



UTAH DEPARTMENT OF HEALTH & HUMAN SERVICES CONTRACT

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

2416416
DHHS Log Number

242701411
State Contract Number

1. **CONTRACT NAME:** The name of this contract is Public Health Emergency and Healthcare Preparedness Programs FY 24-28 - San Juan County Health Department
2. **CONTRACTING PARTIES:** This contract is between the Utah Department of Health & Human Services (DHHS) and San Juan County (CONTRACTOR).

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

Vendor ID: 06866HL
Commodity Code: 99999
3. **GENERAL PURPOSE OF CONTRACT:** The general purpose of this grant is to develop, sustain, and demonstrate progress toward achieving fifteen public health and the healthcare preparedness capabilities as they pertain to the local public health department's purview.
4. **CONTRACT PERIOD:** The service period of this contract is 07/01/2024 through 06/30/2025, unless terminated or extended by agreement in accordance with the terms and conditions of this contract.
5. **CONTRACT AMOUNT:** The DHHS agrees to pay \$125,610.00 in accordance with the provisions of this contract. This contract is funded with 100% federal funds, 0% state funds, and 0% other funds.
6. **CONTRACT INQUIRIES:** Inquiries regarding this contract shall be directed to the following individuals:

CONTRACTOR CONTACT:
Grant Sunada
(435) 587-3838
gsunada@sanjuancounty.org

DHHS CONTACT:
Michelle R. Hale
(801) 419-8892
mhale@utah.gov

7. SUB – RECIPIENT INFORMATION:

UEI: WCVABP2FEVA2

Indirect Cost Rate: 0%

Federal Program Name:	Public Health Emergency Preparedness (PHEP) Cooperative Agreement	Award Number:	1 NU90TU000051-01-00
Name of Federal Awarding Agency:	CDC Office of Financial Resources	Federal Award Identification Number:	NU90TU000051
Assistance Listing:	Public Health Emergency Preparedness	Federal Award Date:	6/12/2024
Assistance Listing Number:	93.069	Funding Amount:	\$117610

Federal Program Name:	Hospital Preparedness Program (HPP) Cooperative Agreement	Award Number:	5-U3REP190560 -01
Name of Federal Awarding Agency:	ASPR Acquisition Management Contracts and Grants	Federal Award Identification Number:	U3REP190560
Assistance Listing:	National Bioterrorism Hospital Preparedness Program	Federal Award Date:	6/30/2024
Assistance Listing Number:	93.889	Funding Amount:	\$8000

8. REFERENCE TO ATTACHMENTS INCLUDED AS PART OF THIS CONTRACT:

- Attachment A: Attachment A - PHEP-HPP
- Attachment B: Attachment B - PHEP Base
- Attachment C: Attachment C - MRC

9. 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 Associates Agreement currently in effect until 6/30/2028.

10. 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: 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 fifteen public health and the healthcare preparedness 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.

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

"CDC" means Centers for Disease Control and Prevention.

“Clinical Care” means to directly managing 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 Grantee 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 Grantee shall:

- (1) follow programmatic and reporting requirements for each program as outlined in attachments B-C;
- (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 Grantee'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 Grantee 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.

Article 6

FUNDING

6.1 Funding.

(1) Budget Period 1: \$125,610.00.

6.2 Budget Description:

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

(2) Attachment C - Medical Reserve Corps (HPP-MRC) \$8,000.00

Article 7

INVOICING

7.1 **Invoicing.** The Grantee shall:

- (1) identify each funding source 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 No-Cost Extension or Carryover of funds to DHHS, the Grantee may request a No-Cost Extension or Carryover of unobligated funds from the current Budget Period to the next Budget Period.
- 8.2 Requests are due by the Grantee to DHHS within 30 days as requested by DHHS. This date fluctuates annually and is at the discretion of ASPR and the CDC.
- 8.3 There is no guarantee new funds will be available to continue activities in the succeeding Budget Period(s).
- 8.4 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%.
- 8.5 DHHS will provide notification of approved No-Cost Extension or Carryover funding requests to the Grantee via email.
- 8.6 The Grantee shall use any approved No-Cost Extension or Carryover funds for DHHS-approved work plan activities which are consistent with the purpose or terms and conditions of the federal award to the recipient.

- 8.7 Approved No-Cost Extension or Carryover 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.
- 8.8 The Grantee 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 Grantee shall submit budget redirection requests to DHHS no later than March 15 annually.
- 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 Grantee 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 Grantee applications, including the jurisdictional all-hazards plans.
- (4) **HPP Funds for Response**
 - (A) 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 Grantee, 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.
 - (B) The Grantee may request to use funds for response if the response activities:

- (i) are consistent with approved project goals, and/or;
- (ii) can be used to fulfill training or exercise requirements, as described within the NOFO exercise and improve section; and
- (iii) 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) 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. Any such proposed spending must be clearly identified and justified in the budget;
- (4) Reimbursement of pre-award costs is not allowed;
- (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;
- (6) The Grantee 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;
 - (7) Grantees may supplement but not supplant existing state or federal funds for activities described in the budget;
 - (8) Payment or reimbursement of backfilling costs for staff is not allowed;
 - (9) 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;
 - (10) Funds may not be used to purchase or support (feed) animals for labs, including mice;
 - (11) 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;
 - (12) Grantees may, with prior approval, use funds for overtime for personnel directly associated and budgeted with the project;
 - (13) Grantees may not use funds for construction or major renovations;
 - (14) Funds may not be used to purchase over-the road passenger vehicles. Grantee may, with prior approval;

- (A) use funds to lease vehicles to be used as a 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;
 - (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) Grantees may, with prior approval, purchase basic (non-motorized) trailers.
- (15) The Grantee may not use funds to purchase promotional clothing. The Grantee may purchase clothing used for personal protective equipment (PPE) or response purposes, if it can be re-issued;

11.3 **Vaccines:** With prior CDC approval, Grantees 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, Grantees 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, Grantees 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) Grantees must document in their submitted exercise plans the use of vaccines for select critical workforce personnel before CDC will approve the vaccine purchase;
- (3) Grantees 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.

Article 12

PHEP FUNDED PUBLICATIONS

- 12.1 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 13

ASPR FUNDED PUBLICATIONS

- 13.1 All Grantee 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 TBD [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 Grantee 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.

"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 second budget period, July 1, 2025, through June 30, 2026 of the 2024-2028 Project Period.

"Budget Period 3" refers to the third budget period, July 1, 2026, through June 30, 2027 of the 2024-2028 Project Period.

"Budget Period 4" refers to the fourth budget period, July 1, 2027, through June 30, 2028 of the 2024-2028 Project Period.

"Budget Period 5" refers to the fifth budget period, July 1, 2028, through June 30, 2029 of the 2024-2028 Project Period.

"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.

"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 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/readiness/media/pdfs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf.

Article 3

APPROACH

3.1 The Grantee 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 Grantee'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 agrees to review the PHEP work plan and budget.
 - (B) Following the initial review, DHHS staff may contact the Grantee to collect additional information if needed.
 - (C) Any programmatic questions regarding the submission requirements should be directed to the contact listed in Attachment A.

4.2 The Grantee 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 Capabilities found at <https://www.cdc.gov/cpr/readiness/capabilities.htm>;
- (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 Grantee 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 **Grantee Budget Requirements.** The Grantee 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, annually; and
- (3) perform a substantial role in carrying out the project objectives.

4.5 **Grantee 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) matching of Federal Funds. The Grantee shall:
 - (A) provide non-federal contributions as a match, in the amount of 10% of the grant reimbursed amount:
 - i. Grantee 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. Grantee's documentation of match shall follow procedures for generally accepted accounting practices and meet audit requirements.

- (D) Grantee's matching funds may be provided directly (through Grantee 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.

Article 5

EVIDENCE-BASED BENCHMARK

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

5.2 **Benchmarks.** The Grantee 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 Grantee shall complete and submit a risk assessment and data elements.

- (1) The Grantee will utilize the Jurisdictional Risk Assessment (JRA) completed in budget period 5 of the previous project period and submit CDC-identified risk assessment data elements; and
- (2) If needed, review and update the risk assessment to include people who are disproportionately impacted by public health emergencies.

6.2 **Planning.** The Grantee 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 Grantee 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 Grantee will complete and submit a multiyear integrated preparedness plan (IPP) and data elements. The Grantee 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 Grantee 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) Capstone 200 drill
 - (b) Capstone 300 functional exercise
 - (c) 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 grantees.

6.5 **Medical countermeasures.** The Grantee 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: National Standards for State, Local, Tribal, and Territorial Public Health and ASPR Strategic National Stockpile (SNS) guidelines.

- (1) If applicable, participate in review and updates of the DHHS CHEMPACK plan if there is a CHEMPACK in the Grantee's jurisdiction.

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

6.7 **Risk communications.** The Grantee 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 Grantee 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 Grantee 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 Grantee 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 Grantee 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 Grantee'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.

Attachment C: Medical Reserve Corps (MRC)

Public Health Emergency and Healthcare Preparedness Programs FY 2024-2028

Article 1

GENERAL PURPOSE

- 1.1 The Grantee shall use project funding to build and sustain the Medical Reserve Corps (MRC) in support of the healthcare system and Utah's Healthcare Coalitions (HCC).

Article 2

DEFINITIONS

- 2.3 Definitions. In this grant the following definitions apply:

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

"HCC" means regional health care coalition.

"MRC" means Medical Reserve Corps.

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

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

Article 3

SERVICE REQUIREMENTS

3.1 **Service Requirements.** The Grantee shall:

- (1) submit a work plan annually for each budget period within the five-year project period:
 - (A) the work plan shall be completed using a DHHS-provided template and address
the items listed in Program Requirements;
 - (B) DHHS agrees to provide the work plan template via email no later than thirty (30) days before the due date; and
 - (C) the work plan is due annually on July 31.

3.2 **Progress Report.** The Grantee shall:

- (1) submit an annual end-of-year progress report for each budget period:
 - (A) the end-of-year progress report is due to the DHHS annually by August 15 and encompasses the performance period of July 1 through June 30 using the end-of-year fields within the work plan; and
 - (B) the end-of-year report will include a progress update on work plan activities and program requirements.

3.3 Work plan and budget submission requirements.

- (1) The Grantee's work plan and budget shall meet all requirements defined in this Special Provisions attachment and will be evaluated by DHHS using the following criteria:

- (A) whether the work plan narrative adequately describes planned activities;
 - (B) whether the work plan includes adequate planned activities to monitor and demonstrate Hospital Preparedness Program (HPP) performance measures;
 - (C) whether the work plan includes adequate planned activities that reflect progress to coordinate public health and healthcare preparedness program activities and leverage program funding streams;
 - (D) whether the budget line items contain sufficiently detailed justifications and cost calculations; and
 - (E) the completeness of the work plan and budget.
- (2) DHHS agrees to review the submitted work plan.
- (A) Following the initial review, DHHS staff may call or email Grantee's MRC Coordinator to collect additional information if needed.
 - (B) Any programmatic questions regarding the submission requirements should be directed to the contact listed in Attachment A.

3.4 Detailed line-item budget and justification.

- (1) Grantee's budget is due to DHHS annually by July 31 or within 30 days of agreement execution, whichever is later, and shall:
 - (A) include a detailed line-item budget and line-item justification of the funding amount requested to support program activities for the upcoming budget period;

- (B) provide a budget reflective of a 12-month budget period; and
 - (C) use the DHHS-provided budget template.
- (2) DHHS agrees to provide a budget template via email no later than thirty (30) days before the due date.

Article 4

PROGRAM REQUIREMENTS

4.1 The Grantee shall:

- (1) review their MRC unit profile annually and report at least quarterly for activities on the Administration for Strategic Preparedness and Response (ASPR) MRC Profile and Activity Reporting System at <https://mrc.hhs.gov/login>;
- (2) provide additional information to support performance measure reporting, as requested;
- (3) use Utah Responds, or a DHHS-approved alternate volunteer management system, for:
 - (A) enrollment;
 - (B) credentialing;
 - (C) tracking; and
 - (D) deployment of its MRC Unit.
- (4) maintain a regular schedule to review and update MRC member profiles in the volunteer management system;
- (5) develop, sustain, and revise volunteer management plans, to include at a minimum:

- (A) volunteer recruitment and retention; and
 - (B) member roles and responsibilities for healthcare response such as:
 - (i) triage support staff;
 - (ii) emergency department staff;
 - (iii) medical shelter clinical staff;
 - (iv) search and rescue medical staff;
 - (v) field hospital clinical staff;
 - (vi) other items as determined by the HCC need and gap assessment; and
 - (vii) MRC Unit deployment and demobilization guidelines.
- (6) participate as a member of its jurisdiction's HCC to address medical and facility response issues, including:
- (A) identifying situations that would necessitate the need for volunteers in health care organizations;
 - (B) identifying processes to assist with volunteer coordination;
 - (C) estimating the anticipated number of volunteers and health professional roles based on identified situations and resource needs of the facility;
 - (D) identifying and addressing volunteer liability issues, the scope of practice issues, and third-party reimbursement issues that may deter volunteer use; and

- (E) development of rapid credential verification processes to facilitate emergency response.
- (7) provide opportunities for member training, education, and participation in exercises. These opportunities may include, but are not limited to:
 - (A) new member orientation and initial training;
 - (B) participation in call-down or deployment drill or exercises; and
 - (C) participation in the HCC and other community medical response exercise events.

4.2 The Grantee's MRC Unit Coordinator shall participate in state-level MRC leadership meetings and workshops.

4.3 With prior approval from the DHHS, the Grantee may use allocated funds to support MRC unit and member Core Competency implementation.

Article 5

OUTCOMES

5.1 Outcomes. The desired outcome of this grant is to strengthen the readiness of MRC volunteers across the state to provide surge capability and workforce capacity for public health and healthcare emergency response to support the community, HCC, and the LHD.

5.2 Performance Measures.

- (1) Number of new volunteers recruited and retained volunteers annually; and

- (2) Number of annual training sessions held for MRC volunteers; and
- (3) Number of community events held annually; and
- (4) Number of exercises leveraging MRC units.

5.3 Reporting. The Grantee shall provide annual progress reporting to DHHS.