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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	CDC-RFA-TP22-2201
Opportunity Title:	Public Health Crisis Response Cooperative Agreement
Opportunity Package ID:	PKG00271339
Assistance Listing Number:	93.354
Assistance Listing Title:	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response
Competition ID:	CDC-RFA-TP22-2201
Competition Title:	Public Health Crisis Response Cooperative Agreement
Opening Date:	12/20/2024
Closing Date:	02/11/2027
Agency:	Centers for Disease Control - OPHPR
Contact Information:	Noelle Anderson

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01581532
Application Filing Name:	Fresno County Public Health Crisis Response Cooperative Agreement 2025
UEI:	GLP5PZLWSZE1
Organization:	COUNTY OF FRESNO
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Dec 02, 2025 05:14:20 PM EST
Form State:	No Errors

FORM ACTIONS:[CHECK FOR ERRORS](#)[SAVE](#)[PRINT](#)

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

 Completed by Grants.gov upon submission.

4. Applicant Identifier:

 Fresno County Public Health

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

 CA

8. APPLICANT INFORMATION:

* a. Legal Name:

 County of Fresno

* b. Employer/Taxpayer Identification Number (EIN/TIN):

 94-6000512

* c. UEI:

 GLP5PZLWSZE1

d. Address:

* Street1:

 1221 Fulton Street

Street2:

* City:

 Fresno

County/Parish:

 CA

* State:

 CA: California

Province:

* Country:

 USA: UNITED STATES

* Zip / Postal Code:

 93721-1915

e. Organizational Unit:

Department Name:

 Department of Public Health

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

 Darrel

Middle Name:

* Last Name:

 Schmidt

Suffix:

Title:

 Senior Staff Analyst

Organizational Affiliation:

 Department of Public Health Emergency Services Division

* Telephone Number:

 559-600-3149

Fax Number:

* Email:

 dschmidt@fresnocountyca.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Centers for Disease Control - OPHPR

11. Assistance Listing Number:

93.354

Assistance Listing Title:

Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response

*** 12. Funding Opportunity Number:**

CDC-RFA-TP22-2201

* Title:

Public Health Crisis Response Cooperative Agreement

13. Competition Identification Number:

CDC-RFA-TP22-2201

Title:

Public Health Crisis Response Cooperative Agreement

14. Areas Affected by Project (Cities, Counties, States, etc.):

SF 424 #14 Attachment.pdf

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Fresno County Response to Public Health Crisis - Infectious Disease Outbreak

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="5,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="5,000,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Funding Opportunity Number CDC-RFA-TP22-2201

Applicant: County of Fresno, Department of Public Health

Application for Federal Assistance (SF-424)

Attachment to #14. Areas Affected by Project:

The project includes all cities, unincorporated towns, and other unincorporated areas within Fresno County. These include:

Cities

Fresno, Clovis, Coalinga, Firebaugh, Fowler, Huron, Kerman, Kingsburg, Mendota, Orange Cove, Parlier, Reedley, San Joaquin, Sanger, and Selma.

Towns

Auberry, Big Creek, Biola, Burrel, Cantua Creek, Caruthers, Del Rey, Dunlap, Five Points, Friant, Helm, Hume, Lakeshore, Laton, Miramonte, Mono Hot Springs, Piedra, Prather, Raisin City, Riverdale, Shaver Lake, Tollhouse, and Tranquility.

Funding Opportunity Number CDC-RFA-TP22-2201

Applicant: County of Fresno, Department of Public Health

Application for Federal Assistance (SF-424)

Attachment to #16. Congressional Districts

Congressional Districts within Fresno County include:

- CA-005
- CA-013
- CA-020
- CA-021

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Contact Information:	Noelle Anderson

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Workspace ID:	WS01581532
Application Filing Name:	Fresno County Public Health Crisis Response Cooperative Agreement 2025
UEI:	GLP5PZLWSZE1
Organization:	COUNTY OF FRESNO
Form Name:	Project Abstract Summary
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	Oct 06, 2025 04:15:02 PM EDT
Form State:	No Errors

FORM ACTIONS:

CHECK FOR ERRORS

SAVE

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Project Abstract Summary

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USA Spending.gov.

Funding Opportunity Number

CDC-RFA-TP22-2201

Assistance Listing Number(s):

93.354

Applicant Name

County of Fresno

Descriptive Title of Applicant's Project

Fresno County Response to Public Health Crisis - Infectious Disease Outbreak

Project Abstract

This grant application contemplates a future, infectious disease outbreak in which the County of Fresno, with the Fresno County Department of Public Health (DPH) taking the lead, would be required to mount a significant public health response at a scale greater than or equal to its response to COVID-19. Given this scenario, response actions would be expected to be similar to our COVID response. Efforts could include:

- Opening of the DPH Department Operations Center (DOC)
- Opening of the Fresno County Emergency Operations Center (EOC)
- Significant costs associated with information sharing with other public agencies, businesses, and the public including development of media messages and advertising campaigns identifying precautions and appropriate actions needed on the part of the public to minimize the spread of the disease (e.g. washing hands, social distancing, wearing masks).
- Coordination with other public agencies (CDPH, school districts, cities).
- Establishing call centers to respond to public inquiries.
- Significantly increasing contact tracing capabilities.
- Enforcement actions for non-compliance of legally enforceable Health Officer Orders and other actions allowed by law.
- Purchase and distribution of equipment and supplies necessary to mitigate and stop the spread of disease. Supplies and equipment could include (but not be limited to) personal protective equipment, medication, refrigerators or freezers necessary to store medication, ancillary supplies to assist with the storage and distribution of equipment and supplies.
- Equipment needed by the Public Health Laboratory.
- Software and other tools needed for epidemiological investigations and other workflow needs.
- Temporary offices for increased staff.
- Rental of facilities utilized for treatment or medication distribution sites.
- Provision of shelter, food, and other necessities for those who are financially impacted by the disease.
- Hiring of medical providers to conduct vaccination or other treatment clinics, operation of alternate care sites, and/or to supplement staffing for medical surge experienced by local hospitals and EMS providers. This may include utilization of fire department and ambulance services providers personnel, including provision of vaccination services to homebound residents.
- Contracting with community based organizations to supply needed services such as outreach and education, disease testing, vaccinations, and other services, with a focus on serving harder to reach communities and communities that are being impacted at more significant levels.
- Hiring and training of significant numbers of new County staff (full time and part time, professional, para-professional, others) to assist in all aspects of the response efforts. Includes expansion of County Human Resources role to recruit and hire temporary staff and volunteers, conducting background checks as needed for some response roles, and adhering to Disaster Service Worker (DSW) requirements for some new personnel.
- Downgrading some services will likely be required for staff to take on response roles. As response transitions to recovery, extra resources may need to be put into services that were downgraded during the response in order to quickly bring them back up to pre-response levels.
- Recovery costs including replacement of cached consumable supplies owned prior to the response, replacement of equipment that was damaged or worn out as a result of the response, and other items needed to return to normal operations once response efforts are over.

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Closing Date:	02/11/2027
Agency:	Centers for Disease Control - OPHPR
Contact Information:	Noelle Anderson

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01581532
Application Filing Name:	Fresno County Public Health Crisis Response Cooperative Agreement 2025
UEI:	GLP5PZLWSZE1
Organization:	COUNTY OF FRESNO
Form Name:	Disclosure of Lobbying Activities (SF-LLL)
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	Dec 02, 2025 05:15:52 PM EST
Form State:	No Errors

FORM ACTIONS:[CHECK FOR ERRORS](#)[SAVE](#)[PRINT](#)

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 06/30/2028

Review Public Burden Disclosure Statement

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
--	--	--

4. Name and Address of Reporting Entity:

Prime SubAwardee

* Name: County of Fresno, Department of Public Health

* Street 1: 1221 Fulton Street * Street 2: _____

* City: Fresno * State: CA: California * Zip: 93721

Congressional District, if known: CA-021

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: Centers for Disease Control and Preventi	7. * Federal Program Name/Description: Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response Assistance Listing Number, if applicable: 93.354
--	---

8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ 5,000,000.00
---	--

10. a. Name and Address of Lobbying Registrant:

Prefix _____ * First Name N/A Middle Name _____

* Last Name N/A Suffix _____

* Street 1 N/A Street 2 _____

* City N/A State _____ Zip _____

b. Individual Performing Services (including address if different from No. 10a)

Prefix _____ * First Name N/A Middle Name _____

* Last Name N/A Suffix _____

* Street 1 N/A Street 2 _____

* City N/A State _____ Zip _____

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature: Completed on submission to Grants.gov

* Name: Prefix _____ * First Name Joe Middle Name _____
* Last Name Prado Suffix _____

Title: Director Telephone No.: 559-600-3200 Date: Completed on submission to Grants.gov

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Workspace ID:	WS01581532
Application Filing Name:	Fresno County Public Health Crisis Response Cooperative Agreement 2025
UEI:	GLP5PZLWSZE1
Organization:	COUNTY OF FRESNO
Form Name:	Budget Information for Non-Construction Programs (SF-424A)
Form Version:	1.0
Requirement:	Mandatory
Download Date/Time:	Oct 07, 2025 04:28:35 PM EDT
Form State:	No Errors

FORM ACTIONS:[CHECK FOR ERRORS](#)[SAVE](#)[PRINT](#)

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Assistance Listing Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Public Health Crisis Cooperative Agreement	93.3554	\$ <input type="text"/>	\$ <input type="text"/>	\$ 53,581,415.80	\$ <input type="text"/>	\$ 53,581,415.80
2. N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Totals		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Public Health Crisis Cooperative Agreement				
a. Personnel	\$ 24,356,808.00	\$	\$	\$	\$ 24,356,808.00
b. Fringe Benefits	19,553,570.00				19,553,570.00
c. Travel					
d. Equipment	300,000.00				300,000.00
e. Supplies					
f. Contractual	4,500,000.00				4,500,000.00
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	48,710,378.00				\$ 48,710,378.00
j. Indirect Charges	4,871,037.80				\$ 4,871,037.80
k. TOTALS (sum of 6i and 6j)	\$ 53,581,415.80	\$	\$	\$	\$ 53,581,415.80
7. Program Income	\$	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Public Health Crisis Cooperative Agreement	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 53,581,415.80	\$ 13,285,353.95	\$ 13,432,020.62	\$ 13,432,020.62	\$ 13,432,020.61
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$ 53,581,415.80	\$ 13,285,353.95	\$ 13,432,020.62	\$ 13,432,020.62	\$ 13,432,020.61
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. Public Health Crisis Cooperative Agreement	\$ 53,581,415.80				
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$ 53,581,415.80				
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: \$48,710,378.00		22. Indirect Charges: \$4,871,037.80			
23. Remarks:					

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Application Filing Name:	Fresno County Public Health Crisis Response Cooperative Agreement 2025
UEI:	GLP5P2LWSZE1
Organization:	COUNTY OF FRESNO
Form Name:	Budget Narrative Attachment Form
Form Version:	1.2
Requirement:	Mandatory
Download Date/Time:	Oct 07, 2025 04:27:47 PM EDT
Form State:	Error(s)

FORM ACTIONS:

CHECK FOR ERRORS

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Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

Add Mandatory Budget Narrative

Delete Mandatory Budget Narrative

View Mandatory Budget Narrative

To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative

Delete Optional Budget Narrative

View Optional Budget Narrative

FCDPH – Public Health Crisis Response Cooperative Agreement

BUDGET NARRATIVE

DOMAIN 1

A. Salaries and Wages:

Position Title, Name, Hire Date	Annual	Time	Months	Amount Requested Months 1 – 3	Amount Requested Months 4-12
Public Health Program Manager To be Named, To be Hired Total of this position: 3	\$102,390.00	300%	12	\$76,792.50	\$230,377.50
Justification:	3 Public Health Program Managers to serve in different roles in FCDPH DOC, manage and train call center staff.				
Health Educator To be Named, To be Hired Total of this position: 3	\$53,479.00	300%	12	\$40,109.25	\$120,327.75
Justification:	3 Health Educators to research and draft messaging for use in call center and to assist with calls when subject matter expertise is needed.				
Supervising Public Health Nurse To be Named, To be Hired Total of this position: 2	\$97,092.00	200%	12	\$48,546.00	\$145,638.00
Justification:	2 Supervising Public Health Nurses to provide medical information to medical providers (and others if needed) who contact call center.				
Program Technician I To be Named, To be Hired Total of this position: 1	\$38,836.00	100%	12	\$9,715.75	\$29,147.25
Justification:	1 Program Technician to assist DOC.				
Communicable Disease Specialist I To be Named, To be Hired Total of this position: 2	\$42,700	200%	12	\$21,350.00	\$64,050.00
Justification:	2 Communicable Disease Specialists to receive calls in call center from suspected positive or close contacts of positive patients and provide appropriate instructions.				

Office Assistant I To be Named, To be Hired Total of this position: 22	\$29,023.00	2200%	12	\$159,626.50	\$478,879.50
Justification:	22 Office Assistants to provide clerical support to DOC section chiefs and others and to receive the majority of calls at call center.				
Staff Analyst I To be Named, To be Hired Total of this position: 1	\$50,190.00	100%	12	\$12,547.50	\$37,642.50
Justification:	1 Staff Analyst to assist Logistics in procurement of supplies and equipment and prepare agreements and Board agenda items.				
B. Fringe Benefits:					
Fringe Benefits = 82% of Salaries	Months 1 – 3	Months 4 - 12	Total Fringe		
	\$300,514.75	\$901,544.25	\$1,202,059.00		
C. Direct Costs:					
	Months 1 – 3	Months 4 – 12	Total Direct Costs		
	\$669,202.25	\$2,007,606.75	\$2,676,809.00		
D. Indirect Costs:					
	Months 1 -3	Months 4 – 12	Total Indirect Costs		
	\$66,920.23	\$200,760.68	\$267,680.90		
E. Total Costs					
	Months 1 – 3	Months 4- 12	Total Costs		
	\$736,122.48	\$2,208,367.43	\$2,944,489.90		
DOMAIN 2					
A. Salaries and Wages:					
Position Title, Name, Hire Date	Annual	Time	Months	Amount Requested Months 1 – 3	Amount Requested Months 4-12
Staff Analyst I To be Named, To be Hired Total of this position: 2	\$50,190.00	200%	12	\$25,095.00	\$75,285.00
Justification:	Recruit, train, and work with CBOs and other partners; manage agreements; identify at-risk and other target groups; update planning documents.				
Office Assistant I	\$29,023.00	300%	12	\$21,767.25	\$65,301.75

To be Named, To be Hired Total of this position: 3					
Justification:	Support analysts working with CBOs and other community partners.				
B. Fringe Benefits:					
	Months 1 – 3	Months 4 - 12	Total Fringe		
	\$40,363.00	\$121,089.00	\$161,452.00		
C. Direct Costs:					
	Months 1 – 3	Months 4 – 12	Total Direct Costs		
	\$87,225.25	\$261,675.75	\$348,901.00		
D. Contractual Costs:					
	Months 1 -3	Months 4 – 12	Total Contractual Costs		
Contracts with CBOs and other partners to perform outreach and other services to at-risk and other targeted communities. Specific partners and period of performance TBD	\$900,000.00	\$3,600,000.00	\$4,500,000.00		
E. Indirect Costs:					
	Months 1 – 3	Months 4- 12	Total Indirect Costs		
	\$98,722.53	\$386,167.58	\$484,890.10		
F. Total Costs:					
	Months 1 – 3	Months 4- 12	Total Costs		
	\$1,085,947.78	\$4,247,843.33	\$5,333,791.10		
DOMAIN 3					
A. Salaries and Wages:					
Position Title, Name, Hire Date	Annual	Time	Months	Amount Requested Months 1 – 3	Amount Requested Months 4-12
Health Educator	\$53,479	400%	12	\$53,479.00	\$160,437.00

To be Named, To be Hired Total of this position: 4					
Justification:	Health Educators to serve as PIO, supervise Health Education Specialist staff, communicate with media and partner agencies, develop messaging materials for call center and publication.				
Health Education Specialist To be Named, To be Hired Total of this position: 21	\$45,988	2100%	12	\$241,437.00	\$724,311.00
Justification:	Health Education Specialists to serve as liaisons to partner agencies, CBOs and other organizations, conduct public outreach to community in general as well as at-risk and other targeted communities.				
B. Fringe Benefits:					
	Months 1 – 3	Months 4 - 12	Total Fringe		
	\$233,064.25	\$699,192.75	\$932,257.00		
C. Equipment:					
	Months 1 – 3	Months 4 – 12	Total Equipment Costs		
	\$200,000.00	\$100,000.00	\$300,000.00		
D. Direct Costs:					
	Months 1 – 3	Months 4 – 12	Total Direct Costs		
	\$727,980.03	\$1,683,940.75	\$2,411,921.00		
E. Indirect Costs:					
	Months 1 – 3	Months 4- 12	Total Indirect Costs		
	\$72,798.03	\$168,394.08	\$241,192.10		
F. Total Costs:					
	Months 1 – 3	Months 4- 12	Total Costs		
	\$800,778.28	\$1,852,334.83	\$2,653,113.10		
DOMAIN 4					
A. Salaries and Wages:					
Position Title, Name, Hire Date	Annual	Time	Months	Amount Requested Months 1 – 3	Amount Requested Months 4-12
Supervising Public Health Nurse To be Named, To be Hired	\$98,110.00	300%	12	\$72,819.00	\$218,457.00

Total of this position: 3					
Justification:	Oversee and plan standing site and mobile mass vaccination clinics; oversee and plan vaccination/MCM distribution.				
Health Education Specialist To be Named, To be Hired Total of this position: 13	\$45,988.00	1300%	12	\$149,461	\$448,383.00
Justification:	Provide vaccination/MCM education; work with public to provide wrap around services				
Communicable Disease Specialist I To be Named, To be Hired Total of this position: 3	\$42,700.00	300%	12	\$32,025.00	\$96,075.00
Justification:	Provide vaccination/MCM education; work with public who suspect illness or close contact with positive patients.				
Staff Nurse I To be Named, To be Hired Total of this position: 63	\$62,666.00	6300%	12	\$986,989.50	\$2,960,968.50
Justification:	Provide vaccinations and other services in mass vaccination clinic/MCM distribution, and mobile clinics.				
Public Health Nurse I To be Named, To be Hired Total of this position: 15	\$73,889.00	1500%	12	\$277,083.75	\$831,251.25
Justification:	Provide vaccinations and other services in mass vaccination clinic/MCM distribution, and mobile clinics; oversee LVN staff.				
Licensed Vocational Nurse I To be Named, To be Hired Total of this position: 78	\$40,064.00	7800%	12	\$781,248.00	\$2,343,744.00
Justification:	Provide vaccinations and other services in mass vaccination clinic/MCM distribution, and mobile clinics.				
Program Technician I To be Named, To be Hired Total of this position: 54	\$38,863.00	5400%	12	\$524,650.50	\$1,573,951.50
Justification:	Register and check out clients vaccinations/MCM, screen clients, make appointments, and other clinic services.				
Emergency Medical Services Specialist	\$58,673.00	500%	12	\$73,341.25	\$220,023.75

To be Named, To be Hired Total of this position: 5					
Justification:	Plan and oversee overall management of POD/mass vaccination site(s).				
Office Assistant I To be Named, To be Hired Total of this position: 5	\$29,023.00	500%	12	\$36,278.75	\$108,836.25
Justification:	Data entry, client registration and check out, and other clerical services associated with POD site management.				
Staff Analyst I To be Named, To be Hired Total of this position: 3	\$50,190.00	300%	12	\$37,642.50	\$112,927.50
Justification:	Develop agreements with vendors, ensure purchases are completed, procure standing site and mobile sites for vaccination teams.				
B. Fringe Benefits:					
	Months 1 – 3	Months 4 - 12	Total Fringe		
	\$2,317,108.75	\$6,951,326.25	\$9,268,435.00		
C. Direct Costs:					
	Months 1 – 3	Months 4 – 12	Total Direct Costs		
	\$5,288,648.00	\$15,865,944.00	\$21,154,592.00		
D. Indirect Costs:					
	Months 1 -3	Months 4 – 12	Total Indirect Costs		
	\$528,864.80	\$1,586,594.00	\$2,115,459.20		
E. Total Costs					
	Months 1 – 3	Months 4- 12	Total Costs		
	\$5,817,512.80	\$17,452,538.40	\$23,270,051.20		
DOMAIN 5					
A. Salaries and Wages:					
Position Title, Name, Hire Date	Annual	Time	Months	Amount Requested Months 1 – 3	Amount Requested Months 4-12
Staff Analyst I To be Named, To be Hired Total of this position: 2	\$50,190.00	200%	12	\$25,095.00	\$75,285.00

Justification:	Purchase/Rent necessary supplies and equipment; increase capacity to recruit and vet volunteers; work with healthcare facilities to acquire necessary resources.				
Office Assistant I To be Named, To be Hired Total of this position: 5	\$29,023.00	500%	12	\$36,278.75	\$108,836.25
Justification:	Assist in recruitment and vetting of volunteers, purchasing/renting equipment, and related clerical duties.				
B. Fringe Benefits:					
	Months 1 – 3	Months 4 - 12	Total Fringe		
	\$54,271.00	\$162,813.00	\$217,084.00		
C. Direct Costs:					
	Months 1 – 3	Months 4 – 12	Total Direct Costs		
	\$115,644.75	\$346,934.25	\$462,579.00		
D. Indirect Costs:					
	Months 1 -3	Months 4 – 12	Total Indirect Costs		
	\$11,564.48	\$34,693.43	\$46,257.90		
E. Total Costs					
	Months 1 – 3	Months 4- 12	Total Costs		
	\$127,209.23	\$381,627.68	\$508,836.90		
DOMAIN 6					
A. Salaries and Wages:					
Position Title, Name, Hire Date	Annual	Time	Months	Amount Requested Months 1 – 3	Amount Requested Months 4-12
Supervising Public Health Nurse To be Named, To be Hired Total of this position: 2	\$97,092.00	200%	12	\$48,546.00	\$145,638.00
Justification:	Oversee disease testing, contact tracing, and follow up investigations.				
Program Technician I To be Named, To be Hired Total of this position: 184	\$38,863.00	18400%	12	\$1,787,698.00	\$5,363,094.00
Justification:	Enter data, conduct contact tracing, assist in surveillance.				

Communicable Disease Specialist I To be Named, To be Hired Total of this position: 25	\$42,700	2500%	12	\$266,875.00	\$800,625.00
Justification:	Contact positive patients and close contacts, conduct disease investigations.				
Epidemiologist To be Named, To be Hired Total of this position: 6	\$66,842.00	600%	12	\$100,263.00	\$300,789.00
Justification:	Public health surveillance, disease tracking, monitor outcomes and spread of disease.				
Public Health Nurse I To be Named, To be Hired Total of this position: 5	\$73,889.00	500%	12	\$92,361.25	\$277,083.75
Justification:	Conduct testing and follow up with clients.				
Licensed Vocational Nurse I To be Named, To be Hired Total of this position: 5	\$40,064.00	500%	12	\$50,080.00	\$150,240.00
Justification:	Conduct testing and follow up with clients.				
B. Fringe Benefits:					
	Months 1 – 3	Months 4 - 12	Total Fringe		
	\$1,943,070.75	\$5,829,212.25	\$7,772,283.00		
C. Direct Costs:					
	Months 1 – 3	Months 4 – 12	Total Direct Costs		
	\$4,288,894.00	\$12,866,682.00	\$17,155,576.00		
D. Indirect Costs:					
	Months 1 -3	Months 4 – 12	Total Indirect Costs		
	\$428,889.40	\$1,286,668.20	\$1,715,557.60		
E. Total Costs					
	Months 1 – 3	Months 4- 12	Total Costs		
	\$4,717,783.40	\$14,153,350.20	\$18,871,133.60		

ALL DOMAIN COSTS					
	Months 1-3	Months 4-12	Total Costs		
Total Salaries and Wages	\$6,089,202.00	\$18,267,606.00	\$24,356,808.00		
Total Fringe Benefits	\$4,888,392.50	\$14,665,177.50	\$19,553,570.00		
Total Equipment Costs	\$200,000.00	\$100,000.00	\$300,000.00		
Total Contractual Costs	\$900,000.00	\$3,600,000.00	\$4,500,000.00		
Total Direct Costs	\$12,077,594.50	\$36,632,783.50	\$48,710,378.00		
Total Indirect Costs	\$1,207,759.45	\$3,663,278.35	\$4,871,037.80		
GRAND TOTAL	\$13,285,353.95	\$40,296,061.85	\$53,581,415.80		

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	CDC-RFA-TP22-2201
Opportunity Title:	Public Health Crisis Response Cooperative Agreement
Opportunity Package ID:	PKG00271339
Assistance Listing Number:	93.354
Assistance Listing Title:	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response
Competition ID:	CDC-RFA-TP22-2201
Competition Title:	Public Health Crisis Response Cooperative Agreement
Opening Date:	12/20/2024
Closing Date:	02/11/2027
Agency:	Centers for Disease Control - OPHPR
Contact Information:	Noelle Anderson

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01581532
Application Filing Name:	Fresno County Public Health Crisis Response Cooperative Agreement 2025
UEI:	GLP5PZLWSZE1
Organization:	COUNTY OF FRESNO
Form Name:	Project Narrative Attachment Form
Form Version:	1.2
Requirement:	Mandatory
Download Date/Time:	Oct 07, 2025 04:28:52 PM EDT
Form State:	Error(s)

FORM ACTIONS:[CHECK FOR ERRORS](#)[SAVE](#)[PRINT](#)

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

Add Mandatory Project Narrative File

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To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

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Public Health Crisis Response Cooperative Agreement

CDC-RFA-TP22-2201

Project Narrative and Work Plan

Applicant:	County of Fresno, Department of Public Health (FCDPH)
Submitted By:	Joe Prado, Director, FCDPH
Date:	November 20, 2025

PROJECT NARRATIVE

BACKGROUND:

This project contemplates a future infectious disease outbreak in which the County of Fresno, with the Fresno County Department of Public Health (FCDPH) taking the lead, would be required to mount a significant public health response at a scale greater than or equal to its response to COVID-19.

FCDPH is comprised of eight divisions, each tasked with various responsibilities in maintaining and improving the public health for residents of Fresno County, as well as responding to public health threats. FCDPH’s Emergency Services Division (ESD) includes its Emergency Medical Services (EMS), the County’s Office of Emergency Services (OES), and Public Health Emergency Preparedness (PHEP) Program. FCDPH’s Community Health Division (CHD) includes Communicable Disease Investigations and Immunizations among other programs. The FCDPH Epidemiology, Surveillance, & Data Management Division includes the Epidemiology program and the Public Health Laboratory among other programs. These divisions’ programs would play prominent roles in the FCDPH response to an infectious disease outbreak, similar to the roles they played in the County’s COVID-19 response.

Upon becoming aware of a significant anticipated or occurring infectious disease outbreak, FCDPH Administration would convene its Department Operations Center (DOC) staff to determine potential severity and appropriate next steps, including appropriateness of standing up a county Emergency Operation Center (EOC). DOC members would draw on prior experience with the Department’s Infectious Disease Response Plan, COVID-19, and the specifics of the disease threat to guide its actions.

APPROACH:

Purpose

Funding provided through the Public Health Crisis Response Cooperative Agreement would support immediate and ongoing response activities designed to minimize and mitigate the impact of the infectious disease outbreak on the healthcare system and Fresno County residents.

Outcomes

FCDPH will engage in activities designed to mobilize, strengthen, and enhance the capacity of the public health and medical system to respond to the identified emergency and to bring about the following high-level outcomes:

- Early activation and management of emergency operations:
 - FCDPH and the County of Fresno will adapt to response needs by minimizing the time necessary to deploy existing staff, hire new staff, contract for necessary services, enlist and vet volunteers, purchase supplies and equipment, and update plans and procedures as necessary to respond to the needs of the incident.
- Prioritize public health services and resources for sustainment throughout all phases of the response:
 - FCDPH will redirect existing staff, as needed, to plan and operationalize the response. However, FCDPH will prioritize sustainment of its most critical and time sensitive public health services, with guidance from its Continuity of Operations Plan (COOP), throughout all phases of the infectious disease response.
 - Addressing needs of at-risk and disproportionately affected populations will receive high priority.
- Timely implementation of intervention and control measures:
 - FCDPH will hire and contract for staff for deployment as needed, purchase supplies and other materiel, conduct contact tracing, utilize enhanced electronic surveillance systems, and ensure ongoing communications with the California Department of Public Health (CDPH) and other key partners.
 - Vaccine and/or prophylactic/treatment medications will be procured, distributed, and prioritized for target groups. Non-pharmaceutical intervention guidance to prevent the spread of the disease will be developed and disseminated through various means to the public, industry, community-based organizations, and others.
 - FCDPH will train personnel in Point of Distribution (POD) processes and procedures, provide sufficient storage and distribution for medical countermeasures including cold chain storage, and acquire PPE as determined appropriate.
- Timely communication of risk and essential elements of information to partners and the public:
 - FCDPH will appoint a PIO for the response with sufficient staff to develop messages and educational materials to be disseminated through media and paid advertisements (billboards, radio/tv/print media, and social networking sites) to prevent and mitigate the spread of the disease. Messages and materials will be

shared with partners to facilitate coordinated messaging. Materials will be translated as needed to reach non-English speaking populations.

- Timely coordination and support of response activities with healthcare and other partners:
 - FCDPH and the County will assist as needed and able to support the expansion of the healthcare delivery system and provide situational awareness. Expansion of the healthcare delivery system may include such activities as opening of an alternate care site and/or provision of equipment, supplies, and staff through contracted or volunteer resources or via facilitation for such resources to be supplied from the State of California.

Strategies and Activities (Work Plan Summary)

FCDPH's response will include strategies and activities in each of the six domains. Strategies and actions will be revised/adapted based on CDC and CDPH guidance, observed outcomes resulting from FCDPH activities, and changing "on the ground" circumstances.

- Domain 1: Strengthen Incident Management for Early Crisis Response (Months 1-3: \$736,122.48; Months 4-12: \$2,208,367.43; TOTAL: \$2,944,489.90)
 - Activate and staff the FCDPH department operations center (DOC) and the Fresno County emergency operations center (EOC) at a level appropriate to meet the needs of the response.
 - Establish a call center(s) for information sharing, public information, and to direct residents to available resources. To include communications with PIO, public health communications staff, and health education unit for provision of message materials.
 - Identify vulnerable populations and mitigation strategies to minimize adverse outcomes for these populations.
 - Utilize social services and behavioral health resources operated by the County and other organizations as needed to address needs resulting from the infectious disease outbreak.
 - Hire and train staff and/or contract with qualified organizations as needed for DOC, EOC, call center(s), messaging, and other activities identified above.
 - Purchase necessary supplies and equipment for all activities identified above.
 - Purchase of PPE needed for responder safety and health.
- Domain 2: Strengthen Community Resilience (Months 1-3: \$1,085,947.78; Months 4-12: 4,247,843.33; TOTAL: \$5,333,791.10)
 - Complete After-Action Report and Improvement Plan (AAR/IP) for the purpose of evaluating FCDPH response activities, interactions with partners, and to identify needed improvements to better respond to any significant, widespread, future infectious disease outbreaks.
 - Update response plans based on lessons learned.

- Strengthen community partnerships and utilize partners to assist in response activities.
- Better identification of at-risk populations.
- Engage Community Based Organizations to work directly with at-risk and vulnerable partners:
 - CBO engagement is critical in supporting the health education in the community. Management of the CBOs within the department include oversight by a program manager or health educator, and between 125-150 Community Health Workers contracted through CBO partners.
- Hire and train staff and contract with partners to directly assist in response related activities.
- Domain 3: Strengthen Information Management (Months 1-3: \$800,778.28; Months 4-12: \$1,852,334.83; TOTAL: \$2,653,113.10)
 - Develop, coordinate, and disseminate information, alerts, warnings, and notifications regarding risks and self-protective measures to the public. Specifically ensure that such messaging also addresses needs of at-risk and vulnerable populations, and incident management and first responders.
 - Appoint liaisons to communicate directly with local cities, school districts, agriculture and other industries, faith-based groups, community-based organizations (CBOs) community groups, and others. Tailor messages to better communicate to hard-to-reach populations.
 - Update call center scripts to incorporate the latest information.
 - Contract with vendors for translating messaging.
 - Produce messages for signage, mass media (radio/television/print), social media, and other dissemination means. May be produced in-house or through contract with a media/advertising company.
 - Appoint a PIO with sufficient support staff to accomplish the above identified activities.
 - Purchase and support monthly service charges for mobile phones and mifi devices to allow staff to work remotely.
 - Ensure adequate permanent, temporary, contracted, or volunteer staff are available to accomplish these tasks.
- Domain 4: Strengthen Countermeasures and Mitigation (Months 1-3: \$5,817,512.80; Months 4-12: \$17,452,538.40; TOTAL: \$23,270,051.20)
 - Provide lodging and wrap-around services, including food and beverage and associated costs.
 - Develop and implement behavioral health strategies to support affected populations.
 - Ensure jurisdictional capacity for mass vaccination campaign or distribution of other available medical countermeasures, including:

- Enhancement of immunization information systems
 - Maintain ability for vaccine-specific cold chain management
 - Mass vaccination clinics for emergency response
 - Rapidly identify high-risk persons requiring vaccine
 - Plan to prioritize limited MCM based on guidance from CDC and the Department of Health and Human Services (HHS)
- Ensure jurisdictional capacity for distribution of MCM and supplies
- Ensure that services (e.g. housing, transportation, food) are in place for community members impacted by social distancing interventions.
- Ensure adequate permanent, temporary, contracted, or volunteer staff are available to accomplish these tasks.
- Domain 5: Strengthen Surge Management (Months 1-3: \$127,209.23; Months 4-12: \$381,627.68; TOTAL: \$508,836.90)
 - Activate mechanisms for surging public health and other County responder staff.
 - Activate volunteer organizations (e.g. Medical Reserve Corps, Disaster Healthcare Volunteers) including direct recruitment of staff by County Human Resources.
 - Rental or purchase of supplies and equipment necessary for temporary storage of decedents resulting from fatality surge (e.g. rental of refrigerated trailers or other appropriate cold storage facilities, portable morgue equipment, etc.)
 - Provide guidance and training to healthcare facilities on infection prevention and control.
 - Locate, rent/lease, equip, staff, and operate an alternate care site (ACS) for treatment and care of patients that cannot be accommodated within hospitals or other appropriate healthcare facilities. Staff may be contracted or hired directly by County.
 - Ensure adequate permanent, temporary, contracted, or volunteer staff are available to accomplish these tasks.
 - Work with local healthcare facilities to assist in acquisition of surge resources as needed and as FCDPH is able.
- Domain 6: Strengthen Biosurveillance (Months 1-3: \$4,717,783.40; Months 4-12: \$14,153,350.20; TOTAL: \$18,871,133.60)
 - Conduct testing, surveillance, contact tracing, and follow up investigations.
 - Enhance surveillance systems to provide case-based and aggregate epidemiological data.
 - Enhance syndromic surveillance systems to identify cases and to monitor disease outcomes.
 - Collect, handle, and test laboratory specimens, including testing in-house and contracting for services.

- Purchase of laboratory equipment and supplies to conduct and test samples in addition to using private vendors to conduct sample collection and sample tests.
- Enhance data management systems to meet response needs.
- Ensure adequate permanent, temporary, contracted, or volunteer staff are available to accomplish these tasks.

Collaborations

FCDPH will collaborate with other County of Fresno departments and stakeholders at the state and local level. Local stakeholders include cities within Fresno County, faith-based groups, the Fresno County Office of Education and local school districts, the agricultural industry and other industry groups, business sector associations, and community-based organizations (CBOs).

Target Populations and Health Disparities

While the target population for FCDPH’s response is the entire population of Fresno County, FCDPH will build on its COVID-19 response experience in identifying at-risk groups and developing targeted response activities to address the needs of these groups. Activities will include collaborating with organizations that serve at-risk groups and directing additional outreach. Groups anticipated to be most at risk are those populations residing in the HP1 Quartile, agricultural workers and other workers in industries that provide minimal opportunity for social distancing, and persons with access and functional needs (AFN).

APPLICATION EVALUATION AND PERFORMANCE MEASUREMENT PLAN:

FCDPH, on a regular basis as required by various grant programs, submits information to CDPH and other funding agencies demonstrating progress toward accomplishment of program outcomes, including those required through the Public Health Emergency Preparedness grant. Plans, evaluation data, and other performance measure data related to the response element of the preparedness cycle will be submitted to the CDC when requested.

FCDPH will provide all required data requests, and as requested, submit to the CDC the data related to process measures and outputs that track the implementation of strategies, and the outcome measures that will monitor achievement of the outcomes expected during the response to the public health event described in this application.

The data generated during the project period will be submitted to CDC in the manner and timeframe requested by CDC. FCDPH’s data management plan will conform to the reporting standards required by CDC. Key program partners will participate in the evaluation and performance measurement planning process through submittal of data documenting their completion of contracted or directed activities, interviews, questionnaires, and/or other means of gathering information related to achieving the outcomes identified in this application.

FCDPH will evaluate collected data and adjust its processes and procedures as needed where outputs and outcomes are not meeting anticipated levels.

FCDPH ORGANIZATIONAL CAPACITY TO IMPLEMENT THE APPROACH:

FCDPH and the County of Fresno have a history of successful collaborations with partners of many types to respond to public health threats. Its COVID-19 response has energized and significantly strengthened its ability to respond as an organization and to collaborate with many types of partners to work toward a healthier, more resilient community.

During its COVID-19 response, FCDPH's DOC had continuous coordination and communications with Fresno County's EOC as well as coordination and communications with partner agencies including Fresno County's 15 cities and many special districts, hospitals and other healthcare partners, school districts, community-based organizations and others.

FCDPH is comprised of 366 permanent and 18 extra-help employees. Divisions within FCDPH include the Emergency Services Division (including the County's Office of Emergency Services and Public Health Emergency Preparedness Program) Community Health Division (including Communicable Disease Investigations and Immunization Programs) and the Epidemiology Surveillance, & Data Divisions (including the Epidemiology Program and Public Health Laboratory). Each of these areas have performed vital infectious disease functions in the past and will be utilized again for future responses.

The Department's Business Office is part of the County of Fresno government operations which adheres to the State of California Accounting Standards and Procedures for Counties and routinely manages grant funds and produces reports documenting appropriate use of such funds. The Business Office, along with the programs utilizing grant funds, will amend budgets and adjust activities as needed to meet spending requirements and provide progress reports. The Business Office is supported by the County's Auditor-Controller/Treasurer-Tax Collector, which adheres to Generally Accepted Accounting Principles (GAP), and submits annual audits prepared by an independent auditor to the State of California.

Any significant response effort would also utilize staff and resources of the County's other 16 departments which include 7,200 permanent staff. Fresno County Human Resources has procedures in place to rapidly hire new staff and enlist volunteers and goods and services can be rapidly procured through the County's Purchasing Division's Manager's authority to enter into contracts for goods and services up to \$200,000. Upon the proclamation of an emergency, the County Administrative Officer has the authority to enter into contracts for goods and services without a specific spending limit.

PROJECT WORK PLAN

Component A, Domain 1: Strengthen Incident Management for Early Crisis Response

Recipient Component A, Domain, 1 Problem Statement	
<p>At the outset of a potentially significant infectious disease outbreak FCDPH would be required to assess the potential severity of the outbreak and how response needs may impact normal FCDPH operations. To do this, FCDPH management would convene an Initial Assessment and Response Meeting (IARM) as identified in the Department’s Infectious Disease Plan. If, based on this meeting it is determined that a larger, more coordinated response which cannot be absorbed within normal operations is required, FCDPH would activate its DOC, begin diverting FCDPH staff to the response, and schedule an initial action plan meeting. If the DOC determines the event will outstrip FCDPH resources, the Fresno County EOC may be activated in order to coordinate various County department activities and staffing to meet the needs of the response. Based on the County’s COVID-19 response needs, a significant infectious disease outbreak would quickly require establishing a call center to address public questions/concerns, development of disease related messaging and identification of resources by PIO and health education staff for use at the call center. If the response needs are equal to or greater than COVID response needs, additional staff would need to be trained (or provided refresher training for experienced staff) and phones and other electronic equipment may need to be purchased to replace outdated equipment. Training on applicable response plans may also be required. New staff may need to be hired to fill some of these roles.</p>	
Recipient Component A, Domain 1, Baseline Capacity	
<p>FCDPH has demonstrated its ability to respond to a large-scale outbreak/pandemic in its response to COVID-19. With sufficient funding, such as the funding provided through the COVID-19 Crisis Response Cooperative Agreement and the CARES Act, FCDPH was able to recruit and train staff, contract with local partners, and develop new procedures, including call center activities and identification of other staff that played critical roles in the DOC decision making process. While many initial activities were performed prior to receipt of CDPH and federal funding, sustainment of many of these activities would not have been possible without these funding sources.</p>	
Outcomes	
<p>Enhanced capabilities based on the event and the response required; hire, train, and contract for staff; purchase necessary equipment and supplies; develop call center scripts, FAQs, and lists of resources available to the public; update plans and procedures based on the needs of the response.</p>	
Planned Activities for Outcomes	Estimated Timeframe
<p>1. Staff and operate DOC and EOC and call center. Estimate 15 to 20 call takers consisting of program technicians, three team leads, and one supervisor.</p>	<p>Component A: Start immediately through 90 days; Component B: Continue months 4 through 12</p>
<p>2. Hire and/or train additional staff as needed for DOC and EOC operations.</p>	<p>Component A: Within 90 days; Component B: Continue</p>

	as needed months 4 through 12
3. Train staff in the proper use of the Incident Command System	Component A: Within 45 days; Component B: Continue as needed months 4 through 12
4. Train additional hired or contracted staff in call center operations.	Component A: Within 30 days; Component B: Continue as needed months 4 through 12
5. Write scripts, FAQs, and identify available resources for use in the call center.	Component A: Start immediately through 90 days; Continue months 4 through 12
6. Purchase equipment, supplies, and other materials to run the DOC, EOC, and call center.	Component A: Start immediately through 90 days; Component B: months 4 through 12
7. Hire/Contract for subject matter experts (e.g. additional physicians and/or other specialties).	Component A: Hire/contract within 45 days and maintain through 90 days; Component B: Maintain adequate staff/contractors months 4 through 12.
8. Update response and recovery plans.	Component A: Start as soon as updates to response activities are needed through 90 days; Component B: Continue updates as needed to response plans and recovery plans months 4 through 12.
Proposed Outputs Associated with Outcomes	
1. Increased number of staff and contractors trained to maintain a sustained response.	
2. Ability to effectively maintain a significant response.	
3. Scripts, FAQs, and identification of other resources for the call center.	
4. Updated response and recovery plans.	

Component A, Domain 2: Strengthen Community Resilience

Recipient Component A, Domain 2 Problem Statement
Response plans will need to be updated and normal operations will need to be updated/adapted based upon the specifics of the infectious disease pathogen. New or

strengthened partnerships may need to be established in order to ensure response activities are able to reach the entire population, with emphasis on efforts to identify and reach at-risk and underserved groups within Fresno County. CBO engagement will be critical in providing health education and identifying available response resources to the community as a whole, but especially for the at-risk and underserved.

Recipient Component A, Domain 1, Baseline Capacity

FCDPH has existing programs within its Community Health Division that identify, investigate, and respond to infectious disease on a regular basis. FCDPH’s normal activities are bolstered by its Infectious Disease Plan which is designed to guide FCDPH actions during a significant response, as well as by significant experience and lessons learned during the COVID-19 response. Partnerships with other agencies, industry, CBO’s and others, which were established/strengthened and grown as part of the COVID response are in place and would play a significant role in responding to future infectious disease outbreaks.

Outcomes

Additional staff would be hired and existing and new contracts would be amended or established to assist in resilience activities; Regular communications/meetings with partners would be scheduled to ensure the community, including at-risk and underserved groups are identified so that access to education and resources can be provided equitably.

Planned Activities for Outcomes	Estimated Timeframe
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<p>1. Identify, hire (as needed), and train appropriate staff to serve as liaisons with partners, develop education materials; and provide outreach.</p>	<p>Component A: Start immediately and continue as needed through 90 days; Component B: months 4 through 12</p>
<p>2. Assess existing CBO partner contracts and amend or establish new contracts as needed to grow outreach capacity to meet anticipated needs.</p>	<p>Component A: Start assessment and establish amended or new contracts within 90 days; Component B: months 4 through 12</p>
<p>3. CBOs conduct outreach and provide resources to minimize or mitigate spread of infectious disease with emphasis on reaching at-risk and underserved communities.</p>	<p>Component A: Start upon contract approval; Component B: continue in months 4 through 12</p>
<p>4. Utilize staff or contract with a consulting firm to develop an After-Action Report and Improvement Plan (AAR/IP) to document response actions and identify improvements to improve future response actions.</p>	<p>Component A: Start internal assessment of actions and potential improvements within first 90 days; Component B: continue assessments and identifying improvements months 4 through 12; begin drafting AAR/IP when nearing expected demobilization</p>

<p>5. Update plans based on AAR/IP observations and recommendations.</p>	<p>Component A: Begin assessing existing plans upon initiating response activities through 90 days; Component B: continue assessing plans and adjust planned activities as deemed appropriate months 4 through 12.</p>
<p>Proposed Outputs Associated with Outcomes</p>	
<p>1. Increased number of hired and trained staff serving as liaisons, education, and outreach staff. Estimated 10 to 15 liaisons will be needed to support local cities, agricultural businesses, schools of higher education, healthcare facilities, and other high-risk sectors.</p>	
<p>2. Amended and new contracts with CBOs for the purpose of providing outreach, education, and other services to the community with an emphasis on the at-risk and underserved populations. Estimate between 125 – 150 CBO staff will be needed for these efforts.</p>	
<p>3. CBO partners provide outreach, education, and resources as directed by FCDPH.</p>	
<p>4. An AAR/IP is completed which accurately reflects FCDPH response activities, assesses activities for effectiveness, and identifies improvements needed in planning and other processes to make future responses more effective.</p>	
<p>5. Plans are updated and other improvements are made based on AAR/IP findings and recommendations.</p>	

Component B, Domain 3: Strengthen Information Management

<p>Recipient Component B, Domain 3 Problem Statement</p>
<p>Disease specific information will need to be gathered, and messages developed to provide appropriate alerts, warnings and notifications to the public, and to provide information on self-protective measures. The PIO will require sufficient support staff and access to subject matter experts to develop appropriate messages and to disseminate messages via various media as well as to other local jurisdictions and partner agencies via FCDPH liaison staff. PIO and health education staff will also need to develop call center scripts to directly respond to questions from the public who are seeking guidance. Messages will require translation to reach non-English speaking community members and will need to be tailored to better reach at-risk and hard to reach populations. Additional phones, laptops, mifi connections and other equipment may be needed to allow staff to work remotely. Messages will also need to be coordinated with partners to help ensure consistency and avoid conflicting information being sent from public and other agencies.</p>
<p>Recipient Component B, Domain 3, Baseline Capacity</p>
<p>FCDPH has an experienced PIO and support staff including a communications team and health education team that provide information to the public on a regular basis in addition to during public health responses. FCDPH’s COVID response has demonstrated the</p>

department’s ability to rapidly develop and provide health information and education to the public via mass media through a long-term agreement with a media production company as well as via social media, contact with news organizations, and direct public contact through outreach. Existing relationships with CBOs and other agencies which serve specific at-risk populations continue to provide deeper access into communities that would otherwise be much more difficult to reach. Strong relationships and regular communication with other public agencies also play a significant role in helping to ensure consistent messaging to the public.

Outcomes

The PIO and liaisons will be appointed and communication and education teams expanded as needed to gather information and develop appropriate messages for Fresno County’s culturally and linguistically diverse population. Messages will be translated into Fresno County’s predominant languages to help ensure information reaches non-English speaking residents. CBO partners and agencies serving the AFN and other at-risk populations will be enlisted to help ensure appropriate information reaches these populations as well. Dissemination of public health information will be coordinated with local cities, school districts, and others to help ensure consistent messaging of accurate information. Messages will be tailored as needed to provide the most pertinent information to specific groups including first responders, healthcare facilities, specific industry types and others who may have differing risk factors.

Planned Activities for Outcomes	Estimated Timeframe
<ol style="list-style-type: none"> 1. Appoint PIO and liaison team and hire staff as needed to fully support FCDPH’s information management needs. 	Component A: Start immediately upon identification of need and complete within 60 days of start of response; Component B: ongoing months 3 through 12.
<ol style="list-style-type: none"> 2. Develop messages for mass distribution to the public as a whole, as well as tailored messages and education materials to meet different information needs depending on the targeted population. 	Component A: Start immediately upon identification of need and complete within 60 days of start of response; Component B: ongoing months 3 through 12.
<ol style="list-style-type: none"> 3. Engage local cities, school districts, industry groups, CBO’s and others and regularly provide them with updated information and messaging to ensure consistent, accurate information is available to all members of the community. 	Component A: Start immediately upon identification of need and complete within 60 days of start of response; Component B: ongoing months 3 through 12.

<p>4. Work with contracted media vendor to help ensure messaging reaches targeted populations via different platforms (television/radio/print/social media/etc.)</p>	<p>Component A: Start immediately upon identification of need and complete within 60 days of start of response; Component B: ongoing months 3 through 12.</p>
<p>5. Translate messaging and education materials utilizing contracted translation services provider in order to reach non-English speaking population.</p>	<p>Component A: Start immediately upon identification of need and complete within 60 days of start of response; Component B: ongoing months 3 through 12.</p>
<p>6. Purchase additional mobile phones, laptops, mifi devices and other equipment needed to allow staff to work remotely.</p>	<p>Component A: Start immediately upon identification of need and complete within 60 days of start of response; Component B: ongoing months 3 through 12.</p>
<p>Proposed Outputs Associated with Outcomes</p>	
<p>1. Increased staff for PIO, communications, health education, and liaison teams. Estimated 8 to 10 PIO staff comprised of 8-10 Health Educators and the PIO.</p>	
<p>2. Appropriate media messaging and other messages and education information are developed to reach all Fresno County residents including at-risk and hard to reach populations.</p>	
<p>3. Cities, school districts, industry groups, CBOs and others provide FCDPH produced materials to their constituent groups.</p>	
<p>4. Messages and education materials are translated to reach non-English speaking population.</p>	
<p>5. Phones, laptops, mifis, and other equipment are purchased.</p>	

Component B, Domain 4: Strengthen Countermeasures and Mitigation

<p>Recipient Component B, Domain 4 Problem Statement</p>
<p>A significant infectious disease outbreak will require substantial resources, including nonpharmaceutical interventions (NPI) and medical countermeasures (MCM) to minimize and mitigate spread and effects of the infectious disease. Once MCM are available, FCDPH will need to increase its staff levels to ensure it has sufficient human resources to handle receipt, distribution, and administration of vaccine and/or other MCM materiel as well as any NPI materiel that may be required such as PPE. Cold chain storage capacity may need to be increased including purchase of refrigerators, freezers, and/or appropriate MCM transport</p>

containers. Aid may also need to be provided in the form of food, lodging, and other wrap-around services for residents that are affected by the disease including displaced workers as well as individuals required to isolate or quarantine pursuant to public health guidelines. MCM distribution and vaccination plans will include prioritization of at-risk populations (may be at-risk based on age, first responder/occupation status, comorbidities, demographics, or other factors). FCDPH will utilize CDPH and/or CDC guidelines when determining MCM prioritization.

Recipient Component B, Domain 4, Baseline Capacity

FCDPH has demonstrated its ability to respond to infectious disease outbreak in multiple events including to H1N1, where FCDPH directly administered approximately 30,000 vaccinations, and more recently to COVID-19 where FCDPH staff and volunteers provided more than 80,000 vaccinations via its Big Fresno Fair mass vaccination site and many dozens of mobile clinics. Additionally, tens of thousands of vaccinations were provided by FCDPH contracted providers and FCDPH also received and distributed hundreds of thousands of doses of COVID vaccine to other providers in the community. Part of this response included successfully identifying and vaccinating targeted at-risk populations and providing extra resources needed to increase vaccination uptake among disadvantaged and hard to reach populations.

FCDPH rapidly developed its distribution team, hired hundreds of additional staff and volunteers for its distribution and vaccination operations, and expanded its cold chain storage and transport container capacity to meet the needs of its COVID response.

Additionally, FCDPH developed strategies to successfully provide wrap around support services for individuals and families in isolation or quarantine because of COVID. These plans would be utilized again, and refined as needed, to respond to future infectious disease threats.

Outcomes

FCDPH will assign and hire appropriate numbers and types of paid and volunteer staff as well as contract with providers to successfully receive, distribute, and administer vaccine and/or other MCM to a significant portion of Fresno County’s population. Administration sites will be at multiple locations and will include mobile clinics that can travel throughout the county. Private providers will be encouraged to administer vaccines and will ultimately replace County operated sites when there are enough providers to meet demand. Further, cold chain storage capacity will be expanded to ensure MCM can be safely and securely stored at appropriate temperature until ready for use. Where needed, residents in isolation or quarantine, will be provided with food, lodging, and/or other wrap around services to help ensure their needs are met while they recover from the disease or are determined to not be infectious based on CDC and/or CDPH guidelines. FCDPH will also work with healthcare facilities to identify their surge needs and assist as we’re able to provide resources.

Planned Activities for Outcomes

Estimated Timeframe.

1. Recruit and hire staff (paid, volunteer, contracted) sufficient to meet anticipated MCM receipt,

Component A: Start immediately upon

<p>distribution, and administration needs. Includes utilization of California’s Disaster Healthcare Volunteers registry and other registries if available to identify potential volunteers.</p>	<p>identification of need and complete within 60 days of start of response; Component B: ongoing months 3 through 12, add staff to meet demand as MCM supplies are more readily available.</p>
<p>2. Contact and encourage private providers to administer vaccine/MCM as part of their normal operations.</p>	<p>Component B: Begin a few months prior to anticipated vaccine availability, estimated months 6 through 12.</p>
<p>3. Establish standing and mobile clinic sites throughout the county to help ensure MCM is readily available in all areas.</p>	<p>Component B: Begin identification of sites and other needed resources a few months in advance of anticipated vaccine availability, estimated months 6 through 12.</p>
<p>4. Establish prioritization for those receiving vaccination based on age, first responder/occupation, comorbidities, demographics, or other factors that may cause groups to be disproportionately affected by the infectious disease. Prioritization will be based on CDC and/or CDPH guidelines.</p>	<p>Component B: Begin prioritization a few months in advance of anticipated vaccine availability at such time that CDC and CDPH issue guidelines, estimated months 6 through 12.</p>
<p>5. Purchase cold chain storage equipment as needed to provide sufficient storage for MCM. If required to accommodate additional equipment, upgrades may be required for electrical, security, storage space, etc.</p>	<p>Component B: Begin identification and preparations for cold storage including purchase of equipment a few months in advance of anticipated vaccine availability, estimated months 6 through 12.</p>
<p>6. Contract with CBOs and/or other groups to assist in provision of wrap around services for those in isolation or quarantine, or who may otherwise need additional services due to the effects of the disease.</p>	<p>Component A: Within first 90 days identify potential resource needs and amend or establish contracts as needed. Component B: ongoing months 3 through 12.</p>
<p>Proposed Outputs Associated to Outcomes</p>	
<p>1. FCDPH, along with its contracted partners, will have sufficient staff resources and locations in place to administer available vaccine or other MCM, including for</p>	

<p>homebound residents, with the primary limiting factor being the vaccine/MCM availability.</p> <ul style="list-style-type: none"> • Estimate a minimum of 16 staff plus four supervisors for the distribution team who plan for distribution and engage providers, clinics, and other partners for receipt and administration of MCM when available. • Estimated 3 to 4 static clinic sites and numerous mobile clinics and homebound resident operations requiring a minimum of 300 staff, including management staff, operations staff for clinical and non-clinical portions of the clinics, staging and support staff.
<p>2. FCDPH will have established plans for receipt, distribution, and administration based on anticipated MCM availability. This will include development of a vaccine/and or medication planning team to ensure that high risk and vulnerable populations have access to vaccine and/or preventative medications in the community.</p>
<p>3. Standing and mobile clinic sites will be established so that administration sites are available throughout the county.</p>
<p>4. The number of private providers able to provide vaccine/MCM will gradually increase to fully meet demand, such that County operated mass vaccination and mobile clinic sites can be significantly reduced or eliminated.</p>
<p>5. Vaccination prioritization plans will be developed and executed to provide vaccine to the most at risk first.</p>
<p>6. Sufficient cold chain storage devices will be purchased, and storage area will be upgraded as needed to accommodate them.</p>
<p>7. Wrap around services will be provided to those in isolation, quarantine, or experiencing other qualifying factors.</p>

Component B, Domain 5, Strengthen Surge Management

<p>Recipient Component B, Domain 5, Problem Statement</p> <p>Needs of any significant infectious disease response will likely be of such magnitude that they will quickly outstrip the response capacity of FCDPH’s existing resources. FCDPH may have challenges including: an insufficient number of trained personnel for the various components of the response; current processes that may not fully address disease specifics; monitoring tools may need to be upgraded; equipment may need to be purchased; existing space to locate staff may need to be expanded; additional contracts for goods and services may need to be established or existing contracts expanded; alternate care site(s) be established and equipped; and other response needs be addressed. Local healthcare facilities will also be affected by surge needs and may require assistance in obtaining additional staff, equipment, and supplies. Additionally, existing public health services levels will be affected, but will nonetheless still need to be provided throughout the response.</p>
<p>Recipient Component B, Domain 5, Baseline Capacity</p> <p>FCDPH has demonstrated its capacity to respond to significant infectious disease threats, most recently to COVID-19. Through the County EOC, staff resources were able to quickly be brought in from other County departments in addition to reassignment of FCDPH staff from</p>

their regular duties. As staffing needs continued to grow, especially as vaccine became available, Fresno County Human Resources established new procedures to quickly vet and hire new paid staff and volunteers to meet staffing needs. Contracted services and supplies were able to be quickly procured through expedited contracting procedures. An alternate care site was established and equipped and kept in a state of readiness for many months. An additional alternate care site was established and used on a hospital property, but outside its normal treatment areas, and was provided with staff contracted by FCDPH. FCDPH operated a mass vaccination site which administered approximately 80,000 vaccinations between December 2020 and June 2021, assisted in operations of another County operated mass vaccination site, and conducted numerous mobile clinics in addition to contracting for these same types of services. Historically, FCDPH also demonstrated significant surge response capacity when responding to H1N1, administering approximately 30,000 vaccine doses among other activities. Further, FCDPH was also able to quickly transition into a state of greater readiness during other threats during recent years including Ebola and Zika even though significant case counts were not experienced locally.

Outcomes

Depending on the magnitude, FCDPH will hire and deploy staff (including contractors) and resources, purchase/acquire supplies to support its own operations and to support the healthcare delivery system, provide situational awareness, provide population monitoring, conduct coordination of volunteers, and provide disease specific information to prevent and mitigate spread of illness and fatalities. Resources will be brought in from other areas including from appropriate state and federal governmental agencies as needed and available. If local healthcare facilities cannot accommodate the surge needs, FCDPH will create additional capacity through establishment of an alternate care site(s) to help ensure that all patients have a place to be treated and cared for when needed.

Planned Activities for Outcomes	Estimated Timeframe
1. Increase staff as needed to support population monitoring.	Component A: months 2 to 3; Component B: ongoing months 4 to 12.
2. Increase staff as needed to support situational reporting.	Component A: months 1 to 3; Component B: months 4 to 12.
3. Increase staff as needed to support hiring of paid and volunteer staff to support other response operations. Includes use of volunteer registry systems as available.	Component A: months 1 to 3; Component B: months 4 through 12.
4. Staff vetting and hiring procedures will be expedited to allow onboarding as soon as possible	Component A: months 1 to 3; Component B: months 4 to 12
5. Work with healthcare facilities to assess their staff and other resources needs and concerns and work to address them.	Component A: months 1 to 3; Component B: months 4 to 12

6. Alternate care site(s) (ACS) and equipment needs will be identified and planned for in order to quickly establish the site(s) when determined necessary.	Component A: months 3 to 4; Component B: months 4 to 12
7. Contract(s) for ACS staffing needs will be completed in advance so that staff can be rapidly deployed if/when needed.	Component A: months 3 to 4; Component B: maintain contract(s) months 4 to 12
8. Healthcare facilities needing resources will be made aware of the MHOAC resource request process.	Component A: Immediately through 90 days; Component B: continue providing months 4 to 12.
9. When needed, support will be requested through the MHOAC resource request process for identified needs for FCDPH and healthcare facilities within Fresno County.	Component A: Immediately through 90 days; Component B: continue providing months 4 to 12.
Proposed Outputs Associated to Outcomes	
1. Adequate staff will be available to support population monitoring at the level needed.	
2. Adequate staff will be available to support situational reporting at the level needed.	
3. Adequate staff will be available to support hiring of paid and volunteer staff to support other response operations.	
4. Expedited hiring procedures will be triggered.	
5. Healthcare facilities' needed resources will be identified and requested using the MHOAC resource request process, and resources will be provided if available.	
6. An ACS with staff and equipment will be able to be opened and begin operations with minimal notice once it is determined the ACS is needed.	

Component B, Domain 6, Strengthen Biosurveillance

Recipient Component B, Domain 6 Problem Statement
To ensure biosurveillance capability and capacity, including epidemiology, sample collection and testing, and contact tracing and disease investigation functions to support a surge in infectious disease, personnel, support services, electronic surveillance systems, materials, equipment, and supplies will be needed to meet response demands. Rapid expansion of staff and materials to support these functions will be needed in order to have an effective response.
Recipient Component B, Domain 6, Baseline Capacity
FCDPH has demonstrated its ability to conduct the identified biosurveillance activities. For its COVID response FCDPH significantly grew its epidemiology, sample collection and laboratory testing, and contact tracing and disease investigation personnel to meet the needs of the response. Sample collection supplies, testing supplies, and testing equipment were purchased. Contact tracing staff contacted many thousands of residents to notify them of their positive infection or close contact status and place them under isolation or quarantine status. Surveillance systems were used to track disease growth trends and to identify cluster areas in order to focus vaccination and other resources to lessen the spread of disease.

Outcomes	
Sufficient staff will be hired, supplies and equipment will be purchased, and surveillance monitoring systems be utilized to lessen and mitigate the spread of infectious disease in Fresno County. Contracted vendors will be used for these activities as well as hired and volunteer staff. When samples are found to be positive, contact tracing and disease investigation staff will contact the cases and follow up with close contacts to notify them of their status and the County's isolation and quarantine guidelines in order to minimize or eliminate further spread from these individuals.	
Planned Activities for Outcomes	Estimated Timeframe
1. Hire epidemiology, laboratory, contact tracing and disease investigation, and sample collection personnel.	Component A: End of first 60 days; Component B: continue as needed months 3 to 12
2. Contract for additional laboratory services and contact tracing and disease investigation, and sample collection personnel as needed to meet response needs.	Component A: End of first 60 days; Component B: continue as needed months 3 to 12
3. FCDPH will have sufficient materials and equipment for surveillance, epidemiology, laboratory, and support personnel.	Component A: begin purchases within first 30 days; Component B: continue as needed months 2 to 12
4. Identify and purchase needed laboratory testing equipment.	Component A: purchase within 60 days
5. Issuance of isolation and quarantine Health Officer Orders for positive cases and known close contacts to minimize disease spread.	Component A: upon beginning of response through 90 days; Component B: continue months 4 to 12
6. Develop appropriate guidelines and procedures for the above identified activities.	Component A: upon beginning of response through 90 days; Component B: revise as appropriate months 4 to 12
7. Enter sample collection, testing, and contact tracing data into appropriate system(s) as identified by CDPH.	Component A: upon beginning of response through 90 days; Component B: continue months 4 to 12
8. Upgrade health surveillance monitoring systems if needed.	Component A: within 90 days of beginning of response; Component B: utilize and upgrade if needed months 4 to 12.
Proposed Outputs associated with Outcomes	

<p>1. Sufficient staff will be hired and/or contracted for, including epidemiology, laboratory, contact tracing and disease case investigation, and sample collection to meet the response needs.</p> <ul style="list-style-type: none"> • Estimate contact tracing and case investigation will require a minimum of 15 investigators per 100,000 population, which will require 150 staff plus 15 to 20 leads to manage this portion of the response. • Early development of data management team will be composed of epidemiologists to assess, analyze, and report on incoming data.
<p>2. Specialized teams will be developed to manage outbreaks in specific populations, such as skilled nursing facilities, schools, businesses, jails, and other congregate settings. Estimated minimum number of staff for these teams are 25 to 30, plus four supervisors.</p>
<p>3. Response staff will have the supplies, materials, and equipment necessary to conduct epidemiology, laboratory, contact tracing and disease investigation, sample collection, and surveillance activities.</p>
<p>4. Laboratory testing equipment will be available to perform testing.</p>
<p>5. Health Officer Orders for isolation and quarantine will be issued.</p>
<p>6. Guidelines and procedures for the identified biosurveillance activities will be developed and distributed to all personnel as needed.</p>
<p>7. Test results and contact investigation information will be submitted as required to CDPH.</p>
<p>8. Health surveillance systems will be upgraded as needed to respond to the event.</p>

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