacted population <input type="checkbox"/> Function 3: Coordinate public health, medical, and mental/behavioral health services <input type="checkbox"/> Function 4: Monitor mass care population health | <p>7/1/14 – 6/30/17</p> | | <ul style="list-style-type: none"> 1. Maintain partnership with local mass care lead. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 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 for each budget year. 6. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Public Health Emergency Preparedness (PHEP)

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 | Staff | Evaluation/Deliverables |
|--|---------------------|-------|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Function 1: Identify and initiate medical countermeasure (MCM) dispensing strategies <input checked="" type="checkbox"/> Function 2: Receive medical countermeasures <input checked="" type="checkbox"/> Function 3: Activate dispensing modalities <input checked="" type="checkbox"/> Function 4: Dispense medical countermeasures to identified population <input type="checkbox"/> Function 5: Report adverse events | 7/1/14 – 6/30/17 | | <ol style="list-style-type: none"> 1. Maintain Public Health Emergency Preparedness Coordinator and staff trained in emergency response activities. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. 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. 6. Meet annual MCM distribution requirements including inventory system drill and facility call down drill. 7. Participate in annual statewide medical and health exercise. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Public Health Emergency Preparedness (PHEP)

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 | Staff | Evaluation/Deliverables |
|--|-----------------------------|-------|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Function 1: Direct and activate medical materiel management and distribution <input checked="" type="checkbox"/> Function 2: Acquire medical materiel <input checked="" type="checkbox"/> Function 3: Maintain updated inventory management and reporting system <input checked="" type="checkbox"/> Function 4: Establish and maintain security <input checked="" type="checkbox"/> Function 5: Distribute medical materiel <input type="checkbox"/> Function 6: Recover medical materiel and demobilize distribution operations | <p>7/1/14 – 6/30/17</p> | | <ul style="list-style-type: none"> 1. Purchase, store, and/or maintain medical supplies and equipment to ensure operational readiness to respond to a public health or medical emergency. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 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 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. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Public Health Emergency Preparedness (PHEP)

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 | Staff | Evaluation/Deliverables |
|--|---------------------|-------|--|
| <input type="checkbox"/> Function 1: Assess the nature and scope of the incident <input checked="" type="checkbox"/> Function 2: Support activation of medical surge <input type="checkbox"/> Function 3: Support jurisdictional medical surge operations <input type="checkbox"/> Function 4: Support demobilization of medical surge operations | 7/1/14 – 6/30/17 | | <ol style="list-style-type: none"> 1. Maintain partnership with County Hospital Preparedness Program to align activities and goals. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 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 for each budget year. 6. Purchase, store, and/or maintain medical supplies and equipment to ensure operational readiness to respond to a public health or medical emergency. 7. Submit annual performance measure data as required by the federal government. 8. Participate in annual statewide medical and health exercise. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Public Health Emergency Preparedness (PHEP)

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 | Staff | Evaluation/Deliverables |
|---|---------------------|-------|--|
| <input type="checkbox"/> Function 1: Engage partners and identify factors that impact non-pharmaceutical interventions <input type="checkbox"/> Function 2: Determine non-pharmaceutical interventions <input type="checkbox"/> Function 3: Implement non-pharmaceutical interventions <input type="checkbox"/> Function 4: Monitor non-pharmaceutical interventions | 7/1/14 – 6/30/17 | | <ol style="list-style-type: none"> 1. Maintain Public Health Emergency Preparedness Coordinator and staff trained in emergency response activities. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 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 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. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Public Health Emergency Preparedness (PHEP)

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 | Staff | Evaluation/Deliverables |
|--|---------------------|---|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Function 1: Manage laboratory activities <input checked="" type="checkbox"/> Function 2: Perform sample management <input checked="" type="checkbox"/> Function 3: Conduct testing and analysis for routine surge capacity <input type="checkbox"/> Function 4: Support public health investigations <input checked="" type="checkbox"/> Function 5: Report laboratory results | 7/1/14 – 6/30/17 | PH Microbiologist 11 (2) Victor x4 ABI 7500 Fast Dx Steris Autoclave Delfia Plate Washer | <ol style="list-style-type: none"> 1. Maintain Public Health Laboratory or access to Public Health Laboratory and maintain list of laboratory contacts. 2. Purchase and/or maintain laboratory supplies needed for a surge in laboratory testing including items such as reagents and other testing items. 3. 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. 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. 7. Submit annual performance measure data as required by the federal government. 8. Participate in annual statewide medical and health exercise. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Public Health Emergency Preparedness (PHEP)

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 | Staff | Evaluation/Deliverables |
|--|-----------------------------|---|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Function 1: Conduct public health surveillance and detection <input checked="" type="checkbox"/> Function 2: Conduct public health and epidemiological investigations <input checked="" type="checkbox"/> Function 3: Recommend, monitor, and analyze mitigation actions <input checked="" type="checkbox"/> Function 4: Improve public health surveillance and epidemiological investigation systems | <p>7/1/14 – 6/30/17</p> | <p>Epidemiologist Health Monitoring Systems</p> | <ol style="list-style-type: none"> 1. Maintain capacity for surveillance and epidemiological investigation. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 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 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. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Public Health Emergency Preparedness (PHEP)

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 | Staff | Evaluation/Deliverables |
|---|-----------------------------|-------|---|
| <p><input checked="" type="checkbox"/> Function 1: Identify responder safety and health risks</p> <p><input checked="" type="checkbox"/> Function 2: Identify safety and personal protective needs</p> <p><input checked="" type="checkbox"/> Function 3: Coordinate with partners to facilitate risk-specific safety and health training</p> <p><input type="checkbox"/> Function 4: Monitor responder safety and health actions</p> | <p>7/1/14 – 6/30/17</p> | | <ol style="list-style-type: none"> 1. Develop procedures to ensure safety of public health workforce and purchase and maintain protective equipment for employees according to these procedures. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 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 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. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Public Health Emergency Preparedness (PHEP)

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 | Staff | Evaluation/Deliverables |
|--|---------------------|-------|--|
| <input type="checkbox"/> Function 1: Coordinate volunteers <input type="checkbox"/> Function 2: Notify volunteers <input type="checkbox"/> Function 3: Organize, assemble, and dispatch volunteers <input type="checkbox"/> Function 4: Demobilize volunteers | 7/1/14 – 6/30/17 | | <ol style="list-style-type: none"> 1. Maintain local administrative functions to ensure operational readiness of the Disaster Healthcare Volunteers system. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 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 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. |

Exhibit A – Attachment 1
 Humboldt County Scope of Work
 Public Health Emergency Preparedness (PHEP)

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 | Staff | Evaluation/Deliverables |
|---|---------------------|---|--|
| <input checked="" type="checkbox"/> Function 1: Coordination across multiple Capabilities <input checked="" type="checkbox"/> Function 2: Fiscal Monitoring and Tracking <input checked="" type="checkbox"/> Function 3: Grants Management <input checked="" type="checkbox"/> Function 4: Reporting on Performance Measures | 7/1/14 – 6/30/17 | Program Coordinator Senior Medical Office Assistant Fiscal Assistant II | <ol style="list-style-type: none"> 1. Maintain local Public Health Emergency Preparedness Coordinator. 2. Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting. 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. |

Exhibit A – Attachment 1
 Humboldt 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 | Staff | Evaluation/Deliverables |
|---|----------------------------|--|
| <p><input checked="" type="checkbox"/> Function 1: Develop, maintain and/or strengthen local pandemic influenza emergency response plan</p> <p><input checked="" type="checkbox"/> Function 2: Test pandemic influenza response in drills, exercises, and real events</p> <p><input checked="" type="checkbox"/> Function 3: Engage public and private partners to ensure coordinated response efforts</p> <p><input checked="" type="checkbox"/> Function 4: Maintain surveillance system for reporting severe and fatal cases of laboratory confirmed influenza as required by CDPH</p> | <p>Pan Flu Coordinator</p> | <ol style="list-style-type: none"> 1. Maintain Pandemic Influenza Coordinator and other trained staff needed to complete pandemic plans and testing of plans. 2. 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. 3. 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. 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. 7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events. |

Exhibit A – Attachment 1
 Humboldt 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 | Staff | Evaluation/Deliverables |
|--|---------------------|------------------------|--|
| <input checked="" type="checkbox"/> Function 1: Coordination across multiple Capabilities <input checked="" type="checkbox"/> Function 2: Fiscal Monitoring and Tracking <input checked="" type="checkbox"/> Function 3: Grants Management | 7/1/14 – 6/30/17 | Pan Flu Coordinator | <ol style="list-style-type: none"> 1. Maintain local Public Health Emergency Preparedness Coordinator. 2. Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting. 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. |

Exhibit B, Attachment 1 - Payment Criteria

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

| | | CDC PHEP and Cities Readiness Initiative (CRI) | Reference Lab Funds (\$260,246 total to each Reference Lab) |
|------------------------------------|-----------------|--|--|
| 1st Quarter Payment | Criteria | CDPH must receive the following: <ul style="list-style-type: none"> • Signed Allocation Agreement <u>Contract</u> • Receipt of all required application documents • Approved PHEP/CRI Work Plan • Approved PHEP/CRI Budget • Submission of FY13-14 PHEP Year-End Progress Report | CDPH must receive the following: <ul style="list-style-type: none"> • Signed Allocation Agreement <u>Contract</u> • Receipt of all required application documents • Approved PHEP Lab Work Plan • Approved PHEP Lab Budget • Submission of FY 13-14 Year-End Progress Report |
| | Payment | Advance payment of 25% of initial FY 14-15 CDC PHEP Base and/or CRI Fund | Advance payment of 25% of initial FY 14-15 Lab Fund (not including lab trainees) |
| 2nd Quarter Payment | Criteria | CDPH must receive the following: <ul style="list-style-type: none"> • 1st Quarter Payment Criteria must be met • 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. • <u>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.</u> | CDPH must receive the following: <ul style="list-style-type: none"> • same as PHEP <u>as it Applies to Lab</u> |
| | 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. <u>Receipt of an invoice equivalent to the Q1 advance payment, is a no payment.</u> <u>Any expenditures exceeding the Q1 advance payment will be paid from funds expiring June 30, 2015, in the appropriate category, first.</u> | same as PHEP/CRI <u>as it applies to Lab</u> |

Exhibit B, Attachment 1 - Payment Criteria

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

| | | | |
|---------------------------|----------|---|--|
| 3rd Quarter Payment | Criteria | <ul style="list-style-type: none"> • 1st & 2nd Payment Criteria must be met • Receipt of FY 14-15 <u>PHEP/CRI</u> Mid-Year reports • if required, completed <u>PHEP/CRI</u> Supplemental Work Plan and final report • Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial Allocation. • <u>Contractor Submits an invoice for unique approvable PHEP/CRI expenditures.</u> | <ul style="list-style-type: none"> • 1st & 2nd Payment Criteria must be met • same as PHEP/CRI as it applies to Lab |
| | Payment | <p>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.</p> <p><u>Additional expenditures will be paid from funds expiring June 30, 2015, in the appropriate category first.</u></p> | same as PHEP/CRI <u>as it applies to Lab</u> |
| Final Payment | Criteria | <ul style="list-style-type: none"> • 1st, 2nd & 3rd Payment Criteria must be met • Receipt of required Performance Measure reports • Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial Allocation. • <u>Contractor Submits an invoice for unique approvable PHEP/CRI expenditures.</u> | <ul style="list-style-type: none"> • 1st, 2nd & 3rd Payment Criteria must be met • same as PHEP/CRI as it applies to Lab |
| | Payment | <p>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.</p> <p><u>Additional expenditures will be paid from funds expiring June 30, 2015, in the appropriate category first.</u></p> | same as PHEP/CRI <u>as it applies to Lab</u> |

Exhibit B, Attachment 1 - Payment Criteria

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

| | | Lab Trainee Funds | Lab Training Assistance Funds |
|----------------------------|-----------------|---|---|
| 1st Quarter Payment | Criteria | CDPH must receive the following: <ul style="list-style-type: none"> • Signed 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/<u>CRI as it applies to Lab Trainee</u> | LHD must: CDPH must receive the following: <ul style="list-style-type: none"> • Signed Allocation Agreement Contract Amendment, includes Lab Trainee Funds • Receipt of all required Training Assistance application documents • Approved Lab Training Assistance must be included in the approved Work Plan and Lab budget • same as PHEP/<u>CRI as it applies to Lab Trainee Assistance</u> |
| | Payment | Advance payment of 25% of initial FY 14-15 PHEP Trainee initial allocation | Advance payment of 25% of initial FY 14-15 PHEP Training Assistance initial allocation |
| 2nd Quarter Payment | Criteria | N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u> | N/A <u>same as PHEP/CRI as it applies to Lab Trainee Assistance</u> |
| | Payment | N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u> | N/A <u>same as PHEP/CRI as it applies to Lab Trainee Assistance</u> |
| 3rd Quarter Payment | Criteria | N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u> | N/A <u>same as PHEP/CRI as it applies to Lab Trainee Assistance</u> |
| | Payment | N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u> | N/A <u>same as PHEP/CRI as it applies to Lab Trainee Assistance</u> |
| Final Payment | Criteria | N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u> | N/A <u>same as PHEP/CRI as it applies to Lab Trainee Assistance</u> |
| | Payment | N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u> | N/A <u>same as PHEP/CRI as it applies to Lab Trainee Assistance</u> |
| | | HPP | State GF |
| 1st Quarter Payment | Criteria | CDPH must receive the following: <ul style="list-style-type: none"> • Signed 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 | CDPH must receive the following: <ul style="list-style-type: none"> • Signed 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 |
| | Payment | Advance payment of 25% of HPP Initial Allocation | Advance payment of 25% of State GF Pandemic Influenza Initial Allocation. |

Exhibit B, Attachment 1 - Payment Criteria

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

| | | | |
|---------------------------|----------|---|--|
| 2nd Quarter Payment | Criteria | <ul style="list-style-type: none"> • 1st Payment Criteria must be met • Receipt of HPP 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 • If required, submission of completed FY 13-14 Supplemental Work Plan • <u>Contractor submits an invoice for unique approvable HPP expenditures for a minimum of 25% of initial allocation to cover the Q1 advance payment.</u> | <ul style="list-style-type: none"> • 1st Payment Criteria must be met • Receipt of GF Pan Flu FY13-14 Year-End Expenditure Report • 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 • <u>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.</u> |
| | Payment | <p>HPP for unique expenditures less the advance payment of 25% of HPP Initial Allocation.</p> <p><u>Receipt of an invoice equivalent to the Q1 advance payment, is a no payment.</u></p> <p><u>Any expenditures exceeding the Q1 advance payment will be paid from funds expiring June 30, 2015, in the appropriate category, first.</u></p> | <p>GF Pandemic Influenza for unique expenditures less the advance payment of 25% of State GF Pandemic Influenza Initial Allocation.</p> <p><u>Receipt of an invoice equivalent to the Q1 advance payment, is a no payment.</u></p> <p><u>Receipt of an invoice for more than the Q1 advance payment, is a payment of expenditures less the Q1 advance payment.</u></p> |
| 3rd Quarter Payment | Criteria | <ul style="list-style-type: none"> • 1st & 2nd Payment Criteria must be met • An invoice for unique HPP expenditures for a minimum of 25% of Initial Allocation • <u>Contractor Submits an invoice for unique approvable HPP expenditures.</u> | <ul style="list-style-type: none"> • 1st & 2nd Payment Criteria must be met • An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation • <u>Contractor Submits an invoice unique approvable GF Pan Flu expenditures.</u> |
| | Payment | <p>HPP for unique expenditures.</p> <p><u>Additional expenditures will be paid from funds expiring June 30, 2015, in the appropriate category first.</u></p> | <p>GF Pandemic Influenza for unique expenditures.</p> <p><u>Additional expenditures will be paid out of the appropriate category.</u></p> |
| Final Payment | Criteria | <ul style="list-style-type: none"> • 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 • <u>Contractor Submits an invoice for unique approvable HPP expenditures.</u> | <ul style="list-style-type: none"> • 1st, 2nd & 3rd Payment Criteria must be met • An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation • <u>Contractor Submits an invoice unique approvable GF Pan Flu expenditures.</u> |
| | Payment | <p>HPP for unique expenditures.</p> <p><u>Contractor Submits an invoice for unique approvable HPP expenditures.</u></p> | <p>GF Pandemic Influenza for unique expenditures.</p> <p><u>Additional expenditures will be paid out of the appropriate category.</u></p> |

**Exhibit B - Attachment 2
Humboldt County Budget Cost Sheet - Year 1**

| Functional | 2014 - 2015 PROJECT BUDGET | CDC PHEP Base Funds | Laboratory Funds | Laboratory Training Funds | Laboratory Training Assistance Funds | Cities/Regional Entities Funds | HPP Funds | GRPP | TOTALS | | |
|------------|---|---------------------|------------------|---------------------------|--------------------------------------|--------------------------------|-----------|------|------------|------------|------------|
| Personnel | Position Title and Number (FTE) | FTE | Salary | Coast | FTE | Salary | Coast | FTE | Salary | Coast | TOTALS |
| | | | | | | | | | | | |
| | Program Coordinator (1) | 33% | \$ 66,006 | \$ 23,242 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 66,006 | \$ 23,242 | \$ 89,248 |
| | Senior Medical Office Assistant (1) | 48% | \$ 44,604 | \$ 21,410 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 44,604 | \$ 21,410 | \$ 66,014 |
| | Medical Assistant II (1) | 48% | \$ 31,140 | \$ 14,947 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 31,140 | \$ 14,947 | \$ 46,087 |
| | Epidemiologist (1) | 18% | \$ 81,633 | \$ 17,094 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 81,633 | \$ 17,094 | \$ 98,727 |
| | PH Microbiologist (2) | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | HPP Coordinator (1) | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Plan Flu Coordinator (1) | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Fringe Benefits | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Subtotal Personnel and Fringe | 47.70% | \$ 232,271 | \$ 82,614 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 232,271 | \$ 82,614 | \$ 314,885 |
| | | | \$ 104,414 | \$ 169,009 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 104,414 | \$ 169,009 | \$ 273,423 |
| | Operating Expenses | | \$ 118,144 | \$ 48,876 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 118,144 | \$ 48,876 | \$ 167,020 |
| | Equipment (Billed) | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Calibration | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Generator | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Handheld Reader - Kenwood | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Handheld Reader - UWBEL | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Portable Docking Station for Satellite | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | VHF Base Station Dipole Antenna | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Dual Venue Tablet | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Canon Printer | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Equipment Subtotal | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | In State Travel/Per Diem (the same travel is referenced in the SCW) | | \$ 4,437 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 4,437 | \$ 0 | \$ 4,437 |
| | Out of State Travel/Per Diem (the same OSt is referenced in the SCW) | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Subcontract | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Health Monitoring Systems | | \$ 7,500 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 7,500 | \$ 0 | \$ 7,500 |
| | ICS 300 Training | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Plan Communication Training | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Vehicel x4 | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | ABI 7500 Field Dx | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Stem Autoclave | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Delta Plus Washer | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | ICS 400 Training | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Subcontract Subtotal | | \$ 7,500 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 7,500 | \$ 0 | \$ 7,500 |
| | Other Costs | | \$ 21,290 | \$ 18,195 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 21,290 | \$ 18,195 | \$ 39,485 |
| | Schemers and Laptops | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Training | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Electrical Materials | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Maintenance Agreements | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| | Other Costs Subtotal | | \$ 21,290 | \$ 18,195 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 21,290 | \$ 18,195 | \$ 39,485 |
| | Total Direct Costs | | \$ 163,128 | \$ 238,724 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 163,128 | \$ 238,724 | \$ 401,852 |
| | Total Indirect Costs | | \$ 12,008 | \$ 20,523 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 12,008 | \$ 20,523 | \$ 32,531 |
| | (11.5%, 14%, 12.1%, 7%, 0.5% of Total Personnel and Fringe Benefits) | | \$ 12,008 | \$ 20,523 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 12,008 | \$ 20,523 | \$ 32,531 |
| | Total Costs | | \$ 175,136 | \$ 259,247 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 175,136 | \$ 259,247 | \$ 434,383 |

Out of State Travel:
Supplies means consumable office supply these are items that may be destroyed, disipated, 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 folders, 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 their own line item.
Note: Budget should link back to the SCW i.e. subcontractors/preferences/meeting/training/transport/major equipment etc... these types of services must be identified in the SCW (who/what/when and where)

STANDARD AGREEMENT

STD 213 (Rev 06/03)

Dept of Public Health

RECEIVED

REGISTRATION NUMBER

AGREEMENT NUMBER

01382459

14-10503

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME

(Also referred to as CDPH or the State)

California Department of Public Health

CONTRACTOR'S NAME

(Also referred to as Contractor)

Humboldt County

2. The term of this Agreement is: July 1, 2014 through June 30, 2017

3. The maximum amount of this Agreement is: \$ 1,887,696.00
One Million Eight Hundred Eighty Seven Thousand Six Hundred Ninty Six Dollars and No Cents

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of this Agreement.

| | |
|--|----------------|
| Exhibit A – Scope of Work | 3 pages |
| Attachment 1 – Humboldt County Scope of Work | 27 pages |
| Exhibit B – Budget Detail and Payment Provisions | 6 pages |
| Exhibit B - Attachment 1 - Payment Criteria | 4 pages |
| Exhibit B - Attachment 2 – Humboldt County Budget Cost Sheet – Year 1 | 1 pages |
| Exhibit B - Attachment 3 – Humboldt County Budget Cost Sheet – Year 2 | 1 pages |
| Exhibit B - Attachment 4 – Humboldt County Budget Cost Sheet – Year 3 | 1 pages |
| Exhibit C * – General Terms and Conditions | <u>GTC-610</u> |
| Exhibit D (F) – Special Terms and Conditions (Attached hereto as part of this agreement) | 25 pages |
| Exhibit E – Additional Provisions | 2 pages |
| Exhibit F – Glossary of EPO Related Acronyms and Terms | 11 pages |

Items shown above with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at <http://www.ols.dgs.ca.gov/Standard+Language>.

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

CONTRACTOR

CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)

Humboldt County

BY (Authorized Signature)

DATE SIGNED (Do not type)

Rex Bohn

8/26/14

PRINTED NAME AND TITLE OF PERSON SIGNING

Rex Bohn

ADDRESS

825 5th Street, Eureka, CA 95501

STATE OF CALIFORNIA

AGENCY NAME

California Department of Public Health

BY (Authorized Signature)

DATE SIGNED (Do not type)

Angela Salas

10/13/14

PRINTED NAME AND TITLE OF PERSON SIGNING

Angela Salas, Chief, Contracts and Purchasing

ADDRESS

1616 Capitol Avenue, Suite 74.317, MS 1802, PO Box 997377
Sacramento, CA 95899-7377

California Department of
General Services Use Only

Exempt per: HSC 101319