



## UTAH DEPARTMENT OF HEALTH & HUMAN SERVICES CONTRACT AMENDMENT

PO Box 144003, Salt Lake City, Utah 84114  
288 North 1460 West, Salt Lake City, Utah 84116

2221617  
Department Log Number

222700181  
State Contract Number

1. **CONTRACT NAME:** The name of this contract is Public Health Emergency and Healthcare Preparedness Programs - San Juan FY22 Amendment 2.
2. **CONTRACTING PARTIES:** This contract amendment is between the Utah Department of Health & Human Services (DEPARTMENT) and San Juan County (CONTRACTOR).

**PAYMENT ADDRESS**

San Juan County  
735 S 200 W, Ste 2  
Blanding UT, 84511

**MAILING ADDRESS**

San Juan County  
735 S 200 W, Ste 2  
Blanding UT, 84511

**Vendor ID:** 06866HL

**Commodity Code:** 99999

3. **PURPOSE OF CONTRACT AMENDMENT:** The purpose of the amendment is to add funds and replace attachments A and B to reflect budget period 5 funding and responsibilities.

4. **CHANGES TO CONTRACT:**

1. Adding Budget Period 5 funds in the amount of \$117,610.00, as per Attachment A, Section III.
2. Attachment A, effective 7/1/2023, is replacing Attachment A, which was effective 8/17/2022.
3. Attachment B, effective 7/1/2023, is replacing Attachment B, which was effective 8/17/2022.

UEI: WCVABP2FEVA2

Indirect Cost Rate: 0%

Add

Federal Program Name:	Public Health Emergency Preparedness (PHEP) Cooperative Agreement	Award Number:	5 NU90TP922027-05-00
Name of Federal Awarding Agency:	CDC Office of Financial Resources	Federal Award Identification Number:	NU90TP922027
Assistance Listing:	PUBLIC HEALTH EMERGENCY	Federal Award Date:	6/13/2023

	PREPAREDNESS		
Assistance Listing Number:	93.069	Funding Amount:	\$117610.00

All other conditions and terms in the original contract and previous amendments remain the same.

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 07/01/2023.
  6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
    - A. All other governmental laws, regulations, or actions applicable to services provided herein.
    - B. All Assurances and all responses to bids as provided by the CONTRACTOR.
    - C. Utah Department of Health & Human Services General Provisions and Business Associate Agreement currently in effect until 6/30/2023.
  7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.
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## ATTACHMENT A: SPECIAL PROVISIONS FOR LOCAL HEALTH DEPARTMENTS

### Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) Cooperative Agreements

- I. Definitions
  - A. "ASPR" means the federal Administration for Strategic Preparedness and Response.
  - B. "At-Risk Individuals" is defined at <https://www.phe.gov/Preparedness/planning/abc/Pages/afn-guidance.aspx>.
  - C. "Budget Period" refers to the 12-month period beginning July 1 through June 30.
  - D. "Budget Period 4" refers to the third budget period, July 1, 2022 through June 30, 2023 of the 2019-2024 Project Period.
  - E. "Budget Period 5" refers to the third budget period, July 1, 2023 through June 30, 2024 of the 2019-2024 Project Period.
  - F. "Carryover" means unspent or unobligated balance of funds from prior budget periods that the sub-recipient may request to use in the current budget period.
  - G. "CAT" means Coalition Assessment Tool.
  - H. "CBRNE" means Chemical, Biological, Radiological, Nuclear and Explosives threat within a real planning event.
  - I. "CDC" means Centers for Disease Control and Prevention.
  - J. "CFR" means the Code of Federal Regulations.
  - K. "Cooperative Agreement" means the federal Hospital Preparedness Program (U3REP190560) and Public Health Emergency Preparedness Program Cooperative Agreement (NU90TP922027).
  - L. "CRI" means Cities Readiness Initiative, which is a CDC program designed to enhance preparedness in the nation's largest cities and metropolitan statistical areas (MSAs).
  - M. "Department" means the Utah Department of Health and Human Services, Office of Emergency Medical Services and Preparedness.
  - N. "EEI" means Essential Elements of Information.
  - O. "ESAR-VHP" means the Emergency System for the Advanced Registration of Volunteer Health Professionals.
  - P. "FOA" means Funding Opportunity Announcement.
  - Q. "FTE" means full-time equivalent and refers to the number of hours worked by a single employee in a week.
  - R. "HCC" means regional Healthcare Coalition.
  - S. "HCC Readiness and Response Coordinator (RRC)" means the healthcare coalition coordinator.
  - T. "Healthcare Preparedness Capabilities" means the four capabilities specific to healthcare referenced in National Guidance for Healthcare System

Preparedness found at  
<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>.

- U. "HPP" means Hospital Preparedness Program, as described in the Cooperative Agreement.
- V. "HSEEP" means the federal Homeland Security Exercise and Evaluation Program.
- W. "ICS" means Incident Command System which is a standardized approach to incident management used for all kinds of incidents from emergencies to planned events.
- X. "IPP" means Integrated Preparedness Plan.
- Y. "Local Health Department Preparedness Deliverable Tracker" means the living report that encompasses all required program deliverables for each program. This tracker is located within the Preparedness Partner Site, on the Local Health Department main webpage.
- Z. "MCM" means the Medical Countermeasures.
- AA. "MRC" means Medical Reserve Corps.
- BB. "MRSE" means Medical Response and Surge Exercise.
- CC. "NIMS" means National Incident Management System which guides all levels of government, nongovernmental organizations and the private sector to work together to prevent, protect against, mitigate, respond to and recover from incidents.
- DD. "No-Cost Extension" means unspent or unobligated balance of funds from a prior project period that the sub-recipient may request to use in the current project period.
- EE. "ORR" means Operational Readiness Review.
- FF. "PAHPAIA" means the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA) signed June 2019 and found at <https://www.phe.gov/Preparedness/legal/pahpa/Pages/pahpaia.aspx>.
- GG. "Pass-Through Entities" means a subaward provided by the Subrecipient to carryover Department approved activities.
- HH. "PHEP" means Public Health Emergency Preparedness.
- II. "POD" means Points of Dispensing for MCMs.
- JJ. "PPE" means personal protective equipment.
- KK. "Preparedness Partner Site" means the user restricted website available to sub-recipients located at <https://sites.google.com/utah.gov/bemsp/home>.
- LL. "Project Period" means the five year period of the 2019-2024 Cooperative Agreement, July 1, 2019 through June 30, 2024.
- MM. "Public Health Preparedness Capabilities" means the fifteen capabilities specific to public health as identified by the CDC and referenced in the Cooperative Agreement, titled Public Health Preparedness Capabilities: National Standards for State and Local Planning, found at <https://www.cdc.gov/cpr/readiness/capabilities.htm>

NN. "RDHRS" means Regional Disaster Health Response System, found at <https://aspr.hhs.gov/RDHRS/Pages/default.aspx>.

OO. "SNS" means the federal Strategic National Stockpile program.

PP. "Subrecipient" as defined and described in the agreement between the parties titled "General Provisions and Business Associate Agreement" effective July 1, 2019 through June 30, 2024.

QQ. "Utah Responds" means the Utah ESAR-VHP system.

II. Prevailing Purpose

A. This contract provides for the continuation of activities designed to develop, sustain, and demonstrate progress toward achieving fifteen public health and four healthcare preparedness capabilities as they pertain to the local public health department's purview.

III. Projects and Funding – San Juan Public Health

A. Attachment B - Public Health Emergency Preparedness (PHEP-Base)

\$117,610.00

IV. Employee Personnel Time

A. The Subrecipient shall only charge employee time spent on Subrecipient preparedness tasks and activities directly related to the program as described in this contract.

V. Department Contact Information:

The Department encourages inquiries concerning this grant and special provisions, which should be directed to the following Department contacts:

For Program Management, contact:

Michelle Hale, Preparedness & Response Program Director

Office of Emergency Medical Services and Preparedness

(801) 419-8892

mhale@utah.gov

For general programmatic questions, contact:

The Preparedness Grants General Email Box

prepgrants@utah.gov

For financial or budget assistance, contact:

Jerry Edwards, Financial Manager

Office of Fiscal Operations, Utah Department of Health and Human  
Services

(801) 538-6647

[jedwards@utah.gov](mailto:jedwards@utah.gov)

- VI. Payments
  - A. The Subrecipient shall submit a final Monthly Expenditure Report for funding transfer no later than July 12, annually.
  - B. The Department agrees to reimburse the Subrecipient up to the maximum amount of the contract for expenditures made by the Subrecipient directly related to the program, as defined in the LHD General Provisions.
  
- VII. Tracking and Modifications to Programmatic and Reporting Requirements
  - A. Programmatic and reporting requirements for each program are provided within succeeding attachments, as provided by the CDC and ASPR.
  - B. The Department acknowledges and documents the completion of Subrecipient programmatic and reporting requirements within the Local Health Department Preparedness Deliverable Tracker located within the Preparedness Partner Site.
  - C. The Subrecipient will submit all programmatic and reporting requirements to the Department via email at [prepgrants@utah.gov](mailto:prepgrants@utah.gov).
  - D. Changes to programmatic and reporting requirements that occur within the contract duration will be documented within the Local Health Department Preparedness Deliverable Tracker, and will supersede the programmatic and reporting requirements as listed in the succeeding attachments. The Subrecipient will be notified electronically of any changes to programmatic and reporting requirements and will utilize the Local Health Department Preparedness Deliverable Tracker to reference these changes throughout the term of the contract.

- VIII. Subrecipient Procurement and Requirements for Pass-Through Entities
  - A. When procuring property and services under these Federal awards, the Subrecipient will follow 45 CFR Parts [75.327](#) through [75.335](#).
  - B. When procuring equipment, the Subrecipient must comply with the procurement standards at 45 CFR Part 75.329 Procurement procedures, which requires the performance and documentation of some form of cost or price analysis with every procurement action.
  
- IX. Requests for No-Cost Extension or Carryover of Unobligated Funds
  - A. In the event that federal guidance provides a No-Cost Extension or Carryover of funds to the Department, the Subrecipient may request a No-Cost Extension or Carryover of unobligated funds from the current budget period to the next budget period.
  - B. Requests are due by the Subrecipient to the Department within 30-days as requested by the Department. This date fluctuates annually and is at the discretion of ASPR and the CDC.
  - C. There is no guarantee new funds will be available to continue activities in succeeding budget period(s).
  - D. Carryover limits shall be in accordance with the annual limits set by the CDC and ASPR. For the term of this grant, the Carryover limit is set at 100%.
  - E. The Department will provide notification of approved No-Cost Extension or Carryover funding requests to the Subrecipient via email.
  - F. The Sub-Recipient shall use any approved No-Cost Extension or Carryover funds for Department-approved work plan activities which are consistent with the purpose or terms and conditions of the Federal award to the recipient.
  - G. Approved No-Cost Extension or Carryover funds must be fully expended by June 30 of the following budget period. For example, budget period 4 ends on June 30, 2023, and approved budget period 4 carryover funds must be fully expended by June 30, 2024.
  - H. The Subrecipient shall submit an end-of-year progress report encompassing all carryover funded activities completed during the current budget period. This report is due to the Department by August 15, annually.
  
- X. Redirections of Funding
  - A. The Subrecipient shall submit budget redirection requests for new year funding to the Department no later than March 15 annually.
  - B. All redirection requests shall include:
    - 1. Revised budget;
    - 2. Revised work plan (if any activities are changed due to the funds adjustment); and



3. Justification statement for the request, including an explanation of budget and workplan items that were changed in order to accommodate the adjustment.

XI. Use of Funds for Response

A. These funds are intended primarily to support preparedness activities that help ensure state and local public health departments are prepared to prevent, detect, respond to, mitigate, and recover from a variety of public health and healthcare threats.

B. PHEP Funds for Response

1. PHEP funds may, on a limited, case-by-case basis, be used to support response activities to the extent they are used for their primary purposes: to strengthen public health preparedness and enhance the capabilities of state, local, and tribal governments to respond to public health threats.
2. Some PHEP planning activities may have immediate benefits when conducted or performed simultaneously with an actual public health emergency. It is acceptable to spend PHEP funds on PHEP planning activities that benefit the response effort, as long as the activities demonstrably support progress toward achieving CDC's 15 public health preparedness and response capabilities and demonstrate related operational readiness.
3. The Subrecipient and the Department must receive approval from CDC to use PHEP funds during response for new activities not previously approved as part of their annual funding applications or subsequent budget change requests.
  - a) The approval process may include a budget redirection or a change in the scope of activities. Prior approval by the CDC grants management officer (GMO) is required for a change in scope under any award, regardless of whether or not there is an associated budget revision.
  - b) Any change in scope must also be consistent with the Cooperative Agreement's underlying statutory authority, Section 319C-1 of the PHS Act, applicable cost principles, the notice of funding opportunity, and Department and Subrecipient applications, including the jurisdictional all-hazards plans.

C. HPP Funds for Response

1. The Pandemic All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA) amended section 319C-2 of the PHS Act to allow HPP funds to be used for response activities. HPP funds may, on a limited, case-by-case basis and with prior approval, be used to support response activities to the extent they are used for HPP's primary purpose: to prepare communities and hospitals for public health emergencies and to improve surge capacity. The two emergency situations when recipients may use

HPP funds during a state or locally declared emergency, disaster, or public health emergency outlined in the FY 2019-2023 HPP FOA remain in effect.

- a) ASPR may issue guidance during specific events that may provide additional flexibility beyond what is listed in the FY 2019-2023 HPP FOA.
- b) Using a Declared Emergency as a Training Exercise
  - (1) The request to use an actual response as a required exercise and to pay salaries with HPP funds for up to seven (7) days will be considered for approval under these conditions:
    - (a) A state or local declaration of an emergency, disaster, or public health emergency is in effect;
    - (b) No other funds are available for the cost; and
    - (c) The Subrecipient agrees to submit within 120 days (of the conclusion of the disaster or public health emergency) an After Action Request (AAR), a corrective action plan, and other documentation that supports the actual dollar amount spent.
  - c) Note: A change in the scope of work is required to use an actual event as an exercise whether or not funds are needed to support salaries. Also, regardless of the amount of money used in response to an event, the recipient is still required to meet all the requirements of the original award.

## XII. Funding Restrictions

- A. The Subrecipient shall use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- B. Expenses incurred during the contract period must support activities conducted during the same period.
- C. The funding restrictions for projects funded by the CDC PHEP are as follows:
  1. Recipients may not use funds for research.
  2. Recipients may not use funds for clinical care except as allowed by law.
  3. Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
  4. Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
  5. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - a) Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body; or

- b) The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
  - c) See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance  
<https://www.cdc.gov/grants/additional-requirements/ar-35.html>
6. The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
  7. In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or Subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability: <https://www.cdc.gov/grants/additionalrequirements/ar-35.html>
  8. Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
  9. Payment or reimbursement of backfilling costs for staff is not allowed.
  10. None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or \$203,700 per year.
  11. Funds may not be used to purchase or support (feed) animals for labs, including mice.
  12. Funds may not be used to purchase a house or other living quarters for those under quarantine. Rental may be allowed with approval from the CDC OGS.
  13. Recipients may (with prior approval) use funds for overtime for individuals directly associated (listed in personnel costs) with the award with prior approval from CDC OGS.
  14. Construction and Major Renovations: Recipients may not use funds for construction or major renovations.
    - a) Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly justified in the budget.

15. Passenger Road Vehicles: Funds cannot be used to purchase over-the-road passenger vehicles.
  - a) Funds cannot be used to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas driven motorized carts.
  - b) Subrecipients can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts during times of need.
  - c) Additionally, PHEP grant funds can (with prior approval) be used to make transportation agreements with commercial carriers for movement of materials, supplies and equipment. There should be a written process for initiating transportation agreements (e.g., contracts, memoranda of understanding, formal written agreements, and/or other letters of agreement). Transportation agreements should include, at a minimum:
    - (1) Type of vendor;
    - (2) Number and type of vehicles, including vehicle load capacity and configuration;
    - (3) Number and type of drivers, including certification of drivers or Number and type of support personnel;
    - (4) Vendor's response time; and
    - (5) Vendor's ability to maintain cold chain, if necessary, to the incident.
    - (6) This relationship may be demonstrated by a signed transportation agreement or documentation of transportation planning meetings with the designated vendor.
    - (7) All documentation should be available to the CDC project officer for review if requested.
16. Transportation of Medical Material: Funds can (with prior approval) be used to procure leased or rental vehicles for movement of materials, supplies and equipment.
  - a) Recipients can (with prior approval) use funds to purchase material-handling equipment (MHE) such as industrial or warehouse-use trucks to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads.
  - b) Recipients may purchase basic (non-motorized) trailers with prior approval from the CDC OGS.
17. Procurement of Food and Clothing: Funds may not be used to purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits,

sweatshirts, or T-shirts. Purchase of vests to be worn during exercises or responses may be allowed.

a) Generally, funds may not be used to purchase food.

18. Vaccines: With prior CDC approval, use funds to purchase caches of antibiotics for use by public health responders and their households to ensure the health and safety of the public health workforce during an emergency response, or an exercise to test response plans. Funds may not be used to supplant other funding intended to achieve this objective.

a) With prior CDC approval, use funds to purchase caches of vaccines for public health responders and their households to ensure the health and safety of the public health workforce.

b) With prior CDC approval, use funds to purchase caches of vaccines for select critical workforce groups to ensure their health and safety during an exercise testing response plans.

(1) Recipients must document in their submitted exercise plans the use of vaccines for select critical workforce personnel before CDC will approve the vaccine purchase.

c) Recipients may not use PHEP funds to supplant other funding intended to achieve these objectives.

d) Recipients of PHEP-funded vaccines (within the context of the exercise) may include:

(1) Persons who meet the criteria in the CDC-Advisory Committee on Immunization Practices (CDC/ACIP) recommendations [www.cdc.gov/vaccines/acip/index.html](http://www.cdc.gov/vaccines/acip/index.html) for who should receive vaccine; and

(2) Persons who are not eligible to receive the vaccine through other entitlement programs such as Medicare, Medicaid, or the Vaccines for Children (VFC) program.

(a) VFC-eligible children or Medicare beneficiaries may participate in the exercise; however, they should be vaccinated with vaccines purchased from the appropriate funding source.

e) Funds may not be used to purchase vaccines for seasonal influenza mass vaccination clinics or other routine vaccinations covered by ACIP schedules.

f) Funds may not be used to purchase influenza vaccines for the general public.

g) On a case-by-case basis and only with CDC prior approval, PHEP funds may be used to purchase limited supplies of vaccines for emergency response activities that help jurisdictions strengthen their public health preparedness and response capabilities. This purchase should only be used when necessary for the rapid

distribution and administration of medical countermeasures such as during a supply disruption (Section 2802 of the PHS Act).

19. Recipients may not use funds for clinical care except as allowed by law. For the purposes of this NOFO, clinical care is defined as "directly managing the medical care and treatment of individual patients." PHEP-funded staff may administer MCMs such as antibiotics or vaccines as a public health intervention in the context of an emergency response or an exercise to test response plans. CDC does not consider this clinical care since it is not specific to one.

### XIII. Acknowledgment of Funding

- A. CDC Copyright Interests Provisions and Public Access Policy requires that all final, peer-reviewed manuscripts developed under the PHEP award upon acceptance for publication follow policy as provided on page 67, section 16 entitled, "Copyright Interests Provisions" of the Public Health Emergency Preparedness (PHEP) Cooperative Agreement award CDC-RFA-TP19-1901.
- B. Publications. All Subrecipient publications, including: research publications, press releases, other publications or documents about research that is funded by ASPR must include the following two statements:
  1. A specific acknowledgment of ASPR grant support, such as: "Research reported in this [publication/press release] was supported by the Hospital Preparedness Program, administered by the Utah Office of Emergency Medical Services and Preparedness and the Department of Health and Human Services Office of the Administration for Strategic Preparedness and Response under award number U3REP190560." and
  2. A disclaimer that says: "The content is solely the responsibility of the authors and does not necessarily represent the official views of the Department of Health and Human Services Office of the Administration for Strategic Preparedness and Response."

## ATTACHMENT B: PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP-Base)

### SPECIAL PROVISIONS

#### I. Project Objective

- A. Subrecipient shall use Public Health Emergency Preparedness (PHEP) funding to build and sustain the 15 Public Health Preparedness Capabilities, and the six Domain Strategies, as described in the 2019-2024 PHEP Funding Opportunity Announcement (FOA) and continuation guidance, to advance public health preparedness, ensuring federal preparedness funds are directed to priority areas within Subrecipient jurisdiction as identified through Subrecipient gap assessment and strategic planning efforts.

#### II. Prioritization of Public Health Preparedness Capabilities

- A. Subrecipient shall prioritize their work on and resulting investments in the 15 Public Health Preparedness Capabilities and 6 Domain Strategies based upon:
  1. Their Jurisdictional Risk Assessment (JRA);
  2. An assessment of current capabilities and gaps using the Public Health Preparedness Capabilities and Subrecipient's Capability self-assessment process;
  3. The CDC's recommended tiered strategy for Public Health Preparedness Capabilities and Domain Strategies; and
  4. Gaps identified during the COVID-19 response.
- B. Everyday Use
  1. Subrecipient shall demonstrate achievement of capabilities through different means such as exercises, planned events, and real incidents.
  2. Subrecipient shall use routine work activities and real incidents to evaluate their public health capabilities.

#### III. Subrecipient Responsibilities

- A. Subrecipient's PHEP work plan and budget shall meet all requirements defined in this section and shall be evaluated by Department against the following criteria:
  1. Whether the work plan narrative adequately describes planned activities for the budget period;
  2. Whether the budget and work plan have a reasonable relationship, correlation, and continuity, where applicable, with data from past performance;

3. Whether the work plan includes adequate planned activities to monitor and demonstrate Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA) and CDC defined performance measures;
  4. Whether the work plan includes adequate planned activities to prioritize, build and sustain public health capabilities;
  5. Whether the work plan includes adequate planned activities which reflect progress to coordinate public health preparedness program activities and leverage program funding;
  6. Whether the budget line-items contain sufficiently detailed justifications and cost calculations; and
  7. The completeness of the work plan and budget.
    - a) Department agrees to review the PHEP work plan and budget.
    - b) Following the initial review, Department staff may call or email the Subrecipient to collect additional information if needed.
    - c) Any programmatic questions regarding the submission requirements should be directed to the contact listed in Attachment A.
- B. Subrecipient shall submit a PHEP work plan to Department:
1. The work plan is due to the Department by July 31.
  2. The work plan shall include the program requirements listed in Section VI. Program Requirements.
  3. Department agrees to provide the PHEP work plan template via email thirty (30) days before the due date.
  4. The work plan must describe planned activities for each budget period within the five-year project period, and include:
    - a) Continuing efforts to build and sustain the 15 Public Health Preparedness Capabilities and six Domain Strategies;
    - b) Specific capabilities from the 15 Public Health Preparedness Capabilities and six Domain Strategies to work on in any single budget period;
    - c) The goal of working towards achieving operational readiness across all 15 Public Health Preparedness Capabilities and six Domain Strategies by the end of the current five-year project period based on their jurisdictional priorities and resources;
    - d) Building and maintaining each Capability and Domain to the scale that best meets their jurisdictional needs, so they are fully capable of responding to public health emergencies regardless of size or scenario; and



- e) The status of each PHEP Capability in the Work Plan, including any self-selected priority Capabilities for each budget period.
- C. Subrecipient shall submit progress reports to Department twice a year on activities performed.
  - 1. The mid-year progress report is due annually for each budget period by January 15, and:
    - a) Includes the performance period of July 1 through December 31 within the budget period;
    - b) Be fully completed by updating all mid-year progress report sections of the work plan; and
    - c) Include a progress report on PHEP work plan activities or changes and performance measurement activities.
  - 2. The end-of-year progress report is due annually for each budget period by August 15, and:
    - a) Encompasses the performance period of July 1 through June 30 within the budget period;
    - b) Be fully completed by updating the end-of-year progress report sections of the work plan; and
    - c) Include an outcome report on PHEP work plan activities and performance measurement activities.

#### IV. Subrecipient Budget Requirements

- A. Subrecipient shall provide a detailed line-item budget and line-item justification of the funding amount to support program activities and reflect the 12-month budget period.
- B. Subrecipient shall use Department provided budget template.
- C. Subrecipient budget is due to the Department by July 31.
- D. Department agrees to distribute the budget template via email no later than thirty (30) days before the due date.
- E. Subrecipient shall perform a substantial role in carrying out the project objectives.
- F. Subrecipient may use funds to:
  - 1. Participate in the National Association of County and City Health Officials (NACCHO) Project Public Health Ready recognition program;
  - 2. Conduct Community Assessment for Public Health Response (CASPER) training and assessments;
  - 3. Support activities related to Environmental Public Health Tracking (EPHT);
  - 4. Enhance or sustain public health informatics;

5. Maintain personnel needed to address chemical, biological, radiological, nuclear, and explosive threat response;
6. Support hosting, supervising, organization, training, and deployment of Medical Reserve Corps unit for public health responses;
7. Continue to develop, maintain, support, and strengthen surveillance and detection systems and epidemiological processes; and
8. Enable other reasonable programmatic purposes within the scope of the PHEP capabilities.

G. Matching of Federal Funds

1. Subrecipient shall provide non-federal contributions as a match, in the amount of 10% of the grant amount.
  - a) Subrecipient shall include the 10% match on the submitted budget.
  - b) Subrecipient narrative on the 10% budget match must be in the PHEP budget.
2. Subrecipient's matching funds may be provided directly (through Subrecipient staff time) or through donations from public or private entities, which may be cash or in kind, fairly evaluated, including plant, equipment, or services.
3. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining such non-federal contributions.
4. Subrecipient shall refer to 45 CFR § 75.306 for match requirements, including descriptions of acceptable match resources. Subrecipient's documentation of match shall follow procedures for generally accepted accounting practices and meet audit requirements.

V. Evidence-based Benchmark

- A. Subrecipient shall demonstrate measurable progress toward achieving operational readiness across the 15 Public Health Preparedness Capabilities by the end of the current five-year project period based on their jurisdictional priorities and resources.
- B. Subrecipient must maintain updated pandemic influenza plans to prevent, control, and mitigate the impact on the public's health.
  1. Plans should address ways to help meet pandemic vaccination goals for the general population and goals targeting vaccination of critical workforce personnel.

VI. Annual Requirements

- A. Subrecipient shall determine risks and threats to the health of the jurisdiction through:
  - 1. Utilizing the Jurisdictional Risk Assessment (JRA);
  - 2. Collaboration with ASPR HPP Regional Coalitions hazard assessments; and
  - 3. Collaboration with other local partners such as emergency management for ongoing threat assessments.
- B. Subrecipient shall ensure all program activity, including plans, partnerships, and exercises, reflect inclusion of populations with access and functional needs and providers to these populations, to include:
  - 1. Populations at risk of being disproportionately impacted by incidents;
  - 2. Community-based organizations;
  - 3. Providers serving children;
  - 4. Long-term care facilities such as nursing homes;
  - 5. Mental/behavioral health providers; and
  - 6. Tribal nations and members in the jurisdiction, if applicable.

CDC encourages intentional planning and leadership efforts that address, improve, and advance health equity among all communities.
- C. Subrecipient shall review and update the following plans at least once every three years:
  - 1. All-hazards preparedness and response plan;
  - 2. Infectious disease response plan;
  - 3. Pandemic influenza plan;
  - 4. Medical countermeasures (MCM) distribution and dispensing plan;
  - 5. Continuity of operations (COOP) plan;
  - 6. Chemical, biological, radiological, nuclear, and explosive (CBRNE) response plan;
  - 7. Volunteer management plan; and
  - 8. Communications plan.
- D. Subrecipient shall update and maintain a fiscal and administrative preparedness plan updated once every 5 years. Plan shall include the following elements and processes:
  - 1. Fiscal Planning
  - 2. Emergency Legal Authority
  - 3. Fiscal and Administrative Emergency Processes
- E. Subrecipient shall participate in a statewide jurisdictional risk assessment in budget period 5.
- F. Subrecipient shall develop an Integrated Preparedness Plan (IPP) to define public health preparedness priorities, including:

1. Participation in Department's annual integrated preparedness planning workshop (IPPW), as scheduled;
  2. Exercise and training activities shall be coordinated across Subrecipient's jurisdiction to the maximum extent possible with the purpose of including the whole jurisdictional community; and
  3. IPPs include at least four years of progressive exercise planning.
- G. Subrecipient shall conduct evaluation and improvement planning based on lessons learned from exercises and real events and report on improvement planning items in the work plan.
- H. Subrecipient shall participate in Operational Readiness Reviews (ORR) by submitting support documentation as requested by the Department.
- I. Subrecipient shall participate as a core member of the designated ASPR HPP Regional Healthcare Coalition and support Emergency Support Function 8 (ESF-8) cross-discipline coordination with emergency management and other stakeholders.
- J. Subrecipient shall coordinate with cross-cutting public health preparedness partners.
1. PHEP program components shall complement and be coordinated with other public health, healthcare, and emergency management programs as applicable (city/county emergency management offices, emergency medical services providers, hazmat response agencies, law enforcement, fire agencies, mental health agencies, HCCs, and educational agencies).
  2. Subrecipient shall collaborate with their immunization program and related partners on syndromic surveillance and other activities to assure preparedness for vaccine-preventable diseases, influenza pandemics, and other events requiring a response.
- K. Subrecipient shall maintain the capability to activate and coordinate public health emergency operations, including activation of Subrecipient incident command system (ICS) and MCM activation.
- L. Subrecipient shall maintain a current critical contact sheet and incident command staff roster.
- M. Subrecipient shall maintain a staff designated as Public Information Officer, trained in crisis and emergency risk communication principles.
- N. Subrecipient shall have access to communication systems that maintain or improve reliable, resilient, interoperable, redundant information and communication systems and platforms.
- O. Subrecipient shall coordinate and disseminate information, alerts, warnings, and notifications to relevant partners.
- P. Subrecipient shall maintain jurisdictional readiness to vaccinate critical workforce personnel and the general public.
- Q. Subrecipient shall annually update Regional Distribution Site (RDS) site survey.

- R. Subrecipient shall provide resources necessary to protect public health first responders, critical workforce personnel, and critical infrastructure workforce from hazards during response and recovery operations.
- S. Subrecipient shall participate in monthly redundant communications drills with the Department.
- T. Subrecipient shall train on skills necessary to protect public health first responders, critical workforce personnel, and critical infrastructure workforce from hazards during response and recovery operations.
- U. Subrecipient shall meet National Incident Management System (NIMS) compliance requirements.
  - 1. Subrecipient shall adhere to national guidance and policies outlined in publications, including the National Response Framework (NRF), Presidential Policy Directive 8: National Preparedness, the National Preparedness Goal, and the National Preparedness System.
  - 2. Subrecipient shall conduct response operations following the ICS.
  - 3. Subrecipient shall conduct training for incident command and support personnel and test staff assembly processes for notifying personnel to report physically or virtually to the public health emergency operations center or jurisdictional emergency operations center during a drill or real-time incidents once during the budget period.
- V. Subrecipient shall conduct at least one annual public health exercise or drill.
  - 1. The exercise or drill shall test preparedness and response capabilities and specifically demonstrates involvement of AFN partners.
  - 2. Credit allowed for real incidents as long as AFN partners were engaged. .
- W. Subrecipient shall submit one after-action report and improvement plan (AAR/IP) for a response to a real incident or exercise conducted during each budget period within 120 days of exercise date.
- X. Subrecipient shall report on preparedness training conducted during each budget period and describe the training's impact on their jurisdiction as part of the end-of-year report.
- Y. Subrecipient shall continue to develop, implement, test, and strengthen administrative preparedness strategies.
  - 1. Subrecipient shall work to strengthen administrative preparedness planning, to include:
    - a) Expedited procurement;
    - b) Receipt of emergency funds;
    - c) Expedited staff hiring and reassignment; and
    - d) Emergency legal authorities.
- Z. Subrecipient shall develop and maintain capability to ensure the health and safety of public health first responders, including:

1. Distribute and dispense medical and nonmedical countermeasures to public health first responders;
2. Purchase personal protective equipment (PPE), support fit testing, and maintain respiratory protection programs for the public and health care sector workforce;
3. Promote coordinated training and maintenance of competencies among public health first responders, health care providers including Emergency Medical Services (EMS), and others as appropriate, on the use of PPE and environmental decontamination; and
4. Collaborate, develop, and implement strategies to ensure the availability of effective supplies of PPE by working with suppliers and health care coalitions to develop plans for purchasing, caching, or redistribution/sharing.

AA. Subrecipient shall include volunteers in training, drills, exercises, and/or real incidents to develop and maintain volunteer management competency.

1. If Subrecipient does not use volunteers, Subrecipient shall document how they will manage volunteers in their response plan.

BB. Subrecipient shall submit progress reports, program, and financial data, including descriptions of:

1. Progress in meeting the evidence-based benchmark;
2. Accomplishments that show the impact and value of the PHEP program in Subrecipient's jurisdiction;
3. Incidents requiring activation of the emergency operations center and Incident Command System;
4. Preparedness activities conducted with PHEP funds;
5. Activities on which PHEP funds were spent and the recipients of the funds;
6. The extent to which stated goals and objectives as outlined in the PHEP work plan have been met;
7. The extent to which funds were expended consistently with the funding applications; and
8. Situational awareness data during emergency response operations and other times as requested.