

STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
STD 213A (Rev 6/03)

Agreement No. 16-695

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

Agreement Number 14-10601	Amendment Number A03
Registration Number:	

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

State Agency's Name

California Department of Public Health

Also known as CDPH or the State

Contractor's Name

Fresno County

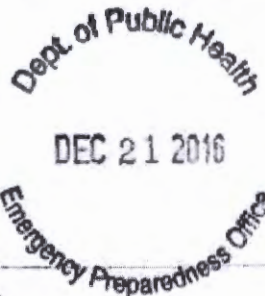
(Also referred to as Contractor)

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

3. The maximum amount of this Agreement after this amendment is: \$ 4,585,540.00
Four Million Five Hundred Eighty Five Thousand Five Hundred Forty Dollars and No Cents.

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

- I. The purpose of this amendment is to amend Exhibit A, Scope of Work, and Exhibit B, Budget, to adjust the funding amount for State Fiscal Year (SFY) 16/17 and to add additional functions to allow the contractor to complete the services outlined in the original scope of work (SOW).
- II. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., Strike through).



(Continued on next page)

All other terms and conditions shall remain the same.

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

CONTRACTOR

Contractor's Name (if other than an individual, state whether a corporation, partnership, etc.)

Fresno County

By (Authorized Signature)

Ernest Buddy Mendes

Date Signed (Do not type)

12-13-16

Printed Name and Title of Person Signing

Ernest Buddy Mendes, Chairman, Board of Supervisors

Address

1221 Funton Mall, Fresno, CA 93721; P.O. Box 11867 Fresno, CA 93775

STATE OF CALIFORNIA

Agency Name

California Department of Public Health

By (Authorized Signature)

Jeff Mapes

Date Signed (Do not type)

12/28/16

Printed Name and Title of Person Signing

Jeff Mapes, Chief, Contracts Management Unit

Address

1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377,
Sacramento, CA 95699-7377

CALIFORNIA
Department of General Services
Use Only

☒ Exempt per: HSC 101319

ATTEST:

BERNICE E. SEIDEL, Clerk
Board of Supervisors

By Susan Bishop
Deputy

III. Exhibit A, Scope of Work, Attachment 1, is hereby replaced in its entirety.

IV. Exhibit B – Page 2, paragraph 4 is amended as follows:

4. Amounts Payable

A. The maximum amount payable under this agreement shall not exceed the total sum of ~~\$4,508,724.00~~ ~~\$4,625,956.00~~ ~~\$4,658,209.00~~ **\$4,585,540.00**. Financial year individual fund limits are:

- 1) Financial Year July 1, 2014 through June 30, 2015. Funds pursuant to this amendment must be expended by June 30, 2015 and will be liquidated first.
 1. ~~\$629,121.00~~ \$509,810.00, CDC PHEP Base Funds.
 2. ~~\$260,246.00~~ \$148,255.00, Laboratory Funds.
 3. \$0.00, Laboratory Trainee Funds.
 4. \$0.00, Laboratory Training Assistance Funds.
 5. ~~\$197,577.00~~ \$113,932.00, Cities Readiness Initiative Funds.
 6. ~~\$323,875.00~~ ~~\$441,107.00~~ \$393,253.00, HPP Funds.
 7. \$92,089.00, State General Funds Pandemic Influenza Funds.
- 2) Financial Year July 1, 2015 through June 30, 2016
 1. ~~\$629,121.00.00~~ ~~\$750,404.00~~ **\$637,885.00**, CDC PHEP Base Funds.
 2. ~~\$260,246.00~~ ~~\$402,237.00~~ **\$253,642.00**, Laboratory Funds.
 3. \$0.00, Laboratory Trainee Funds.
 4. \$0.00, Laboratory Training Assistance Funds.
 5. ~~\$197,577.00~~ ~~\$281,279.00~~ **\$190,326.00**, Cities Readiness Initiative Funds.
 6. ~~\$323,875.00~~ ~~\$371,903.00~~ **\$309,924.00**, HPP Funds.
 7. ~~\$92,089.00~~ \$92,139.00, State General Funds Pandemic Influenza Funds.
- 3) Financial Year July 1, 2016 through June 30, 2017
 1. ~~\$629,121.00.00~~ **\$659,816.00**, CDC PHEP Base Funds.
 2. ~~\$260,246.00~~ **\$438,841.00**, Laboratory Funds.
 3. \$0.00, Laboratory Trainee Funds.
 4. \$0.00, Laboratory Training Assistance Funds
 5. ~~\$197,577.00~~ **\$268,093.00**, Cities Readiness Initiative Funds
 6. ~~\$323,875.00~~ **\$385,443.00**, HPP Funds.
 7. ~~\$92,089.00~~ **\$92,092.00**, State General Funds Pandemic Influenza Funds.

V. Exhibit B, Attachment 1 – Payment Criteria is hereby replaced in its entirety.

VI. Exhibit B – Attachment 3 and 4, are hereby replaced in their entirety.

Objective: Strengthen the ability of a community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, state, local, and territorial governments to do the following: 1) Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to individuals in the community; 2) Provide timely monitoring and management of resources; 3) Coordinate the allocation of emergency medical care resources; and 4) Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders. Healthcare system preparedness is achieved through a continuous cycle of planning, organizing and equipping, training, exercises, evaluations and corrective actions.

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

HPP Capability 2: Healthcare System Recovery

Objective: Collaborate with Emergency Management and other community partners, (public health, business, education and other partners) to develop efficient processes and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Develop recovery processes for the healthcare delivery system ☒ Function 2: Assist healthcare organizations to implement Continuity of Operations (COOP)	7/1/14 – 6/30/17	1. Support healthcare facility and operational area recovery planning. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

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

HPP Capability 3: Emergency Operations Coordination

Objective: Strengthen ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to the framework of the National Incident Management System (NIMS).

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Healthcare organization multi-agency representation and coordination with emergency operations ☒ Function 2: Assess and notify stakeholders of healthcare delivery status ☒ Function 3: Support healthcare response efforts through coordination of resources ☒ Function 4: Demobilize and evaluate healthcare operations	7/1/14 – 6/30/17 <u>7/1/14 – 6/30/16</u> 7/1/14 – 6/30/17	1. Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition and maintain operational area response plans to ensure coordination across healthcare providers, emergency management, emergency medical services, and public health. 2. Maintain emergency operation centers within Healthcare Coalition member facilities and train healthcare staff in emergency response activities including ICS (Hospital Incident Command, Nursing Facility Incident Command, and Clinic Incident Command). For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Attend CDPH annual workshop, healthcare provider related workshops, Homeland Security, other approved emergency preparedness workshops, and CDC and ASPR sponsored workshops. 4. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. Revise work plan as directed by CDPH. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

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

HPP Capability 5: Fatality Management

Objective: Coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations ☐ Function 2: Coordinate surges of concerned citizens with community agencies responsible for family assistance ☐ Function 3: Mental/behavioral support at the healthcare organization level	7/1/14 14 16 –6/30/17	1. Maintain HPP Coordinator, HPP Partnership Coordinator, and Healthcare Coalition. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

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

HPP Capability 6: Information Sharing

Objective: Conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture ☒ Function 2: Develop, refine, and sustain redundant, interoperable communication systems	7/1/14 – 6/30/17	1. Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition and maintain communications plan and communication equipment for Local HPP Entity and Healthcare Coalition members. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

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

HPP Capability 10: Medical Surge

Objective: Strengthen ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge ☒ Function 2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations ☒ Function 3: Assist healthcare organizations with surge capacity and capability ☒ Function 4: Develop Crisis Standards of Care guidance ☒ Function 5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations	7/1/14 – 6/30/17 <u>7/1/16 – 6/30/17</u>	1. Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition. 2. Purchase, store and/or maintain medical supplies and equipment to ensure operational readiness to respond to a public health or medical emergency. Items may be purchased for healthcare coalition members. 3. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 4. Revise work plan as directed by CDPH. 5. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 7. Submit annual performance measure data as required by the federal government. 8. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

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

HPP Capability 14: Responder Safety and Health

Objective: Strengthen the ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. This includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers ☒ Function 2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response	7/1/14 16 –6/30/17	1. Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition. 2. Healthcare Coalition members should maintain policies and procedures to ensure healthcare worker safety and purchase and maintain protective equipment for healthcare coalition member staff. 3. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 4. Revise work plan as directed by CDPH. 5. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 7. Submit annual performance measure data as required by the federal government. 8. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

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

HPP Capability 15: Volunteer Management

Objective: Strengthen the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations ☒ Function 2: Volunteer notification for healthcare response needs ☒ Function 3: Organization and assignment of volunteers ☒ Function 4: Coordinate the demobilization of volunteers	7/1/14 – 6/30/17 <u>7/1/16 – 6/30/17</u>	1. Maintain access to Disaster Healthcare Volunteers system. 2. Each Healthcare Coalition member should maintain policies and procedures for incorporating volunteers into operations during public health and medical emergencies. 3. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 4. Revise work plan as directed by CDPH. 5. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 7. Submit annual performance measure data as required by the federal government. 8. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

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

HPP Capability 16: Program Management

Objective: Support Hospital Preparedness Program activities including application, progress reporting, invoicing, fiscal monitoring, and coordination across multiple capabilities including alignment with Hospital Preparedness Program (HPP).

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Coordination across multiple Capabilities ☒ Function 2: Fiscal Monitoring and Tracking ☒ Function 3: Grants Management ☒ Function 4: Reporting on Performance Measures	7/1/14 – 6/30/17	1. Maintain local HPP Coordinator, Partnership Coordinator and Healthcare Coalition to coordinate activities across capabilities. 2. Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting. 3. Support program operations including office supplies and equipment, communications, laptops, cell phones, fax machines, satellite phones, and other forms of communication necessary for daily operations or emergency response.

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

PHEP Capability 1: Community Preparedness

Objective: The ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health's role in community preparedness is to do the following: 1) Support the development of public health, medical, and mental/behavioral health systems that support recovery; 2) Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents; 3) Promote awareness of and access to medical and mental/behavioral health resources that help protect the community's health and address the functional needs of at-risk individuals; 4) Engage public and private organizations in preparedness activities that represent the functional needs of at-risk individuals 5) Identify those populations that may be at higher risk for adverse health outcomes; and 6) Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Determine risks to the health of the jurisdiction ☒ Function 2: Build community partnerships to support health preparedness ☒ Function 3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks ☒ Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts	7/1/14 – 6/30/17	1. Maintain Public Health Emergency Preparedness Coordinator and staff trained in emergency preparedness outreach. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by California Department of Public Health (CDPH). 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

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

PHEP Capability 2: Community Recovery

Objective: Strengthen capability to collaborate with community partners (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Identify and monitor public health, medical, and mental behavioral health system recovery needs ☒ Function 2: Coordinate community public health, medical, and mental behavioral health system recovery operations ☐ Function 3: Implement corrective actions to mitigate damages from future incidents	7/1/14 16 –6/30/17	1. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 2. Revise work plan as directed by CDPH. 3. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 4. Complete and submit specific deliverables (response plans, After-Action Reports/Improvement Plans, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 5. Submit annual performance measure data as required by the federal government. 6. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

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

PHEP Capability 3: Emergency Operations Coordination

Objective: Maintain Emergency operations coordination: the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Conduct preliminary assessment to determine need for public activation ☒ Function 2: Activate public health emergency operations ☒ Function 3: Develop incident response strategy ☒ Function 4: Manage and sustain the public health response ☒ Function 5: Demobilize and evaluate public health emergency operations	7/1/14 – 6/30/17 <u>7/1/14 – 6/30/16</u> 7/1/14 – 6/30/17	1. Maintain staff trained in emergency response activities. 2. Maintain or maintain access to emergency operations center for local public health and medical response with the health department or county. 3. Attend CDPH annual workshop, healthcare provider related workshops, Homeland Security, other approved emergency preparedness workshops, and CDC and ASPR sponsored workshops. 4. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 5. Revise work plan as directed by CDPH. 6. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 7. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules, emergency operations center maintenance and software) as described in approved work plan under each selected function for each budget year. 8. Submit annual performance measure data as required by the federal government. 9. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Objective: Maintain ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

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

PHEP Capability 5: Fatality Management

Objective: Coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Determine role for public health in fatality management ☒ Function 2: Activate public health fatality management operations ☐ Function 3: Assist in the collection and dissemination of antemortem data ☐ Function 4: Participate in survivor mental/behavioral health services ☐ Function 5: Participate in fatality processing and storage operations	7/1/14 16 –6/30/17	1. Maintain staff with expertise in data collection and dissemination. 2. Maintain partnership with local fatality management lead. 3. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 4. Revise work plan as directed by CDPH. 5. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 7. Submit annual performance measure data as required by the federal government.

Objective: Maintain capability to conduct multi-jurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.

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

PHEP Capability 7: Mass Care

Objective: Maintain ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Determine public health role in mass care operations ☒ Function 2: Determine mass care needs of the impacted population ☒ Function 3: Coordinate public health, medical, and mental/behavioral health services ☒ Function 4: Monitor mass care population health	7/1/14 – 6/30/17 <u>7/1/16 – 6/30/17</u>	1. Maintain partnership with local mass care lead. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

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

PHEP Capability 8: Medical Countermeasure Dispensing

Objective: Maintain ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, and any others needed.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Identify and initiate medical countermeasure (MCM) dispensing strategies ☒ Function 2: Receive medical countermeasures ☒ Function 3: Activate dispensing modalities ☒ Function 4: Dispense medical countermeasures to identified population ☐ Function 5: Report adverse events	7/1/14 – 6/30/17 <u>7/1/14 – 6/30/16</u> 7/1/14 – 6/30/17	1. Maintain Public Health Emergency Preparedness Coordinator and staff trained in emergency response activities. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, Rand drills as required, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Meet annual MCM distribution requirements including inventory system drill and facility call down drill. 7. Participate in annual statewide medical and health exercise.

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

PHEP Capability 9: Medical Materiel Management and Distribution

Objective: Maintain ability to acquire, maintain (e.g., cold chain storage or other storage protocol) transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Direct and activate medical materiel management and distribution ☒ Function 2: Acquire medical materiel ☒ Function 3: Maintain updated inventory management and reporting system ☒ Function 4: Establish and maintain security ☒ Function 5: Distribute medical materiel ☐ Function 6: Recover medical materiel and demobilize distribution operations	7/1/14 – 6/30/17 <u>7/1/14 – 6/30/16</u>	1. Purchase, store, and/or maintain medical supplies and equipment to ensure operational readiness to respond to a public health or medical emergency. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Participate in annual statewide medical and health exercise.

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

PHEP Capability 10: Medical Surge

Objective: Maintain the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community, encompassing the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were comprised.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Assess the nature and scope of the incident ☒ Function 2: Support activation of medical surge ☐ Function 3: Support jurisdictional medical surge operations ☒ Function 4: Support demobilization of medical surge operations	7/1/14 16 – 6/30/17 7/1/14 – 6/30/17 <u>7/1/16 – 6/30/17</u>	1. Maintain partnership with County Hospital Preparedness Program to align activities and goals. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Purchase, store, and/or maintain medical supplies and equipment to ensure operational readiness to respond to a public health or medical emergency. 7. Submit annual performance measure data as required by the federal government. 8. Participate in annual statewide medical and health exercise.

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

PHEP Capability 11: Non-Pharmaceutical Interventions

Objective: Maintain ability to recommend to the applicable local lead agency (if not local public health) and implement, if applicable, strategies for disease, injury and exposure control. Strategies include: isolation and quarantine; restrictions on movement and travel advisory/warnings; social distancing; external decontamination; hygiene; and precautionary protective behaviors.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Engage partners and identify factors that impact non-pharmaceutical interventions ☒ Function 2: Determine non-pharmaceutical interventions ☒ Function 3: Implement non-pharmaceutical interventions ☒ Function 4: Monitor non-pharmaceutical interventions	7/1/ 14 16 –6/30/17	1. Maintain Public Health Emergency Preparedness Coordinator and staff trained in emergency response activities. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Participate in annual statewide medical and health exercise.

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

PHEP Capability 12: Public Health Laboratory Testing

Objective: Maintain ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all-hazards. Hazards include chemical, radiological, and biological agents in multiple matrices that may include clinical samples, food, and environmental samples (e.g., water, air, and soil). This capability support routine surveillance, including pre-event or pre-incident and post-exposure activities.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Manage laboratory activities ☒ Function 2: Perform sample management ☒ Function 3: Conduct testing and analysis for routine surge capacity ☒ Function 4: Support public health investigations ☒ Function 5: Report laboratory results	7/1/14 – 6/30/17 <u>7/1/16 – 6/30/17</u> 7/1/14 – 6/30/17	1. Maintain Public Health Laboratory or access to Public Health Laboratory and maintain list of laboratory contacts. 2. Purchase and/or maintain laboratory supplies needed for a surge in laboratory testing including items such as reagents and other testing items. 3. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 4. Revise work plan as directed by CDPH. 5. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 7. Submit annual performance measure data as required by the federal government. 8. Participate in annual statewide medical and health exercise.

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

PHEP Capability 13: Public Health Surveillance and Epidemiological Investigation

Objective: Ensure ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Conduct public health surveillance and detection ☒ Function 2: Conduct public health and epidemiological investigations ☒ Function 3: Recommend, monitor, and analyze mitigation actions ☒ Function 4: Improve public health surveillance and epidemiological investigation systems	7/1/14 – 6/30/17	1. Maintain capacity for surveillance and epidemiological investigation. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Participate in annual statewide medical and health exercise.

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

PHEP Capability 14: Responder Safety and Health

Objective: Maintain ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, as requested.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Identify responder safety and health risks ☒ Function 2: Identify safety and personal protective needs ☒ Function 3: Coordinate with partners to facilitate risk-specific safety and health training ☒ Function 4: Monitor responder safety and health actions	7/1/14 – 6/30/17 <u>7/1/16 – 6/30/17</u>	1. Develop procedures to ensure safety of public health workforce and purchase and maintain protective equipment for employees according to these procedures. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Participate in annual statewide medical and health exercise.

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

PHEP Capability 15: Volunteer Management

Objective: The ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Coordinate volunteers ☒ Function 2: Notify volunteers ☐ Function 3: Organize, assemble, and dispatch volunteers ☐ Function 4: Demobilize volunteers	7/1/14 16 – 6/30/17	1. Maintain local administrative functions to ensure operational readiness of the Disaster Healthcare Volunteers system. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Participate in annual statewide medical and health exercise.

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

PHEP Capability 16: Program Management

Objective: Support public health emergency preparedness program activities including application, progress reporting, invoicing, fiscal monitoring, and coordination across multiple capabilities including alignment with Hospital Preparedness Program (HPP).

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Coordination across multiple Capabilities ☒ Function 2: Fiscal Monitoring and Tracking ☒ Function 3: Grants Management ☒ Function 4: Reporting on Performance Measures	7/1/14 – 6/30/17	1. Maintain local Public Health Emergency Preparedness Coordinator. 2. Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting. 3. Support program operations including office supplies and equipment, communications, laptops, cell phones, fax machines, satellite phones, and other forms of communication necessary for daily operations or emergency response.

Exhibit A – Attachment 1
Fresno County Scope of Work
Pandemic Influenza Planning

Pandemic Influenza Capability 1: Planning and Preparedness Activities

Objective: The ability of communities to prepare for, withstand, and recover from public health incidents including a potential pandemic influenza. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health's role in preparing for, responding to, and recovering from a public health incident such as a pandemic influenza.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Develop, maintain and/or strengthen local pandemic influenza emergency response plan ☒ Function 2: Test pandemic influenza response in drills, exercises, and real events ☒ Function 3: Engage public and private partners to ensure coordinated response efforts ☒ Function 4: Maintain surveillance system for reporting severe and fatal cases of laboratory confirmed influenza as required by CDPH	7/1/14 – 6/30/17	1. Maintain Pandemic Influenza Coordinator and other trained staff needed to complete pandemic plans and testing of plans. 2. Maintain pandemic influenza operational response plans including plans for Government Authorized Alternate Care Sites. Purchase, store, and/or maintain supplies and equipment for operation of an alternate care site. 3. Hold mass vaccination clinics including the purchase of influenza or pneumococcal vaccine and other supplies for use in these clinics. Maintain capacity to store vaccine under refrigeration. 4. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. Revise work plan as directed by California Department of Public Health (CDPH). 5. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1
Fresno County Scope of Work
Pandemic Influenza Planning

Pandemic Influenza Capability 16: Program Management

Objective: Support Pandemic Influenza planning and preparedness program activities including application, progress reporting, invoicing, fiscal monitoring, and coordination across multiple capabilities including alignment with Hospital Preparedness Program (HPP).

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Coordination across multiple Capabilities ☒ Function 2: Fiscal Monitoring and Tracking ☒ Function 3: Grants Management	7/1/14 – 6/30/17	1. Maintain local Public Health Emergency Preparedness Coordinator. 2. Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting. 3. Support program operations including office supplies and equipment, communications, laptops, cell phones, fax machines, satellite phones, and other forms of communication necessary for daily operations or emergency response.

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2015 - 2016 PROJECT BUDGET			CDC PHEP Base Funds			Laboratory Funds			Laboratory Trainee Funds			Laboratory Training Assistance Funds			Cities Readiness Initiative Funds			HPP Funds			GFPP			TOTALS	
Personnel			FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost		
Position Title and Number of each																									
Public Health Nurse (1)			35%	\$ 83,246	\$29,136	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	30%	\$ 83,247	\$24,974	26%	\$ 74,890	\$18,723	15%	\$ 74,890	\$11,234	\$ 316,272	\$84,066
Coordinator (1)			25%	\$ 67,998	\$17,000	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 67,998	\$17,000
PHEP Coordinator (2)			50%	\$ 75,976	\$37,988	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	10%	\$ 75,975	\$7,598		\$ -	\$0	10%	\$ 75,980	\$7,598	\$ 227,931	\$53,184
Health Education Specialist (3)			75%	\$ 42,309	\$31,732	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	40%	\$ 42,309	\$16,924		\$ -	\$0	35%	\$ 42,309	\$14,808	\$ 126,927	\$63,464
Epidemiologist (2)			80%	\$ 68,755	\$55,004	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 68,755	\$55,004
System Procedure Analyst (1)			10%	\$ 70,079	\$7,008	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 70,079	\$7,008
Staff Analyst (1)			60%	\$ 71,232	\$42,739	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	5%	\$ 71,230	\$3,562	30%	\$ 71,230	\$21,369	5%	\$ 71,230	\$3,562	\$ 284,922	\$71,231
Staff Analyst I (1)			100%	\$ 42,330	\$42,330	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 42,330	\$42,330
Office Assistant (1)			30%	\$ 35,487	\$10,646	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	70%	\$ 35,487	\$24,841		\$ -	\$0		\$ -	\$0	\$ 70,974	\$35,487
Program Technician (2)			40%	\$ 37,338	\$14,935	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	79%	\$ 36,211	\$28,607	10%	\$ 37,340	\$3,734		\$ -	\$0	\$ 110,888	\$47,276
Sr Public Health Microbiologist (1)				\$ -	\$0	100%	\$ 68,859	\$68,859	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 68,859	\$68,859
Public Health Microbiologist (1)				\$ -	\$0	40%	\$ 48,143	\$19,257	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 48,143	\$19,257
Lab Assistant (1)				\$ -	\$0	25%	\$ 23,020	\$5,755	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 23,020	\$5,755
HPP Coordinator (1)				\$ -	\$0		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0	30%	\$ 75,977	\$22,793		\$ -	\$0	\$ 75,977	\$22,793
LEMSA Coordinator (1)				\$ -	\$0		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0	50%	\$ 28,064	\$14,032		\$ -	\$0	\$ 28,064	\$14,032
Sr. Epidemiologist (1)			50%	\$ 72,430	\$36,215		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 72,430	\$36,215
Extra Help EPI Program Tech (1)			20%	\$ 34,270	\$6,854		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 34,270	\$6,854
Extra Help PH Microbiologist (1)				\$ -	\$0	26%	\$ 40,767	\$10,599	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 40,767	\$10,599
Lab Trainee (1)				\$ -	\$0	100%	\$ 16,535	\$16,535	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 16,535	\$16,535
PHN/Partnership Coordinator (1)				\$ -	\$0		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0	20%	\$ 83,245	\$16,649		\$ -	\$0	\$ 83,245	\$16,649
PHN/Pan Flu Coordinator (1)				\$ -	\$0		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0	15%	\$ 83,243	\$12,487	\$ 83,243	\$12,487
				\$ -	\$0		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
					\$254,603			\$121,006			\$0			\$0			\$81,663			\$64,545			\$38,454	\$560,271	
					\$235,600			\$103,772			\$0			\$0			\$68,833			\$60,232			\$38,454	\$506,892	
Fringe Benefits			%			%			%			%			%			%			%				
			75.51%		\$192,267		63.12%	\$76,374		#DIV/0!	\$0		#DIV/0!	\$0		71.58%	\$58,452		80.29%	\$51,823		77.08%	\$29,642	\$408,548	
					\$177,908			\$65,497			\$0			\$0			\$49,269			\$48,360				\$370,675	
Subtotal Personnel and Fringe					\$446,860			\$197,380			\$0			\$0			\$140,115			\$116,368			\$68,096	\$968,819	
					\$413,508			\$169,270			\$0			\$0			\$118,102			\$108,592				\$877,567	
Operating Expenses					\$63,341			\$31,809			\$0			\$0			\$62,682			\$61,352			\$9,522	\$228,795	
					\$58,349			\$12,833			\$0			\$0			\$36,876			\$55,584				\$173,163	
Equipment (Minor)			Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total		
Folding Chairs			24	\$2.47	\$61,259			\$0			\$0			\$0			\$0			\$0			\$0	\$1,259	
Folding Stacked Chair Cart			1	\$235.66	\$236			\$0			\$0			\$0			\$0			\$0			\$0	\$236	
Crown Control Barricade			3	\$227.27	\$682			\$0			\$0			\$0			\$0			\$0			\$0	\$682	
Victor X4					\$0	1	\$28,158	\$28,158			\$0			\$0			\$0			\$0			\$0	\$28,158	
Laptop/Tablet					\$0	1	\$1,500	\$1,500			\$0			\$0			\$0			\$0			\$0	\$14,000	
16' Storage Trailer					\$0			\$0			\$0			\$0	5	\$2,500	\$12,500			\$0			\$0	\$14,000	
Gamma Scout Hand Held Geiger Counter					\$0			\$0			\$0			\$0			\$0	3	\$7,146	\$21,438			\$0	\$21,438	
Shelter 20x10 ft					\$0			\$0			\$0			\$0			\$0	1	\$670	\$670			\$0	\$670	
Motorola XPR6550 Portable Radio					\$0			\$0			\$0			\$0			\$0	1	\$481	\$481			\$0	\$481	
Portable Generator					\$0			\$0			\$0			\$0			\$0	3	\$981	\$2,942			\$0	\$2,942	
Storage Trailer, Trailer cover, and logo wrap			1	\$12000	\$12,000			\$0			\$0			\$0	2	\$6,500	\$13,000			\$0	3	\$4,842	\$14,526	\$27,526	
Refrigerator/ Freezer with warranty			1	\$10984.9	\$10,985			\$0			\$0			\$0			\$0			\$0			\$0	\$12,000	
Replacement of Safety Hood					\$0	1	\$9,789	\$9,789			\$0			\$0			\$0			\$0			\$0	\$10,985	
XE 1200 HVAC System					\$0			\$0			\$0			\$0			\$0			\$0			\$0	\$9,789	
APS All Purpose Stacker					\$0			\$0			\$0			\$0			\$0	1	\$8,091	\$8,091			\$0	\$8,091	
Laptop/Tablet and accessories					\$0			\$0			\$0			\$0			\$0	1	\$12,379	\$12,379			\$0	\$12,379	
Equipment Subtotal					\$22,985			\$9,789			\$0			\$0			\$13,000			\$20,479			\$2,000	\$68,244	
					\$10,985			\$0			\$0			\$0			\$0			\$20,469				\$33,454	
In State Travel/Per Diem (Be sure travel is referenced in the SOW)					\$6,709			\$4,494			\$0			\$0			\$2,600			\$1,303			\$550	\$15,656	
					\$3,711			\$0			\$0			\$0			\$637							\$6,201	
Out of State Travel/Per Diem (Be sure OST is referenced in the SOW)					\$4,609			\$3,000			\$0			\$0			\$0			\$0			\$0	\$7,609	
								\$0			\$0			\$0										\$4,609	

Exhibit B - Attachment 3
Fresno County Budget Cost Sheet - Year 2

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2015 - 2016 PROJECT BUDGET		CDC PHEP Base Funds		Laboratory Funds		Laboratory Trainee Funds		Laboratory Training Assistance Funds		Cities Readiness Initiative Funds		HPP Funds		GFPP	TOTALS
Subcontracts															
Resources for Independence, Central Valley (RICV)		\$20,500		\$0		\$0		\$0		\$20,500		\$0		\$0	\$41,000
HMS, Inc.		\$10,250		\$0		\$0		\$0		\$0		\$0		\$0	\$10,250
Verizon		\$2,281		\$0		\$0		\$0		\$0		\$0		\$0	\$2,281
Sprint		\$3,500		\$0		\$0		\$0		\$0		\$0		\$0	\$3,500
DOC phone lines		\$3,090		\$0		\$0		\$0		\$0		\$0		\$0	\$3,090
SAS License		\$3,615		\$0		\$0		\$0		\$0		\$0		\$0	\$3,615
Peninsula Courier		\$0		\$2,500		\$0		\$0		\$0		\$0		\$0	\$2,500
New Life Technologies		\$0		\$22,720		\$0		\$0		\$0		\$0	\$3,000		\$25,720
Flu media campaign		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0
IEHIE Agreement		\$7,500		\$0		\$0		\$0		\$0		\$0		\$0	\$7,500
PerkinElmer Victor X4/TRE Maintenance Aoreement		\$0		\$6,000		\$0		\$0		\$0		\$0		\$0	\$6,000
Lab Director		\$0		\$11,100		\$0		\$0		\$0		\$0		\$0	\$11,100
Consultant Time		\$0		\$0		\$0		\$0		\$0		\$23,500		\$0	\$23,500
		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0
Subcontract Subtotal		\$60,736		\$42,320		\$0		\$0		\$20,500		\$23,500		\$0	\$137,056
		\$25,144		\$39,150						\$7,625					\$95,418
Other Costs															
Software and Licenses		\$42,000		\$61,964		\$0		\$0		\$2,300		\$0		\$162	\$106,426
Training		\$17,185		\$0		\$0		\$0		\$0		\$101,357		\$0	\$118,542
Exercise Materials		\$0		\$0		\$0		\$0		\$4,061		\$31,920		\$5,000	\$40,981
Maintenance Agreements		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0
		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0
															\$0
Other Costs Subtotal		\$69,185		\$61,964		\$0		\$0		\$6,361		\$101,357		\$162	\$228,029
		\$40,770		\$0						\$2,727		\$61,554			\$105,213
Total Direct Costs		\$654,424		\$350,756		\$0		\$0		\$245,258		\$324,351		\$80,330	\$1,655,119
		\$557,074		\$221,252						\$165,967		\$271,002			\$1,295,625
Total Indirect Costs		\$95,980		\$51,481		\$0		\$0		\$36,021		\$47,552		\$11,809	\$242,842
(14.67%; 14.51%; 14.64%; 14.68; 14.36%; 14.7% of Total Direct Costs)		\$80,810		\$32,390						\$24,359		\$38,922			\$188,290
Total Costs		\$750,404		\$402,237		\$0		\$0		\$281,279		\$371,903		\$92,139	\$1,897,961
		\$637,885		\$253,642						\$190,326		\$309,924			\$1,483,915

Out of State Travel: LRN Training, Richmond Virginia

Supplies means: consumables office supply these are item that may be destroyed, dissipated, wasted are products that consumers buy recurrently i.e., items which "get used up" or discarded.

For example consumable office supplies are such products as paper, pens, file folder, binders, post-it notes, computer disks, and toner or ink cartridges..etc..

Note: Supplies do not include capital goods such as computers, fax machines, and other business machines or office furniture these would need to be set up in there own line item.

Note: Budget should link back to the SOW i.e. subcontractors/conferences/meeting/training/travel/printing/major equipment etc.... these types of services must be identified in the SOW (who/what/when and where)

Exhibit B - Attachment 4
Fresno County Budget Cost Sheet - Year 3

Fresno County
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2016 - 2017 PROJECT BUDGET		CDC PHEP Base Funds				Laboratory Funds				Laboratory Trainee Funds				Laboratory Training Assistance Funds				Cities Readiness Initiative Funds				HPP Funds				GFPP			TOTALS	
Personnel																														
Position Title and Number of each	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost			
Public Health Nurse (1)	35%	\$ 85,440	\$29,904		\$ -	\$0		\$ -	\$0		\$ -	\$0		30%	\$ 85,440	\$25,632	25%	\$ 74,890	\$18,723	15%	\$ 74,890	\$11,234	\$ 320,660	\$85,492						
Coordinator (1)	25%	\$ 67,998	\$17,000		\$ -	\$0		\$ -	\$0		\$ -	\$0			\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 67,998	\$17,000						
PHEP Coordinator (2)	45%	\$ 78,300	\$35,235		\$ -	\$0		\$ -	\$0		\$ -	\$0		10%	\$ 78,300	\$7,830	35%	\$ 78,300	\$27,405	10%	\$ 78,300	\$7,830	\$ 313,200	\$78,300						
Health Education Specialist (3) (2)	75%	\$ 42,788	\$32,091		\$ -	\$0		\$ -	\$0		\$ -	\$0		40%	\$ 42,788	\$17,115		\$ -	\$0	35%	\$ 42,789	\$14,976	\$ 128,364	\$64,182						
Epidemiologist (2) (1)	50%	\$ 59,926	\$29,963		\$ -	\$0		\$ -	\$0		\$ -	\$0			\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 59,926	\$29,963						
System Procedure Analyst (1)	10%	\$ 70,079	\$7,008		\$ -	\$0		\$ -	\$0		\$ -	\$0			\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 70,079	\$7,008						
Staff Analyst (1)	55%	\$ 70,902	\$38,996		\$ -	\$0		\$ -	\$0		\$ -	\$0		5%	\$ 70,900	\$3,545	35%	\$ 70,903	\$24,816	5%	\$ 70,900	\$3,545	\$ 283,605	\$70,902						
Staff Analyst I (1)	100%	\$ 42,330	\$42,330		\$ -	\$0		\$ -	\$0		\$ -	\$0			\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 42,330	\$42,330						
Office Assistant (1)	30%	\$ 35,487	\$10,646		\$ -	\$0		\$ -	\$0		\$ -	\$0		70%	\$ 35,487	\$24,841		\$ -	\$0		\$ -	\$0	\$ 70,974	\$35,487						
Program Technician (1)	40%	\$ 39,475	\$15,790		\$ -	\$0		\$ -	\$0		\$ -	\$0		50%	\$ 39,475	\$19,738	10%	\$ 39,475	\$3,948		\$ -	\$0	\$ 118,425	\$39,475						
Sr Public Health Microbiologist (1)		\$ -	\$0	100%	\$ 68,484	\$68,484		\$ -	\$0		\$ -	\$0			\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 68,484	\$68,484						
Public Health Microbiologist (1)		\$ -	\$0	40%	\$ 47,210	\$18,884		\$ -	\$0		\$ -	\$0			\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 47,210	\$18,884						
Lab Assistant (1)		\$ -	\$0	25%	\$ 31,278	\$5,773		\$ -	\$0		\$ -	\$0			\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 31,278	\$5,773						
HPP Coordinator (1)		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0			\$ -	\$0	75%	\$ 68,000	\$51,000		\$ -	\$0	\$ 68,000	\$51,000						
LEMSA Coordinator (1)		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0			\$ -	\$0	50%	\$ 28,064	\$14,032		\$ -	\$0	\$ 28,064	\$14,032						
Sr. Epidemiologist (1)	23%	\$ 72,046	\$16,571		\$ -	\$0		\$ -	\$0		\$ -	\$0			\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 72,046	\$16,571						
Supervising PHN (1)	20%	\$ 99,113	\$19,823		\$ -	\$0		\$ -	\$0		\$ -	\$0			\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 99,113	\$19,823						
Lab Trainee (1)		\$ -	\$0	100%	\$ 18,275	\$18,275		\$ -	\$0		\$ -	\$0			\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 18,275	\$18,275						
PHN, Coalition Coordinator (1)		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0			\$ -	\$0	20%	\$ 85,438	\$17,088		\$ -	\$0	\$ 85,438	\$17,088						
Pan Flu Coordinator (1)		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0			\$ -	\$0		\$ -	\$0	15%	\$ 85,437	\$12,816	\$ 85,437	\$12,816						
		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0			\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0						
			\$218,372			\$111,416			\$0			\$0			\$73,860			\$73,256			\$39,167		\$516,070							
Fringe Benefits	%				%			%			%			%			%				%									
Subtotal Personnel and Fringe	74.17%		\$161,967		65.50%	\$72,978		#DIV/0!	\$0		#DIV/0!	\$0		0.00%	\$56,593		77.75%	\$56,957		74.38%	\$29,132		\$377,627							
			\$380,339			\$184,394			\$0			\$0			\$130,452			\$130,213			\$68,299		\$893,697							
Operating Expenses			\$63,286			\$89,549			\$0			\$0			\$15,146			\$163,620			\$11,458		\$343,059							
Equipment (Minor)	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total									
Folding Chairs	24	\$2.47	\$1,259			\$0			\$0			\$0			\$0			\$0			\$0		\$1,259							
Folding Stacked Chair Cart	1	\$235.66	\$236			\$0			\$0			\$0			\$0			\$0			\$0		\$236							
Crown Control Barricade	3	\$227.27	\$682			\$0			\$0			\$0			\$0			\$0			\$0		\$682							
Victor X4			\$0	1	\$28,158	\$28,158			\$0			\$0			\$0			\$0			\$0		\$28,158							
Laptop/Tablet			\$0	1	\$1,500	\$1,500			\$0			\$0	5	\$2,500	\$12,500			\$0			\$0		\$14,000							
16' Storage Trailer			\$0			\$0			\$0			\$0			\$0		3	\$7,146	\$21,438			\$0	\$21,438							
Gamma Scout Hand Held Geiger Counter			\$0			\$0			\$0			\$0			\$0		1	\$670	\$670			\$0	\$670							
Shelter 20x10 ft			\$0			\$0			\$0			\$0			\$0		1	\$481	\$481			\$0	\$481							
Motorola XPR6550 Portable Radio			\$0			\$0			\$0			\$0			\$0		3	\$981	\$2,942			\$0	\$2,942							
Portable Generator			\$0			\$0			\$0			\$0			\$0				\$0	3	\$4,842	\$14,526	\$14,526							
Lab/ Pharmacy Refrigerator	2	7000	\$14,000			\$0			\$0			\$0			\$0				\$0			\$0	\$14,000							
Hood Fan Replacement			\$0	1	\$20,000	\$20,000			\$0			\$0			\$0				\$0			\$0	\$20,000							
Bio Safety Hood - 6ft			\$0	2	\$10,724	\$21,449			\$0			\$0			\$0				\$0			\$0	\$21,449							
Bio Safety Hood - 3ft			\$0	1	\$6,920	\$6,920			\$0			\$0			\$0				\$0			\$0	\$6,920							
Generator for HVAC			\$0			\$0			\$0			\$0			\$0		1	\$7,239	\$7,239			\$0	\$7,239							
			\$0			\$0			\$0			\$0			\$0				\$0			\$0	\$0							
Equipment Subtotal			\$14,000			\$48,369			\$0			\$0			\$0			\$7,239			\$0		\$69,607							

Exhibit B - Attachment 4
Fresno County Budget Cost Sheet - Year 3

Fresno County
14-10501 A03

2016 - 2017 PROJECT BUDGET		CDC PHEP Base Funds		Laboratory Funds		Laboratory Trainee Funds		Laboratory Training Assistance Funds		Cities Readiness Initiative Funds		HPP Funds		GFPP	TOTALS
In State Travel/Per Diem (Be sure travel is referenced in the SOW)		\$4,084		\$5,303		\$0		\$0		\$2,050		\$6,273		\$550	\$18,260
Out of State Travel/Per Diem (Be sure OST is referenced in the SOW)		\$3,300		\$1,500		\$0		\$0		\$0		\$3,450		\$0	\$8,250
Subcontracts															
Resources for Independence, Central Valley (RICV)		\$14,350		\$0		\$0		\$0		\$26,650		\$0		\$0	\$41,000
HMS, Inc.		\$10,250		\$0		\$0		\$0		\$0		\$0		\$0	\$10,250
Verizon		\$3,193		\$0		\$0		\$0		\$0		\$0		\$0	\$3,193
Sprint		\$3,307		\$0		\$0		\$0		\$0		\$0		\$0	\$3,307
DOC phone lines		\$3,090		\$0		\$0		\$0		\$0		\$0		\$0	\$3,090
SAS License		\$1,800		\$0		\$0		\$0		\$0		\$0		\$0	\$1,800
Peninsula Courier		\$0		\$1,500		\$0		\$0		\$0		\$0		\$0	\$1,500
New Life Technologies		\$0		\$18,320		\$0		\$0		\$0		\$0		\$3,000	\$21,320
Flu media campaign		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0
Inland Empire Health Information Exchange (IEHIE)		\$21,500		\$0		\$0		\$0		\$0		\$0		\$0	\$21,500
Prezi Software (2)		\$1,590		\$0		\$0		\$0		\$0		\$0		\$0	\$1,590
Jerry Petersen, Lab Director		\$0		\$11,100		\$0		\$0		\$0		\$0		\$0	\$11,100
Bio Defense		\$0		\$0		\$0		\$0		\$57,485		\$0		\$0	\$57,485
		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0
Subcontract Subtotal		\$49,490		\$12,600		\$0		\$0		\$84,135		\$0		\$0	\$146,225
Other Costs															
Software and Licenses		\$35,650		\$12,000		\$0		\$0		\$0		\$0		\$0	\$47,650
Training		\$25,225		\$245		\$0		\$0		\$2,000		\$25,320		\$0	\$52,790
Exercise Materials		\$0		\$0		\$0		\$0		\$5,142		\$31,920		\$5,000	\$42,062
Maintenance Agreements		\$0		\$28,720		\$0		\$0		\$0		\$0		\$0	\$28,720
		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0
Other Costs Subtotal		\$60,875		\$40,965		\$0		\$0		\$2,000		\$25,320		\$0	\$129,160
Total Direct Costs		\$575,374		\$382,679		\$0		\$0		\$233,783		\$336,115		\$80,306	\$1,608,257
Total Indirect Costs		\$84,442		\$56,162		\$0		\$0		\$34,310		\$49,328		\$11,786	\$236,028
(14.67% 14.7% of Total Direct Costs)															
Total Costs		\$659,816		\$438,841		\$0		\$0		\$268,093		\$385,443		\$92,092	\$1,844,285

Out of State Travel: CSTE Conferences, TBD; PHEP Summit, Atlanta GA.; Conventional BT Methods, Richmond, CA; National Healthcare Coalition Conference, Washington, DC.

Supplies means: consumables office supply these are item that may be destroyed, dissipated, wasted are products that consumers buy recurrently i.e., items which "get used up" or discarded.

For example consumable office supplies are such products as paper, pens, file folder, binders, post-it notes, computer disks, and toner or ink cartridges..etc..

Note: Supplies do not include capital goods such as computers, fax machines, and other business machines or office furniture these would need to be set up in there own line item.

Note: Budget should link back to the SOW i.e. subcontractors/conferences/meeting/training/travel/printing/major equipment etc.... these types of services must be identified in the SOW (who/what/when and where)

Exhibit B, Attachment 1 - Payment Criteria

2014-15, 2015-16, **2016-17** CDC Public Health Emergency Preparedness (PHEP), HHS Hospital Preparedness Program (HPP) Funding (**CFDA# 93.074**) and State General Fund (GF) Pandemic Influenza 2014-15, 2015-16, **2016-17** Allocation Agreement

		CDC PHEP and Cities Readiness Initiative (CRI)	Reference Lab Funds (\$260,246 total to each Reference Lab)
1st Quarter Payment	Criteria	CDPH must receive the following: Signed FY 2014-15 Allocation Agreement Contract. Fully executed FY 15-16 Contract Amendment. - Receipt of all required application documents - Approved PHEP/CRI Work Plan - Approved PHEP/CRI Budget Submission of FY13-14 PHEP Year End Progress Report, Submission of FY14-15 PHEP/CRI Year-End Progress and Expenditure Reports	CDPH must receive the following: Signed FY 2014-15 Allocation Agreement Contract. Fully executed FY 15-16 Contract Amendment. - Receipt of all required application documents - Approved PHEP Lab Work Plan - Approved PHEP Lab Budget Submission of FY 13-14 Year End Progress Report, Submission of FY14-15 LAB Year End Progress and Expenditure Reports
	Payment	Advance payment of 25% of initial FY 14-15, 15-16, 16-17 CDC PHEP Base and/or CRI Fund allocation	Advance payment of 25% of initial FY 14-15, 15-16, 16-17 Lab Fund (not including lab trainees) allocation
2nd Quarter Payment	Criteria	CDPH must receive the following: 1st Quarter Payment Criteria must be met Receipt of FY13-14 PHEP Year End Expenditure Report Submission of FY 15-16 PHEP/CRI Year End Progress and Expenditure Reports Approved budget revision Carry Forward amount Signed Agreement Amendment, includes Carry Forward If required, submission of FY13-14 Supplemental Work Plan Progress Report Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial PHEP Base and/or CRI to cover the Q1 advance payment. - Contractor submits an invoice for unique approvable PHEP/CRI expenditures for a minimum of 25% of their initial allocation enough to cover the Q1 advance payment.	CDPH must receive the following: Same as PHEP/CRI as it Applies to Lab
	Payment	If receipt of more than the 25% minimum requirement, first pay carry forward, if applicable, matching PHEP Supporting Documentation submission up to the carry-forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation remaining will be 25% of the total CDC PHEP Base and/or CRI Fund. Receipt of an invoice equivalent to the Q1 advance payment, is a no payment. Any expenditures exceeding the Q1 advance payment will be paid from funds expiring June 30, 2015, 2016, 2017, in the appropriate category, first.	Same as PHEP/CRI as it applies to Lab

Exhibit B, Attachment 1 - Payment Criteria

2014-15, 2015-16, **2016-17** CDC Public Health Emergency Preparedness (PHEP), HHS Hospital Preparedness Program (HPP) Funding (**CFDA# 93.074**) and State General Fund (GF) Pandemic Influenza 2014-15, 2015-16, **2016-17 Allocation Agreement**

3rd Quarter Payment	Criteria	1st & 2nd Payment Criteria must be met - Receipt of FY 14-15, 15-16, 16-17 PHEP/CRI Mid-Year reports if required, completed PHEP/CRI Supplemental Work Plan and final report Funds carried over from the previous year must be spent by March 31, 2017 and Invoiced by April 30, 2017. - Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial Allocation. - Contractor Submits an invoice for unique approvable PHEP/CRI expenditures.	1st & 2nd Payment Criteria must be met - Same as PHEP/CRI as it applies to Lab
	Payment	If receipt of more than the 25% minimum requirement, first pay carry forward, if applicable, matching PHEP Supporting Documentation submission up to the carry forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation remaining will be 25% of the total CDC PHEP Base and/or CRI Fund. Additional expenditures will be paid from funds expiring June 30, 2015, 2016, 2017, in the appropriate category first.	Same as PHEP/CRI as it applies to Lab
Final Payment	Criteria	1st, 2nd & 3rd Payment Criteria must be met - Receipt of required Performance Measure reports Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial Allocation. - Contractor Submits an invoice for unique approvable PHEP/CRI expenditures.	1st, 2nd & 3rd Payment Criteria must be met - Same as PHEP/CRI as it applies to Lab
	Payment	If receipt of more than the 25% minimum requirement, first pay carry forward, if applicable, matching PHEP Supporting Documentation submission up to the carry forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation remaining will be 25% of the total CDC PHEP Base and/or CRI Fund. Additional expenditures will be paid from funds expiring June 30, 2015, 2016, 2017, in the appropriate category first.	Same as PHEP/CRI as it applies to Lab

Exhibit B, Attachment 1 - Payment Criteria

2014-15, 2015-16, **2016-17** CDC Public Health Emergency Preparedness (PHEP), HHS Hospital Preparedness Program (HPP) Funding (**CFDA# 93.074**) and State General Fund (GF) Pandemic Influenza 2014-15, 2015-16, **2016-17 Allocation Agreement**

		Lab Trainee Funds	Lab Training Assistance Funds
1st Quarter Payment	Criteria	CDPH must receive the following: Signed FY 14-15 Allocation Agreement Fully executed FY 15-16 Contract Amendment, includes Lab Trainee Funds - Receipt of all required Trainee application documents - Approved Lab trainee(s) must be included in the approved Work Plan and Lab budget - Same as PHEP/CRI as it applies to Lab Trainee	LHD must: CDPH must receive the following: Signed FY 14-15 Allocation Agreement Fully executed FY 15-16 Contract Amendment, includes Lab Trainee Funds - Receipt of all required Training Assistance application documents - Approved Lab Training Assistance must be included in the approved Work Plan and Lab budget - Same as PHEP/CRI as it applies to Lab Trainee Assistance
	Payment	Advance payment of 25% of initial FY 14-15, 15-16, 16-17 PHEP Trainee initial allocation	Advance payment of 25% of initial FY 14-15, 15-16, 16-17 PHEP Training Assistance initial allocation
2nd Quarter Payment	Criteria	- N/A - Same as PHEP/CRI as it applies to Lab Trainee	- N/A - Same as PHEP/CRI as it applies to Lab Trainee Assistance
	Payment	- N/A - Same as PHEP/CRI as it applies to Lab Trainee	- N/A - Same as PHEP/CRI as it applies to Lab Trainee Assistance
3rd Quarter Payment	Criteria	- N/A - Same as PHEP/CRI as it applies to Lab Trainee	- N/A - Same as PHEP/CRI as it applies to Lab Trainee Assistance
	Payment	- N/A - Same as PHEP/CRI as it applies to Lab Trainee	- N/A - Same as PHEP/CRI as it applies to Lab Trainee Assistance
Final Payment	Criteria	- N/A - Same as PHEP/CRI as it applies to Lab Trainee	- N/A - Same as PHEP/CRI as it applies to Lab Trainee Assistance
	Payment	- N/A - Same as PHEP/CRI as it applies to Lab Trainee	- N/A - Same as PHEP/CRI as it applies to Lab Trainee Assistance

Exhibit B, Attachment 1 - Payment Criteria

2014-15, 2015-16, **2016-17** CDC Public Health Emergency Preparedness (PHEP), HHS Hospital Preparedness Program (HPP) Funding (**CFDA# 93.074**) and State General Fund (GF) Pandemic Influenza 2014-15, 2015-16, **2016-17 Allocation Agreement**

		HPP	State GF
1st Quarter Payment	Criteria	CDPH must receive the following: • Signed FY 14-15 Allocation Agreement Fully executed FY 15-16 Contract Amendment • Receipt of all required application documents • Five Letters of Support (Refer to the FY 14-15 Application Guidance) • Approved HPP Work Plan • Approved HPP Budget • Submission of Health Care <u>Organization data</u> Facility (HCF) Form • Receipt of FY 13-14 HPP Year End Progress Report, Submission of FY14-15 HPP Year End Progress and Expenditure Reports	CDPH must receive the following: • Signed FY 14-15 Allocation Agreement Fully executed FY 15-16 Contract Amendment • Receipt of all required application documents • Receipt of FY 13-14 GF Pan Flu Year End Progress Report • Approved GF Pan Flu Work Plan • Approved GF Pan Flu Budget • Submission of FY14-15 HPP Year End Progress and Expenditure Reports
	Payment	Advance payment of 25% of HPP Initial FY 15-16, FY 16-17 allocation	Advance payment of 25% of State GF Pandemic Influenza Initial FY 15-16, FY 16-17 allocation.
2nd Quarter Payment	Criteria	• 1st Payment Criteria must be met • Receipt of HPP FY13-14 Year End Expenditure Report Submission of FY 15-16 PHEP Year End Progress and Expenditure Reports • An invoice for unique HPP expenditures for a minimum of 25% of Initial Allocation to cover the Q1 advance payment • If required, submission of completed FY 13-14 Supplemental Work Plan • Contractor submits an invoice for unique approvable HPP expenditures for a minimum of 25% of initial allocation to cover the Q1 advance payment.	• 1st Payment Criteria must be met • Receipt of GF Pan Flu FY13-14 Year End Expenditure Report Submission of FY 15-16 PHEP Year End Progress and Expenditure Reports • An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation to cover the Q1 advance payment • If required, submission of completed FY 13-14 Supplemental Work Plan • Contractor submits an invoice for unique approvable GF Pan Flu expenditures for a minimum of 25% of initial allocation to cover the Q1 advance payment.
	Payment	HPP for unique expenditures less the advance payment of 25% of HPP Initial Allocation. Receipt of an invoice equivalent to the Q1 advance payment, is a no payment. Any expenditures exceeding the Q1 advance payment will be paid from funds expiring June 30, 2015, 2016, 2017, in the appropriate category, first.	GF Pandemic Influenza for unique expenditures less the advance payment of 25% of State GF Pandemic Influenza Initial Allocation. Receipt of an invoice equivalent to the Q1 advance payment, is a no payment. Receipt of an invoice for more than the Q1 advance payment, is a payment of expenditures less the Q1 advance payment.

Exhibit B, Attachment 1 - Payment Criteria

2014-15, 2015-16, **2016-17** CDC Public Health Emergency Preparedness (PHEP), HHS Hospital Preparedness Program (HPP) Funding (**CFDA# 93.074**) and State General Fund (GF) Pandemic Influenza 2014-15, 2015-16, **2016-17 Allocation Agreement**

3rd Quarter Payment	Criteria	1st & 2nd Payment Criteria must be met - An invoice for unique HPP expenditures for a minimum of 25% of Initial Allocation - Contractor Submits an invoice for unique approvable HPP expenditures. <u>Receipt of FY 16-17 HPP Mid-Year Progress and Expenditure reports</u> <u>Funds carried over from the previous year must be spent by March 31, 2017 and Invoiced by April 30, 2017.</u>	1st & 2nd Payment Criteria must be met - An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation - Contractor Submits an invoice unique approvable GF Pan Flu expenditures. <u>Receipt of FY 16-17 GF Pan Flu Mid-Year Progress and Expenditure reports</u> <u>Funds carried over from the previous year must be spent by March 31, 2017 and Invoiced by April 30, 2017.</u>
	Payment	HPP for unique expenditures. Additional expenditures will be paid from funds expiring June 30, 2015, 2016, 2017 in the appropriate category first.	GF Pandemic Influenza for unique expenditures. Additional expenditures will be paid out of the appropriate category.
Final Payment	Criteria	1st, 2nd & 3rd Payment Criteria must be met - Receipt of required Performance Measure reports - An invoice for unique HPP expenditures for a minimum of 25% amount of Initial Allocation - Contractor Submits an invoice for unique approvable HPP expenditures.	1st, 2nd & 3rd Payment Criteria must be met - An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation - Contractor Submits an invoice unique approvable GF Pan Flu expenditures.
	Payment	HPP for unique expenditures. Contractor Submits an invoice for unique approvable HPP expenditures. <u>Additional expenditures will be paid from funds expiring June 30, 2017 in the appropriate category first.</u>	GF Pandemic Influenza for unique expenditures. Additional expenditures will be paid out of the appropriate category.

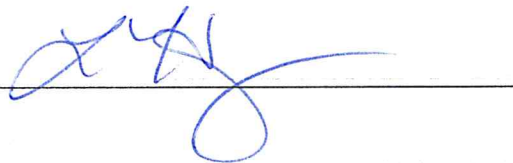
AGREEMENT BETWEEN THE COUNTY OF FRESNO AND THE STATE OF CALIFORNIA

No.: California Department of Public Health

Term: July 1, 2014 – June 30, 2017

Public Health Emergency Preparedness/
Hospital Preparedness Program
Amendment III (14-10501, A03)

APPROVED AS TO LEGAL FORM:
DANIEL C. CEDERBORG,
COUNTY COUNSEL

By 

APPROVED AS TO ACCOUNTING FORM:
OSCAR J. GARCIA, C.P.A., INTERIM AUDITOR-CONTROLLER/
TREASURER -TAX COLLECTOR

By 

REVIEWED AND RECOMMENDED FOR APPROVAL:

By 

David Pomaville
Director
Department of Public Health

Fund/Subclass:	0001/10000
Organization #:	56201619, 1621, 1623, 1626, 1691
Revenue:	4380

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