Utah Department of
Health & Human Services

UTAH DEPARTMENT OF HEALTH & HUMAN SERVICES
AGREEMENT AMENDMENT
PO Box 144003, Salt Lake City, Utah 84114
288 North 1460 West, Salt Lake City, Utah 84116

25169362
Department Log Number

252700362
State Agreement ID

1. AGREEMENT NAME: The name of this contract is Public Health Emergency and Healthcare Preparedness Programs FY 24-28 - San Juan County Health Department Amendment 1.

2. PARTIES: This amendment is between the Utah Department of Health & Human Services (DEPARTMENT) and San Juan County.

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 Grants

3. PURPOSE OF AMENDMENT: The purpose of this amendment is to add FY26 funds and replace attachments A-B.

4. CHANGES TO AGREEMENT:
    1. Adding FY26 funds in the amount of $84,679.20.
    2. Updating attachments to include FY26 funding and deliverables.

UEI: WCVABP2FEVA2 **Indirect Cost Rate:** 0.00 %

Federal Funds

Federal Program Name	Public Health Emergency Preparedness (PHEP) Cooperative Agreement	**Award Number**	5 NU90TU000051-02-00
Federal Awarding Agency	CDC Office of Financial Resources	**Federal Award Identification Number**	NU90TU000051
Assistance Listing Title	Public Health Emergency Preparedness	**Federal Award Date**	07/01/2025
Assistance Listing Number	93.069	**Funding Amount**	$84,679.20

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

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 07/01/2025 .

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Contract with Utah Department of Health & Human Services and San Juan County **, Log #** 25169362

IN WITNESS WHEREOF, the parties enter into this agreement.

Signature

Signed by: _____

_____

Silvia Stubbs
Commission Chair

Date Signed: _____

Attachment A: Scope of Work for Local Health Departments
Public Health Emergency Preparedness (PHEP) and
Hospital Preparedness Program (HPP) Cooperative Agreements
Public Health Emergency and Healthcare Preparedness Programs FY 2024-2028

Article 1
GENERAL PURPOSE

1.1 General Purpose. The general purpose of this grant is to develop, sustain, and demonstrate progress toward achieving public health and the healthcare preparedness and response capabilities as they pertain to the local public health department's purview.

Article 2
DEFINITIONS

Definitions. In this grant the following definitions apply:

"**ASPR**" means the federal Administration for Strategic Preparedness and Response.

"**Budget Period**" refers to the 12-month period beginning July 1 through June 30.

"**Budget Period 1**" refers to the first Budget Period, July 1, 2024, through June 30, 2025 of the 2024-2028 Project Period.

"**Budget Period 2**" refers to the first Budget Period, July 1, 2025, through June 30, 2026 of the 2024-2028 Project Period.

"**Carryover**" means unspent or unobligated balance of funds from prior Budget Periods that the Subrecipient may request to use in the current Budget Period.

"**CDC**" means Centers for Disease Control and Prevention.

"**Clinical Care**" means to directly manage the medical care and treatment of patients.

"**Cooperative Agreement**" means the federal Hospital Preparedness Program (EP-U3R-24-001) and Public Health Emergency Preparedness Program Cooperative Agreement (CDC-RFA-TU-24-0137).

"**HPP**" means Hospital Preparedness Program.

"**Local Health Department Preparedness Deliverable Tracker**" means the living report that encompasses all required LHD program deliverables for each program.

"**MCM**" means Medical Countermeasures which are FDA-regulated products (biologics, drugs, devices) that may be used in the event of a potential public health emergency.

"**No-cost Extension**" means unspent or unobligated balance of funds from a prior Project Period that the Subrecipient may request to use in the current Project Period.

"**NOFO**" means notice of funding opportunity.

"**PHEP**" means Public Health Emergency Preparedness.

"**Project Period**" means the 5-year period of the 2024-2029 Cooperative Agreement, July 1, 2024, through June 30, 2029.

Article 3
CONTACT INFORMATION

3.1 For general programmatic questions, contact:

The Preparedness Grants General Email Box
prepgrants@utah.gov

3.2 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

Article 4
SERVICE REQUIREMENTS

4.1 The Subrecipient shall:

(1) follow programmatic and reporting requirements for each program as outlined in attachments A–B;

(2) submit all programmatic and reporting requirements to DHHS via email at prepgrants@utah.gov; and

(3) comply with current SAFECOM guidance. Additional information may be found at https://www.cisa.gov/safecom.

Article 5
DELIVERABLE TRACKING

5.1 DHHS acknowledges and documents the completion of the Subrecipient's programmatic and reporting requirements within the Local Health Department Preparedness Deliverable Tracker.

5.2 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 by email of any changes to programmatic and reporting requirements and will utilize the Local Health Department Preparedness Deliverable Tracker to reference these changes.

Article 6
FUNDING

6.1 **Funding**.

(1) Budget Period 1:

(A) Attachment B - Public Health Emergency Preparedness (PHEP-Base) $117,610.00

(2) Budget Period 2:

(A) Attachment B - Public Health Emergency Preparedness (PHEP-Base) $84,679.20

Article 7
INVOICING

7.1 **Invoicing**. The Subrecipient shall:

(1) identify each funding source, including match requirements, in the monthly expenditure report.

(2) submit a final monthly expenditure report for the June funding transfer by a date in July provided by DHHS each fiscal year (typically the 6th business day in July).

Article 8
EXTENSIONS AND CARRYOVER

8.1 In the event that federal guidance provides a Carryover or No-cost Extension of funds to DHHS, the Subrecipient may receive a Carryover or No-cost Extension of unobligated funds from the current Budget Period to the next Budget Period.

8.2 There is no guarantee new funds will be available to continue activities in the succeeding budget period(s).

8.3 Carryover/No-cost extension limits shall be in accordance with the annual limits set by the CDC and ASPR.

8.4 The Subrecipient shall use Carryover/No-cost Extension funds for DHHS-approved work plan activities which are consistent with the purpose or terms and conditions of the federal award to the recipient.

8.5 Approved Carryover/No-cost Extension funds must be fully expended by June 30 of the following Budget Period. For example, Budget Period 1 ends on June 30, 2025, and approved Budget Period 1 Carryover funds must be fully expended by June 30, 2026.

8.6 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 DHHS by August 15, annually.

Article 9
BUDGET REDIRECTIONS

9.1 The Subrecipient shall submit budget redirection requests to DHHS no later than March 15.

9.2 All redirection requests must 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 to accommodate the adjustment.

Article 10
USE OF FUNDS FOR RESPONSE

10.1 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.

10.2 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 DHHS 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 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 DHHS and Subrecipient applications, including the jurisdictional all-hazards plans.

10.3 HPP Funds for Response

(1) The Pandemic and All-Hazards Preparedness and Advancing Innovation Act amended section 319C-2 of the Public Health Service Act ("PHS") to allow HPP funds to be used for response activities. The Subrecipient, on a limited, case-by-case basis requiring prior approval from DHHS, shall use HPP funds to support response activities to the extent they are used for HPP's primary purpose: to prepare the health care delivery system for disasters and emergencies and to improve surge capacity.

(2) The Subrecipient may request to use funds for response if the response activities:

(A) are consistent with approved project goals, and/or;

(B) can be used to fulfill training or exercise requirements, as described within the NOFO exercise and improve section; and

(C) ASPR may issue guidance during specific events that may provide additional flexibility.

Article 11
FUNDING RESTRICTIONS

11.1 Expenses incurred during the grant period must support activities conducted during the same period.

11.2 The funding restrictions are as follows:

(1) The Subrecipient shall 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;

(2) Subrecipients may supplement but not supplant existing state or federal funds for activities described in the budget;

(3) The Subrecipient may not use funds to purchase promotional clothing. The Subrecipient may purchase clothing used for personal protective equipment (PPE) or response purposes, if it can be re-issued.

(4) Food is not allowed unless it is reasonable and necessary, and food costs must clearly and directly benefit the grant project to which they are being charged. Refer to 45 CFR 75.432, Conferences, for more information. The Subrecipient must ensure this activity is documented in the budget and approved by DHHS.

(A) The criteria for determining allowable expenses for meetings and conferences where meals will be served are:

(i) meals must be a necessary part of a working meeting (or training), integral to full participation in the business of the meeting (i.e., meals may not be taken elsewhere without attendees missing essential formal discussions, lectures, or speeches concerning the purpose of the meeting or training);

(ii) meal costs are not duplicated in participants' per diem or subsistence allowances;

(iii) the majority of meeting participants are traveling from a distance of more than 50 miles;

(iv) the Subrecipient may not pay for guest meals (i.e., meals for non-essential attendees).

(5) Subrecipients may, with prior approval, use funds for overtime for personnel directly associated and budgeted with the project;

(6) Reimbursement of pre-award costs is not allowed;

(7) Recipients may not use funds for research;

(8) Recipients may not use funds for clinical care except as allowed by law;

(9) Generally, recipients may not use funds to purchase furniture. Any such proposed spending must be clearly identified and justified in the budget;

(10) 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;

(11) Payment or reimbursement of backfilling costs for staff is not allowed;

(12) 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 $199,300 per year;

(13) Funds may not be used to purchase or support (feed) animals for labs, including mice;

(14) 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 via DHHS;

(15) Subrecipients may not use funds for construction or major renovations;

(16) Funds may not be used to purchase over-the road passenger vehicles. Subrecipient may, with prior approval;

(A) use funds to lease vehicles to be used as a means of transportation for carrying people, supplies or equipment during times of need;

(B) use funds to enter into formal transportation agreements with commercial carriers for moving medical materials, supplies, and equipment; and

(C) 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;

(D) Subrecipients may, with prior approval, purchase basic (non-motorized) trailers.

(17) For guidance on cost principles and audit requirements including unallowable or restricted costs, refer to 45 CFR part 75, Subpart E–Cost Principles, General Provisions for Selected Items of Cost.

11.3 Vaccines. With prior CDC approval, Subrecipients may 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.

(1) With prior CDC approval via DHHS, Subrecipients may 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;

(2) With prior CDC approval via DHHS, Subrecipients may use funds to purchase caches of vaccines for select critical workforce groups to ensure their health and safety during an exercise testing response plans:

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

(3) Subrecipients may not use PHEP funds to supplant other funding intended to achieve these objectives;

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

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

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

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

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

(6) Funds may not be used to purchase influenza vaccines for the general public;

(7) On a case-by-case basis and only with CDC prior approval via DHHS, 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);

(8) Recipients may not use funds for clinical care except as allowed by law. 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 individual patient.

Article 12
TERMINATION

12.1 This agreement is subject to the availability of federal funding. If federal funding is rescinded, this agreement shall be terminated immediately without penalty or further obligation.

Article 13
PHEP FUNDED PUBLICATIONS

13.1 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-TU-24-0137.

Article 14
ASPR FUNDED PUBLICATIONS

14.1 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 grant support, such as:

(A) "Research reported in this [publication/press release] was supported by the Hospital Preparedness Program, administered by the Utah Office of Preparedness and Response and the Department of Health and Human Services Office of the Administration for Strategic Preparedness and Response under award number (NU90TU000051 [PHEP] or U3REP240724 [HPP]).”; and

(B) 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
Public Health Emergency and Healthcare Preparedness Programs FY 2024-2028

Article 1
GENERAL PURPOSE

1.1 The Subrecipient shall use Public Health Emergency Preparedness (PHEP) funding to strengthen the capacity and capability of the local public health system to prepare for, respond to, and recover from public health threats and emergencies through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions.

Article 2
DEFINITIONS

2.2 Definitions. In this grant the following definitions apply:

"ASPR" means the federal Administration for Strategic Preparedness and Response.

"**CDC**" means Centers for Disease Control and Prevention.

"**CFR**" means the Code of Federal Regulations.

"**CHEMPACK**" containers of nerve agent antidotes and supplies that can be quickly accessed by first responders and medical professionals in a chemical incident.

"**IPP**" means Integrated Preparedness Plan.

"**MCM**" means Medical Countermeasures.

"NACCHO" means the National Association of County and City Health Officials.

"**PHEP**" means Public Health Emergency Preparedness.

"**Project Period**" means the 5-year period of the 2024-2029 Cooperative Agreement, July 1, 2024, through June 30, 2029.

"**Public Health Preparedness and Response Capabilities**" means the fifteen capabilities specific to public health as identified by the CDC and referenced in the Cooperative Agreement, titled Public Health Preparedness and Response Capabilities: National Standards for State and Local Planning available upon request..

Article 3
APPROACH

3.1 The Subrecipient will use the Public Health Emergency Preparedness and Response Capabilities, which describe the 15 capability standards designed to support jurisdictions, and the Response Readiness Framework, which identifies 10 cross-cutting program priorities, to design, develop, and implement

the outlined strategies and activities to improve their readiness to execute plans, respond to public health threats and emergencies, and recover from them. The outlined strategies include:

(1) prioritize a risk-based approach to all-hazards planning and improve readiness, response, and recovery capacity for existing and emerging public health threats;

(2) improve whole community readiness, response, and recovery through enhanced partnerships and improved communication systems for timely situational awareness and risk communication; and

(3) improve capacity to meet jurisdictional administrative, budget, and public health surge management needs and to improve public health response workforce.

Article 4
SERVICE REQUIREMENTS

4.1 The Subrecipient's PHEP work plan and budget shall meet all requirements defined in this section and shall be evaluated by DHHS against the following criteria:

(1) whether the work plan narrative adequately describes planned activities for the project and/or 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 prioritize, build and sustain public health capabilities and address the program priorities of the Response Readiness Framework (RRF);

(4) whether the work plan includes adequate planned activities which reflect progress to coordinate public health preparedness program activities and leverage program funding;

(5) whether the budget line-items contain sufficiently detailed justifications and cost calculations; and

(6) the completeness of the work plan and budget:

(A) DHHS will review the workplan and budget. Following the initial review, DHHS staff may contact the Subrecipient to collect additional information if needed.

(B) Any programmatic questions regarding the submission requirements should be directed to the contact listed in Attachment A.

4.2 The Subrecipient shall submit a PHEP work plan to DHHS:

(1) The work plan is due to the DHHS by July 31, annually.

(2) The work plan shall include the program requirements listed in this Program Requirements.

(3) DHHS 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 and Response Capabilities;

(B) Activities to support the RRF program priority areas outlined in the Programmatic Requirements; and

(C) The goal of measurable progress toward achieving improved public health readiness, response, and recovery capability that follows standardized emergency management practices.

4.3 The Subrecipient shall submit progress reports to DHHS 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.

4.4 **Subrecipient Budget Requirements.** The Subrecipient shall:

(1) 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;

(2) use DHHS' provided budget template and submit to prepgrants@utah.gov by July 31; and

(3) perform a substantial role in carrying out the project objectives.

(4) Matching of Federal Funds. The Subrecipient shall:

(A) provide non-federal contributions as a match, in the amount of 10% of the grant reimbursed amount:

(i) Subrecipient shall include the 10% match on the submitted budget and include narrative about the match.

(B) send signed documentation certifying non-federal contributions to prepgrants@utah.gov, using a form provided by DHHS, no later than July 31, annually;

(C) 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.

(D) 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; and

(E) 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.

4.5 **Subrecipient shall use funds to:**

(1) participate in the National Association of County and City Health Officials (NACCHO) Project Public Health Ready recognition program, if desired;

(2) participate in essential preparedness meetings or training sessions either in-person or online including:

(A) The annual Preparedness Summit sponsored by NACCHO;

(B) Local health emergency response coordinator affiliate meeting.

Article 5
EVIDENCE-BASED BENCHMARK

5.1 CDC PHEP has defined program benchmarks as a method of accountability. Failure by DHHS or the Subrecipient to substantially meet a benchmark will subject the state to withholding of up to 30% of future funding.

5.2 **Benchmarks.** The Subrecipient shall:

(1) submit your pandemic influenza plan or integrated respiratory pathogen pandemic plan;

(2) submit a multiyear integrated preparedness plan (IPP);

(3) update the jurisdictional risk assessment to identify and prioritize populations that are potentially disproportionately impacted because of access and functional needs given the identified risks;

(4) include partners that represent prioritized populations in planning and exercises; and

(5) include communication objectives when exercising to identify and address misinformation and disinformation.

Article 6
PROGRAMMATIC REQUIREMENTS

6.1 **Risk assessment.** The Subrecipient shall complete and submit a risk assessment and data elements.

(1) The Subrecipient will utilize the Jurisdictional Risk Assessment (JRA) completed in 2024 to inform preparedness activities; and

(2) Annually review and update, if needed, the local risk assessment to include people who are disproportionately impacted by public health emergencies.

6.2 **Planning.** The Subrecipient will develop, maintain, and update the following plans (which may be included as annexes or components in larger plans) at least once every 3 years. To the extent possible, the Subrecipient shall identify key data systems and data sources necessary to meet jurisdictional needs during an emergency response and include this information in emergency response plans:

(1) All-hazards preparedness and response plan;

(2) Infectious disease response plan;

(3) Pandemic influenza plan or integrated respiratory pathogen pandemic plan;

(4) Medical countermeasures (MCM) distribution and dispensing plan;

(5) Continuity of operations (COOP) plan;

(6) Chemical, biological, radiological, and nuclear (CBRN) response plan;

(7) Volunteer management plan;

(8) Crisis and Emergency Risk Communications (CERC) and information dissemination plans; and

(9) Administrative and budget preparedness plan.

6.3 **Integrated Preparedness Plan.** The Subrecipient will complete and submit a multiyear integrated preparedness plan (IPP) and data elements. The Subrecipient shall:

(1) conduct an integrated preparedness planning workshop (IPPW) for your organization and produce a 5-year IPP;

(2) include planning, training, and exercising priorities and integrate the exercise requirements into the IPP;

(A) the IPP must address the pandemic influenza plan (benchmark).

(3) participate in DHHS's annual integrated preparedness planning workshop (IPPW), as scheduled; and

(4) incorporate recovery operations into public health multiyear IPP.

6.4 **Exercises.** The Subrecipient shall:

(1) schedule, develop and conduct required exercises.

(2) use the CDC Exercise Framework Supplemental Guidance to develop exercise objectives and adhere to the criteria outlined within the guidance document.

(3) determine the 5-year exercise schedule and document the dates in the IPP:

(A) the following exercises must be completed by June 30, 2029:

(i) administrative preparedness discussion-based exercise;

(ii) biological incident track:

(a) Biological incident (100); and

(b) Biological 200 functional exercise;

(iii) Capstone track:

(a) Capstone 100 discussion based exercise

(b) Capstone 200 drill

(c) Capstone 300 functional exercise

(d) Capstone 400 full-scale exercise

(iv) Optional participation in DHHS facilitated discussion-based exercises for:

(a) Chemical incident

(b) Radiological/Nuclear incident

(c) Natural disasters

(d) This is not optional for Cities Readiness Initiative (CRI) awarded Subrecipients.

6.5 **Medical countermeasures.** The Subrecipient shall maintain capacity and capability to distribute, dispense, administer medical countermeasures (MCMs) and manage medical materiel according to Public Health Emergency Preparedness and Response Capabilities and ASPR Strategic National Stockpile (SNS) guidelines.

6.6 **Partnerships.** The Subrecipient shall include critical response and recovery partners in required plans and exercises.

6.7 **Risk communications.** The Subrecipient shall:

(1) develop or update crisis and emergency risk communication (CERC) and information dissemination plans, or risk communications plan;

(2) identify and implement communication surveillance, media relations, and digital communication strategies in exercises; and

(3) identify and implement specific CERC activities that meet the diverse needs of communities of focus.

6.8 **Administrative preparedness.** The Subrecipient shall:

(1) update administrative preparedness plans using lessons learned from emergency responses; and

(2) integrate administrative preparedness recommendations into training and exercises.

6.9 **Workforce.** The Subrecipient shall:

(1) complete training to ensure baseline competency and integration with preparedness requirements;

(2) develop plans, processes, and procedures to hire, recruit, train, and retain a highly qualified and diverse workforce; and

(3) provide guidance, direction, and training to maintain a ready responder workforce across the entire health department.

Article 7
OUTCOMES

7.1 **Outcomes.** The desired outcome of this grant as outlined in the CDC PHEP logic model is to prevent or reduce morbidity and mortality for all impacted populations from incidents with public health consequences whose scale, rapid onset, or unpredictability stresses the public health system. Short- and medium-term outcomes include:

(1) improved public health readiness, response, and recovery capability that follows standardized emergency management practices;

(2) implemented timely public health recommendations and control measures for all hazards;

(3) earliest identification and investigation of incidents with public health impact;

(4) timely communication of situational awareness and risk information;

(5) timely coordination and support of response and recovery activities with health care systems and partners;

(6) integrated equity into public health response and recovery;

(7) increased hiring and retention of surge staff resources; and

(8) prepared public health workforce ready to sustain public health investigations, response, and recovery.

7.2 **Performance Measure.** The Subrecipient shall:

(1) submit all performance measure data required by CDC PHEP:

(A) DHHS agrees to provide the required performance measure data elements as soon as they are released by CDC PHEP, and no later than 30 days prior to the due date.

7.3 **Reporting.** The Subrecipient shall submit progress reports and program data, including descriptions of:

(1) progress in meeting the evidence-based benchmark;

(2) accomplishments that demonstrate the impact and value of the PHEP program in Subrecipient's jurisdiction;

(3) incidents requiring activation of the emergency operations center;

(4) activities on which PHEP funds were spent and the recipients of the funds;

(5) the extent to which stated goals and objectives as outlined in the PHEP work plan have been met;

(6) the extent to which funds were expended consistently with the funding applications; and

(7) situational awareness data during emergency response operations and other times as requested.