AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

AgendaTitle:
Amendment for Task Orders #2; Colorado Department of Public Health and Environment, OEPR-PHEP, FHJA, Contracting Routing Number 15-65590; Emergency Preparedness and Response; 3/1/14 thru 6/30/15; $19,213

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement: BOCC and CO Dept Public Health & Environ--Emergency Preparedness

Term Begins: July 1, 2014 **Term Ends:** 6/30/2015 **Grant Contract #:**

Summary:
This is contract for renewal period of 2014-15 for Public Health Emergency Preparedness Response work.

Fiscal Impact: $19,213

Submitted by: C Worrall **Submitter's Email Address:** cworrall@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:

This is a renewal Agreement to fund the EPR program. It is already in the County budget. We will receive 10% Indirect Cost.

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 5/19/2014

County Attorney Review: (●) Required ( ) Not Required

Comments:

Reviewed by: GUNCOUNTY1\atrezise Discharge Date: 5/22/2014 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reviewed by: GUNCOUNTY1\mbirnie Discharge Date: 5/22/2014

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted:

Agenda Date: 6/3/2014 Follow Up Agenda Date:

Revised April 2013

Colorado Department of Public Health & Environment
Instructions for Contract Processing

(New Contract OR Amendment used for any type of modification)

*****

Intergovernmental Entities/Local Health Agencies

I. Contract Document

☐ **Print** – 3 copies of the PDF contract document attached to the email. Double sided printing is encouraged but optional. Single sided copies will be accepted.

☐ **Signatures** – Each of the 3 contract documents must be signed by the signature authority for your organization. Original signatures are required. Please use blue ink if possible.

II. Signature Authority

***Attention Local Health Agencies:** Some agencies have signature authority letters on file with CDPHE. If your agency does not, please read and comply with the following instructions*

If the **individual signing your contract document is NOT listed below** as the signature authority for your entity type, you must provide 1 copy of a **Signature Authority Letter** or other regulatory document (resolution, charter, ordinance, etc) confirming the individual has the authority to enter into contracts on behalf of the organization.

- **Counties** – Board of County Commissioners Chairperson or Executive Director
- **County or District Board of Health** – Board of Health President or Executive Director
- **County or District Board of Social Services** – Board of Social Services Chairperson
- **Cities and Towns** – Mayor
- **Cities and Towns** – City Manager (if city manager structure)
- **School District** – School District Superintendent

III. Submission

☐ **Return** all 3 original signed contract documents and the Signature Authority documentation (if applicable) to the address below.

You may hand deliver your documents, send them by mail, or use a courier or delivery service such as FedEx or UPS. The use of a delivery service allows for overnight shipping if needed and provides tracking and delivery confirmation information. Hand delivery may be made to the CDPHE Mail Room in Building B between the hours of 7:30am – 5:00pm, Monday through Friday. Deliveries outside of those times will not be accepted. You will be provided a receipt for your delivery.

Colorado Department of Public Health & Environment
OEPR – C2 – 4350
Attn: Kim Pasic
4300 Cherry Creek Drive South
Denver, CO 80246-1530

IV. Fully Executed Contract

You are not authorized to begin work until the contract is fully executed (signed by all parties). You will be notified of the date work can begin under this contract.

DEPARTMENT OR AGENCY NAME
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
OEPR - PHEP

DEPARTMENT OR AGENCY NUMBER
FHJA

CONTRACT ROUTING NUMBER
15-65590

AMENDMENT FOR TASK ORDERS #2

This Amendment is made this **1st** day of **March**, **2014**, by and between the State of Colorado, acting by and through the **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**, whose address or principal place of business is **4300 Cherry Creek Drive South, Denver, Colorado 80246**, hereinafter referred to as the "State"; and, **BOARD OF COUNTY COMMISSIONERS OF GUNNISON COUNTY, (a political subdivision of the state of Colorado) 200 East Virginia Avenue, Gunnison, Colorado, 81230, for the use and benefit of Gunnison County Department of Health and Human Services**, whose address or principal place of business is **225 North Pine Street Suite E, Gunnison, Colorado, 81230**, hereinafter referred to as the "Contractor".

FACTUAL RECITALS

The parties entered into a Master Contract, dated **January 17, 2012**, with contract routing number **13 FAA 00023**.

Pursuant to the terms and conditions of the Master Contract, the parties entered into a Task Order Contract, dated **April 01, 2012**, with contract encumbrance number **PO FJA EPR1341898**, and contract routing number **13 FJA 41898,** as amended by Amendment for Task Orders #1, with contract routing number **14 FJA 53976**, collectively referred to herein as the "Original Task Order Contract, whereby the Contractor was to provide to the State the following:

> **Contractor shall work with and through state, regional, and local partnerships to achieve emergency preparedness activities. Contractor shall ensure collaboration with the Colorado Department of Public Health and Environment, the Office of Emergency Preparedness and Response, local public health agencies, and regional epidemiologist and generalist staff members within the designated All Hazards Region.**

The State promises to **increase** the amount of funds to be paid to the Contractor by **Nineteen Thousand Two Hundred Thirteen Dollars**, **($19,213.00)** for the renewal term of **one year,** ending on **June 30, 2015**, in exchange for the promise of the Contractor to perform the **increased** work described herein.

NOW THEREFORE, in consideration of their mutual promises to each other, stated below, the parties hereto agree as follows:

1. Consideration for this Amendment to the Original Task Order Contract consists of the payments and services that shall be made pursuant to this Amendment, and promises and agreements herein set forth.

2. It is expressly agreed to by the parties that this Amendment is supplemental to the Original Task Order Contract, contract routing number**13 FJA 41898**, **as amended by** Amendment for Task Orders #1, with contract routing number **14 FJA 53976 collectively** referred to herein as the Original Contract, which is by this reference incorporated herein. All terms, conditions, and provisions thereof, unless specifically modified herein, are to apply to this Amendment as though they were expressly rewritten, incorporated, and included herein.

3. It is expressly agreed to by the parties that the Original Task Order Contract is and shall be modified, altered, and changed in the following respects only:

B. This Amendment is issued pursuant to paragraph **5** of the Original Task Order Contract identified by contract routing number **13 FJA 41898**. This Amendment is for the **renewal term** of **July 01, 2014**, through and including **June 30, 2015**. The maximum amount payable by the State for the work to be performed by the Contractor during this **renewal term** is **Nineteen Thousand Two Hundred Thirteen Dollars**, **($19,213.00)** for an amended **total** financial obligation of the State of **FIFTY SEVEN THOUSAND THREE HUNDRED SEVENTY SEVEN DOLLARS, ($57,377.00)**. This is an **increase** of **Nineteen Thousand Two Hundred Thirteen Dollars, ($19,213.00)** of the amount payable from the previous term. Of the maximum amount for this **renewal term Zero Dollars, ($0.00)** are attributable to a funding source of the State of Colorado and **Nineteen Thousand Two Hundred Thirteen Dollars, ($19,213.00)** are attributable to a funding source of the United States Government (see Catalog of Federal Domestic Assistance (CFDA) number **93.074**). Of the amended **total** financial obligation of the State referenced above **Zero Dollars, ($0.00)** are attributable to a funding source of the State of Colorado and **Fifty Seven Thousand Three Hundred Seventy Seven Dollars, ($57,377.00)** are attributable to a funding source of the United States Government. The revised Additional Provisions is incorporated herein by this reference and identified as "**Exhibit F.** The revised Statement of Work is incorporated herein by this reference and identified as "**Exhibit G**". The revised **Budget** is incorporated herein by this reference and identified as "**Exhibit H**".

The Original Task Order Contract is modified accordingly. All other terms and conditions of the Original Task Order Contract are reaffirmed.

4. The effective date of this Amendment is **July 01, 2014**, or upon approval of the State Controller, or an authorized delegate thereof, whichever is later.

5. Except for the Special Provisions and other terms and conditions of the Master Contract and the General Provisions of the Original Task Order Contract, in the event of any conflict, inconsistency, variance, or contradiction between the terms and provisions of this Amendment and any of the terms and provisions of the Original Task Order Contract, the terms and provisions of this Amendment shall in all respects supersede, govern, and control. The Special Provisions and other terms and conditions of the Master Contract shall always control over other provisions of the Original Task Order Contract or any subsequent amendments thereto. The representations in the Special Provisions to the Master Contract concerning the absence of personal interest of state of Colorado employees and the certifications in the Special Provisions relating to illegal aliens are presently reaffirmed.

6. FINANCIAL OBLIGATIONS OF THE STATE PAYABLE AFTER THE CURRENT FISCAL YEAR ARE CONTINGENT UPON FUNDS FOR THAT PURPOSE BEING APPROPRIATED, BUDGETED, AND OTHERWISE MADE AVAILABLE.

This page left intentionally blank.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the day first above written.

*** Persons signing for Contractor hereby swear and affirm that they are authorized to act on Contractor's behalf and acknowledge that the State is relying on their representations to that effect.**

CONTRACTOR:

BOARD OF COUNTY COMMISSIONERS OF GUNNISON COUNTY
(A political subdivision of the state of Colorado)
For the use and benefit of the
Gunnison County Department of Health and Human Services

_____
Signature of Authorized Officer

_____
Print Name of Authorized Officer

_____
Print Title of Authorized Officer

STATE:

STATE OF COLORADO
John W. Hickenlooper, Governor

By: _____
For the Executive Director
DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

PROGRAM APPROVAL:

By: _____

ALL CONTRACTS MUST BE APPROVED BY THE STATE CONTROLLER

CRS §24-30-202 requires the State Controller to approve all State Contracts. This Contract is not valid until signed and dated below by the State Controller or delegate. Contractor is not authorized to begin performance until such time. If Contractor begins performing prior thereto, the State of Colorado is not obligated to pay Contractor for such performance or for any goods and/or services provided hereunder.

STATE CONTROLLER
Robert Jaros, CPA, MBA, JD

By: _____

Date: _____

This page left intentionally blank.

STATEMENT OF WORK
To Original Contract Routing Number 13 FJA 41898
Contract Amendment #2 Routing Number 15 FHJA 65590

These provisions are to be read and interpreted in conjunction with the provisions of the contract specified above.

I. Entity Name: Gunnison County Department of Health and Human Services

Term: July 1, 2014 – June 30, 2015

II. Project Description:

Purpose: The purpose of the aligned 2012-2017 Hospital Preparedness Program (HPP) - Public Health Emergency Preparedness (PHEP) cooperative agreement programs is to provide technical assistance and resources that support state, local, territorial, and tribal public health departments and healthcare systems/organizations in demonstrating measurable and sustainable progress toward achieving public health and healthcare preparedness capabilities that promote prepared and resilient communities.

Contract Objectives **–** The HPP and PHEP cooperative agreements are authorized under Section 319C-1 and 319C-2 of the Public Health Service Act, as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006.

Public Health Emergency Preparedness (PHEP): CDC has developed 15 capabilities to serve as national public health preparedness standards. CDC's *Public Health Preparedness Capabilities: National Standards for State and Local Planning* ensures that federal preparedness funds are directed to priority areas within jurisdictions. CDC strongly recommends that awardees prioritize the order of the capabilities in which they intend to invest based upon: 1) their jurisdictional risk assessments, 2) an assessment of current capabilities and gaps, and 3) CDC's recommended tiered strategy for capabilities.

III. Definitions:

1. AAR – After Action Report
2. ASPR – Assistant Secretary for Preparedness and Response
3. CDC – Centers for Disease Control and Prevention
4. CRI – Cities Readiness Initiative
5. CDPHE – Colorado Department of Public Health and Environment
6. CEDRS – Colorado Electronic Disease Reporting Systems
7. CIIS – Colorado Inventory Management System
8. CO-SHARE – Colorado State Health Alert and Readiness Exchange
9. CO.TRAIN – Colorado Training Finder for Real-Time Affiliated Integrated Network
10. Contractor and/or Vendor – Any party to which a purchase order is issue
11. DOC – Department Operations Center
12. EPR – Emergency Preparedness and Response
13. FY – Fiscal Year
14. HPP – Hospital Preparedness Program
15. HSEEP – Homeland Security Exercise and Evaluation Program
16. ID – Identification Number
17. JRA - Joint Jurisdictional Risk Assessment
18. LTP – Local Transfer Point
19. L – TAR – Legal Technical Assistance Review
20. MHz – Megahertz
21. MCM - Medical Case Management
22. NORS – National Outbreak Reporting System
23. OEPR – Office of Emergency Preparedness and Response

24. OMS – Outbreak Management System
25. PAHPA – Pandemic and All-Hazards Preparedness Act
26. POD – Point of Dispensing
27. PHEOP - Public Health Emergency Operations Plan
28. PHEP – Public Health Emergency Preparedness
29. PIC – Public Information and Communication
30. RSS – Receiving, Staging Storage Warehouse
31. RTP – Regional Transfer Point
32. SRPOC – State Regional Point of Contact
33. STEC - Shiga toxin-producing *E. coli*
34. SNS – Strategic National Stockpile

IV. Performance (Work Plan and Requirements):

Local Public Health Agency EPR Work Plan Table - Budget Period 3 - 2014-2015

1. Expenditure of Funds:
   The Contractor shall submit the CDPHE-OEPR Mid-Year Fiscal Report indicating projections for expenditure of funds for the remainder of the project period no later than January 1, 2015 via email to the OEPR Fiscal Staff.

Goal #1: Increase capacity for preparedness response and recovery in **Gunnison County**	
Objective #1: No later than the expiration date of the Contract, provide public health preparedness response and recovery activities in **Gunnison County** through planning, training and exercise.	
Primary Activity #1	**PLANNING:** Participate in Emergency Preparedness and Response planning and planning coordination.
Sub-Activities #1	1. The Contractor shall identify and update an annex of their Public Health Emergency Operations Plan (PHEOP), based upon both Joint Jurisdictional Risk Assessment (JRA) and the following Public Health Emergency Preparedness (PHEP) Capabilities: community preparedness and community recovery. 2. The Contractor shall update the Continuity of Operations section/annex of their PHEOP. 3. The Contractor shall discuss Training Needs Assessment data within Healthcare Coalitions and determine what trainings will be offered locally. 4. The Contractor shall update their jurisdictional Pandemic Annex of their PHEOP. 5. The Contractor shall update their SNS Public Information and Communications (PIC) Plan based upon the 2013 PIC Plan Review, 2013 SNS Plan Template criteria (Annex D) and 2014 L-TAR Review for CRI agencies only. 6. The Contractor shall update their SNS Mass Antibiotic/Vaccination Dispensing Plan based upon the 2014 POD Plan Review, 2013 SNS Plan Template criteria (Annex I) and 2014 L-TAR Review for CRI agencies only. 7. The Contractor shall complete their SNS Distribution/RTP/LTP Plan based upon the 2013 SNS Plan Template criteria (Annex H), 2013-2014 SNS Distribution Trainings and 2014 L-TAR Review for CRI agencies only. 8. The Contractor shall complete their SNS Security Plan based upon the 2012 CDPHE Security Plan Templates, the 2013 SNS Plan Template criteria (Annex G), and the 2014 L-TAR Review for CRI agencies only. 9. The Contractor shall complete at least one of the following activities: an Alternate Dispensing Plan, an Alternate Dispensing Training, or an Alternate Dispensing Exercise based on the needs identified in the OEPR Alternate Dispensing Survey and as outlined in the FY 14-15 MCM Operational Assessment Tool for CRI agencies only. 10. The Contractor shall use CDPHE-provided evaluation tools to collect CDPHE-specified data, upon request. 11. The Contractor shall recruit associates from a minimum of (2) two of (11) eleven community collaborators as defined in Standards and Requirements to review an annex of the contractor's PHEOP.

Primary Activity #2	**TRAINING**: Participate in Emergency Preparedness Training and Training Activities.
Sub-Activities #2	1. The Contractor shall participate in a minimum of one (1) training related to community preparedness. 2. The Contractor shall participate in a minimum of one (1) training related to community recovery. 3. The Contractor shall participate in one (1) Colorado Inventory Management System (CIIS) Training as provided by CDPHE. 4. The Contractor shall participate in a CDPHE coordinated Healthcare Coalition workshop. 5. The Contractor shall post all hosted trainings in CO.TRAIN. 6. The Contractor shall post all hosted trainings within their region in CO-SHARE on the Training and Meeting calendar.
Primary Activity #3	**EXERCISING / DRILLS:** Participate in Emergency Preparedness and Response exercises and drills.
Sub-Activities #3	1. The Contractor shall facilitate or participate in a table top exercise that includes healthcare coalition members, using a scenario provided by CDPHE. 2. The Contractor shall ensure table top exercise date and location information is posted to CO.TRAIN. 3. The Contractor shall ensure table top exercise date and location information is posted on the Exercise calendar on CO-SHARE. 4. The Contractor shall complete an after action report and improvement plan based on completed table top exercise. 5. The Contractor shall participate in a minimum of three (3) communication drills, facilitated by CDPHE, focusing on multiple communication systems. 6. The Contractor shall participate in two (2) tactical communications drills initiated by CPDHE, focusing on CDPHE DOC, RSS-RTP/LTP, Regional/Local DOC, and/or POD communication via 800MHz radio and cell phone equipment. 7. The Contractor shall participate in one (1) Inventory Management System drill utilizing the CIIS as determined by CDPHE. 8. The Contractor shall participate in a minimum of two (2) dispensing or distribution drills as outlined by CDPHE. 9. The Contractor shall initiate and conclude a volunteer activation drill.
Primary Activity #4	**ADDITIONAL ACTIVITIES:** Coordinate collaborative activities with local, regional and state emergency preparedness and response staff.
Sub-Activities #4	1. The Contractor shall act as a liaison between CDPHE and EPR Regional Staff to local community preparedness associates. 2. The Contractor shall share lessons learned, best practices and techniques learned during trainings, within local healthcare coalition meetings. 3. The Contractor shall participate in meetings or phone calls with the CDPHE State Regional Point of Contact (SRPOC) at a minimum of one (1) per quarter. 4. The Contractor shall coordinate and participate in site visits as requested by CDPHE. 5. The Contractor shall participate in workshops and conferences as requested by CDPHE. 6. The Contractor shall respond to surveys as requested by CDPHE. 7. The Contractor shall participate in work groups as requested by CDPHE. 8. The Contractor shall attend mandatory meetings as directed by CDPHE. 9. The Contractor shall seek planning, training, exercise and other emergency preparedness and response technical assistance from EPR Regional Staff and CDPHE OEPR as needed. 10. EPR Regional Staff will provide technical assistance to all local public health agencies for all EPR activities as requested.

Standards and Requirements	1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The Contractor shall monitor documents and website content for updates and comply with all updates. 2. The Contractor shall ensure that appropriate Regional Emergency Preparedness and Response Staff time and resources are allocated to support all identified activities for all local agencies within the region. 3. The Contractor shall collaborate with CDPHE and EPR Regional Staff on all emergency preparedness and response activities. 4. The Contractor shall utilize the CDPHE Continuity Workbook guidance to update their Continuity of Operations section/annex of their PHEOP with the key elements established in the CDPHE Continuity workbook. 5. The eleven (11) community collaborators are as follows: Businesses, Community Leadership, Cultural and Faith-Based Groups and Organizations, Education and Childcare settings, Emergency Management, Healthcare, Housing and Sheltering, Media, Mental and Behavioral Health, Social Services, Senior Services. Associates from organizations engaged may represent more than one collaboration partner. The Contractor will provide community partners with the Community Collaborator Plan review sheet as a plan review format. 6. The Contractor shall utilize the OEPR Alternate Dispensing Needs Assessment Survey Results to complete the alternate dispensing plan, the alternate dispensing training, or the alternate dispensing exercise. 7. The Contractor shall use the Pandemic Annex Guidance/Template document to be released no later than October 1, 2014 when updating the Pandemic Annex. 8. Any Jurisdictional Risk Assessment used must have been completed no longer than three (3) years before the grant date, include public health considerations, and be approved by CDPHE. 9. The Budget Period Performance Measures Specification and Implementation Guidance for both PHEP and HPP will be the primary source for evaluation data collection. 10. All trainings provided shall include a training evaluation form, with necessary components to be specified in the CDPHE guidance. 11. The Contractor shall use the Drill Reporting Template provided by CDPHE. 12. The Contractor shall provide an After Action Report and Improvement Plan for all exercises and real events based on lessons learned utilizing established Homeland Security Exercise Evaluation Program (HSEEP) documentation guidance.
Expected Results of Activity(s)	1. Identify deficiencies in agency's PHEOP. 2. Identify deficiencies in PHEP capabilities. 3. Public health and emergency response associates will build proficiency in CDC- and ASPR-defined capabilities of community preparedness and community recovery. 4. Public Health and emergency response associates will acquire the necessary skills and tools to complete their responsibilities during emergency events. 5. Effectiveness of communication and situational awareness between CDPHE, local public health agencies, and organizations representing community collaborators (formerly termed "community sectors") through exercises, drills and real events. 6. Public health and emergency response associates will be able to track SNS assets through the (CIIS).

Measurement of Expected Results	1. Measures of Public Health Emergency Operations Plans effectiveness and validity will be evaluated per the performance measures for PHEP and HPP capabilities – resources to reference include: a. PHEP Performance Measures Specifications and Implementation Guidance b. Hospital Preparedness Program (HPP) Performance Measure Manual. 2. The Inventory Management System Webinar will be evaluated through the completion of the CIIS exercise provided at the end of the training. 3. Exercises and drills will be evaluated through After Action Reports and Improvement Plans to determine plan or system response readiness.	
		Completion Date
Deliverables	1. The Contractor shall upload their updated PHEOP annexes in the appropriate CO-SHARE Grant Reporting Folder.	Report Midyear progress by December 12, 2014. Final progress no later than June 1, 2015.
	2. The Contractor shall upload their agency's updated Continuity of Operations annex in the appropriate CO-SHARE Grant Reporting Folder.	Report Midyear progress by December 12, 2014. Final progress no later than June 1, 2015.
	3. The Contractor shall upload a report outlining what trainings will be offered locally in the appropriate CO-SHARE Grant Reporting Folder.	No later than February 15, 2015.
	4. The Contractor shall upload a list of which two (2) community partners were approached by the Contractor to conduct a plan review in the appropriate CO-SHARE Grant Reporting Folder.	Report Midyear progress by December 12, 2014. Final progress no later than June 1, 2015.
	5. The Contractor shall update their agency's CO-SHARE Grant Reporting spreadsheet as local folders are updated.	Report Midyear progress by December 12, 2014. Final progress no later than June 1, 2015.
	6. The Contractor shall upload the updated Pandemic Annex to CO-SHARE under their County PHEOP Panflu Annex folder.	No later than June 1, 2015.
	7. The Contractor shall upload SNS Plan Template Annexes D (Public Information & Communications), G (Security), H (Distribution) and I (Dispensing) within their SNS Base Plan in the appropriate CO-SHARE Grant Reporting Folder.	No later than February 15, 2015.
	8. The Contractor shall indicate in CO-SHARE which Alternate Dispensing Activity they will complete.	No later than August 15, 2014.
	9. The Contractor shall indicate within the grant reporting spreadsheet one of the following: the CO-SHARE location of the completed Alternate	No later than June 1, 2015

	Dispensing Plan, the CO.TRAIN ID of the Alternate Dispensing Training, or CO-SHARE location of the Alternate Dispensing Exercise AAR .	
	10. The Contractor shall upload the CIIS Inventory Management training module exercise documentation that will be assigned during the Inventory System Management System Webinar to CIIS	No later than June 1, 2015.
	11. The contractor shall submit evaluation data via surveys as specified by CDPHE..	No later than June 1, 2015
	12. The Contractor shall upload certifications of completion of training into CO-SHARE.	No later than June 1, 2015.
	13. The Contractor shall upload minutes and notes on lessons learned from healthcare coalition meetings.	Report Midyear progress by December 12, 2014. Final progress no later than June 1, 2015.
	14. The Contractor shall post documentation of their agency's participation in conference(s) and workshop(s) on the CO-SHARE Grant Reporting Spreadsheet.	Report Midyear progress by December 12, 2014. Final progress no later than June 1, 2015.
	15. The Contractor shall post all hosted trainings in CO.TRAIN.	No later than 15 calendar days prior to training date.
	16. The Contractor shall post all hosted trainings in their Region in CO-SHARE, on the appropriate calendars.	No later than 15 Calendar days prior to training date.
	17. The Contractor shall upload the Table Top Exercise After Action Report and Improvement Plan in CO-SHARE.	No later than close of grant, June 30, 2015.
	18. The Contractor shall upload the sign in sheet from Table Top Exercise.	No later than close of grant, June 30, 2015.
	19. The Contractor shall upload drill report templates for all drills completed in the appropriate CO-SHARE Grant Reporting Folder.	No later than June 1, 2015.
	20. The Contractor shall post a Regional Staff Assistance Tracking Worksheet in the appropriate CO-SHARE Grant Reporting Folder.	No later than December 31, 2014; June 30, 2015

Epidemiology Work Plan Table - Budget Period 3 - 2014-2015

Goal #1: Develop, sustain, and improve upon public health surveillance and epidemiological investigation systems and processes at the local level in Colorado.	
Objective #1: No later than the expiration date of the Contract, provide public health surveillance and epidemiological investigation activities for Colorado local public health agencies.	
Primary Activity #1	Attend and participate in scheduled epidemiologist conference calls, meetings, and trainings.
Sub-Activities #1	1. The Contractor or its designated regional epidemiologist shall attend twice-monthly epidemiologist conference calls coordinated by CDPHE. CDPHE will record and monitor attendance. 2. The Contractor or its designated regional epidemiologist shall attend the fall 2014 epidemiologist and regional staff meeting/training scheduled by CDPHE. Attendance may occur in person or via webinar/teleconference, if offered. CDPHE will record and monitor attendance. 3. The Contractor or its designated regional epidemiologist shall attend the spring 2015 epidemiologist and regional staff meeting/training scheduled by CDPHE. Attendance may occur in person or via webinar/teleconference, if offered. CDPHE will record and monitor attendance.
Primary Activity #2	Assess and share public health surveillance data.
Sub-Activities #2	1. The Contractor or its designated regional epidemiologist shall assess the reporting timeliness of select notifiable diseases/conditions by clinical laboratories and hospitals within the Contractor's jurisdiction/region. 2. The Contractor or its designated regional epidemiologist shall assess the completeness of select variables within select notifiable diseases/conditions records in the Colorado Electronic Disease Reporting System (CEDRS) for cases which occur within the Contractor's jurisdiction/region. 3. The Contractor or its designated regional epidemiologist shall present on a surveillance or epidemiologic topic during at least one health care coalition meeting within the Contractor's jurisdiction/region. Topics can include: sharing surveillance data, discussing the agency's or region's epidemiological response plan, reviewing an outbreak investigation, reviewing the role of epidemiology in emergency preparedness and response, and sharing epidemiological tools that can be used in emergency preparedness and response. 4. The Contractor or its designated regional epidemiologist shall share CDPHE provided quarterly and year-to-date surveillance data reports, or internally generated surveillance data reports, with public health associates and stakeholders within the Contractor's jurisdiction/region either quarterly or bi-annually.
Primary Activity #3	Conduct timely and complete case, outbreak, and incident investigations and implement appropriate disease control measures.
Sub-Activities #3	1. The Contractor or its designated regional epidemiologist shall participate in a real situation of need or urgency outside of the Contractor's jurisdiction/region as requested by CDPHE. 2. The Contractor or its designated regional epidemiologist shall monitor CEDRS to ensure local public health disease investigators within the jurisdiction/region are completing the "investigation start date" variable in CEDRS for diseases/conditions for which the local public health agency has primary investigatory responsibilities. CDPHE will monitor the completion of the "investigation start date" variable in CEDRS by running two reports throughout the grant year to assess completion and will share the reports with regional epidemiologists. 3. The Contractor or its designated regional epidemiologist shall monitor CEDRS to ensure local public health disease investigators within the jurisdiction/region are completing the "was case/surrogate interviewed" variable in CEDRS for diseases/conditions for which the local public health agency has primary investigatory responsibilities. CDPHE will monitor the completion of the "was case/surrogate interviewed" variable in CEDRS by running two reports throughout the grant year to assess completion and will share the reports with regional

	epidemiologists. 4. The Contractor or its designated regional epidemiologist shall initiate contact with disease cases within the Contractor's jurisdiction/region identified by CDPHE or the CDC to be part of a Colorado or multi-state outbreak or cluster within 24 hours of recognition using the outbreak or cluster-specific questionnaire provided by CDPHE or CDC.
Primary Activity #4	The Contractor or its designated regional epidemiologist shall participate in training local public health staff and disease reporting partners (hospital infection preventionists and clinical laboratory staff, as applicable) in the Contractor's jurisdiction/region on the new version of CEDRS using training resources developed by CDPHE.
Primary Activity #5	The Contractor or its designated regional epidemiologist shall participate in a table top exercise using a scenario provided by CDPHE to provide epidemiological perspective and resources.
Standards and Requirements	1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The contractor shall monitor documents and website content for updates and comply with all updates. 2. Additional details to assist the Contractor or its delegated regional epidemiologist complete this work plan table will be provided by the CDPHE Communicable Disease Epidemiology Section in the form of a guidance document prior to the start date of this contract. 3. The twice-monthly epidemiologist conference calls will occur on the first and third Wednesdays of every month from 9:30 am to 10:30 am. The Contractor or its designated regional epidemiologist shall attend at least 80% of the twice-monthly epidemiologist conference calls. 4. Disease reporting timeliness assessments shall be conducted by reviewing semi-annual CDPHE-generated reports from data contained in the Colorado Electronic Disease Reporting System (CEDRS). 5. CEDRS data completeness assessments shall be conducted by reviewing semi-annual CDPHE generated reports from data contained in the Colorado Electronic Disease Reporting System (CEDRS). 6. Primary disease case investigation responsibility (i.e., local or state public health agency) is outlined on the CDPHE Communicable Disease Manual website. This document is incorporated and made part of the scope of work by reference and is available on the following website: http://www.colorado.gov/cs/Satellite/CDPHE-DCEED/CBON/1251607755419 (at the link titled "CDPHE guidance on diseases needing case investigation). 7. The Contractor or its designated regional epidemiologist shall comply with the requirements for reporting outbreaks to CDPHE. This information is located on the CDPHE-DCEED website. This document is incorporated and made part of the scope of work by reference and is available on the following website:http://www.colorado.gov/cs/Satellite/CDPHE-DCEED/CBON/1251607755294 (under the "Outbreak Investigation Guidelines" header). 8. The Contractor or its designated regional epidemiologist shall write outbreak reports that contain the following elements: background, investigation start date, methods, results, discussion/conclusion, and recommendations. 9. The "investigation start date" variable in CEDRS shall be completed for all 24-hour reportable conditions and the following seven (7) day reportable conditions which occur within the epidemiologist's jurisdiction/region: Shiga toxin-producing *E. coli* (STEC), *Salmonella, Listeria*, and tularemia. 10. The "was case/surrogate interviewed" variable in CEDRS shall be completed for all 24-hour reportable conditions and the following seven (7)- day reportable conditions which occur within the epidemiologist's jurisdiction/region: Shiga toxin-producing *E. coli* (STEC), *Salmonella, Listeria*, and tularemia. The target for completed case interviews for these conditions is 90%. 11. CDPHE will notify the Contractor or its designated regional epidemiologist if a case within their jurisdiction/region is determined to be part of a Colorado or multi-state outbreak and will provide the appropriate questionnaire. 12. CDPHE will provide CEDRS training resources by February 1, 2015.

Expected Results of Activity(s)	1. High quality public health surveillance and epidemiological investigation will occur within the Contractor's jurisdiction/region in line with functions described in capability 13 of the CDC PHEP cooperative agreement (Public Health Surveillance and Epidemiological Investigations).	
Measurement of Expected Results	1. Data in CEDRS and data provided to CDPHE will be tabulated to assess compliance with CDC performance measures for PHEP Capability 13: Public Health Surveillance and Epidemiological Investigation. (PHEP capability 13 performance measures can be found at this website: http://www.cdc.gov/phpr/capabilities/capability13.pdf)	
		Completion Date
Deliverables	1. The Contractor or its designated regional epidemiologist shall update their agency's CO-SHARE Grant Reporting spreadsheet to document any problems identified in the timeliness reports and how those problems were addressed.	September 12, 2014 (for reports from Jan-June 2014) March 13, 2015 (for reports from July – Dec 2014)
	2. The Contractor or its designated regional epidemiologist shall update their agency's CO-SHARE Grant Reporting spreadsheet to document any problems identified in the completeness reports and how those problems were addressed.	September 12, 2014 (for reports from Jan-June 2014) March 13, 2015 (for reports from July – Dec 2014)
	3. The Contractor or its designated regional epidemiologist shall update their agency's CO-SHARE Grant Reporting spreadsheet to record the name of the health care coalition to which a surveillance or epidemiologic topic was presented, the date of the presentation, and a brief topic synopsis.	No later than June 1, 2015
	4. The Contractor or its designated regional epidemiologist shall update their agency's CO-SHARE Grant Reporting spreadsheet to record the method, and the frequency (either quarterly or bi-annually), and date they provided the quarterly and year-to-date surveillance data reports from CDPHE, or internally generated surveillance data reports, with public health associates and stakeholders within the Contractor's jurisdiction/region.	No later than December 15, 2014 (for data covering the first half of 2014 or 2nd and 3rd quarters of 2014) No later than June 15, 2015 (for data covering the second half of 2014 or 4th quarter of 2014 and 1st quarter of 2015)
	5. The Contractor or its designated regional epidemiologist shall submit a completed National Outbreak Reporting System (NORS) form to the CDPHE Communicable Disease Epidemiology Section via email (to Nisha.Alden@state.co.us) or fax (303-782-0338) for outbreaks occurring within the Contractor's jurisdiction/region.	No later than 2 months following the first illness onset of the outbreak
	6. The Contractor or its designated regional epidemiologist shall submit infectious disease outbreak reports to the CDPHE Communicable Disease Epidemiology Section via email (to Nisha.Alden@state.co.us) or fax (303-782-0338) for outbreaks that occur within the Contractor's jurisdiction/region.	No later than June 1, 2015
	7. The Contractor or its designated regional epidemiologist shall update their agency's CO-SHARE Grant Reporting spreadsheet with a brief	No later than June 1, 2015

	description of the situation of need or urgency outside of the Contractor's jurisdiction/region for which the epidemiologic assistance was provided.	
	8. The Contractor or its designated regional epidemiologist shall update their agency's CO-SHARE Grant Reporting spreadsheet to record the date a disease case was determined to be part of a Colorado or multi-state outbreak or cluster, the name of the disease/condition, and the date contact was initiated with the case to administer the appropriate outbreak or cluster-specific questionnaire.	No later than June 1, 2015
	9. The Contractor or its designated regional epidemiologist shall update their agency's CO-SHARE Grant Reporting spreadsheet to record the date CEDRS training was provided to each local public health agency and disease reporting partners (hospital infection preventionists and clinical laboratory staff, as applicable) in the Contractor's jurisdiction/region.	No later than June 1, 2015
	10. The Contractor or its designated regional epidemiologist shall update their agency's CO-SHARE Grant Reporting spreadsheet to record the date and location of the table top exercise in which epidemiological perspective and resources were provided.	No later than June 1, 2015

V. Monitoring:

CDPHE's monitoring of this contract for compliance with performance requirements will be conducted throughout the contract period by the Contract Monitor. Methods used will include a review of documentation determined by CDPHE to be reflective of performance to include progress reports, invoices, site visit result, electronic data and other fiscal and programmatic documentation as applicable. The Contractor's performance will be evaluated at set intervals and communicated to the contractor. A Final Contractor Performance Evaluation will be conducted at the end of the life of the contract.

VI. Resolution of Non-Compliance:

The Contractor will be notified in writing within **thirty (30)** calendar days of discovery of a compliance issue. Within **thirty (30)** calendar days of discovery, the Contractor and the State will collaborate, when appropriate, to determine the action(s) necessary to rectify the compliance issue and determine when the action(s) must be completed. The action(s) and time line for completion will be documented in writing and agreed to by both parties. If extenuating circumstances arise that requires an extension to the time line, the Contractor must email a request to the **Grants Branch Manager** and receive approval for a new due date. The State will oversee the completion/implementation of the action(s) to ensure time lines are met and the issue(s) is resolved. If the Contractor demonstrates inaction or disregard for the agreed upon compliance resolution plan, the State may exercise its rights under the provisions of this contract.

Exhibit G

Budget
To Task Order Dated 04/01/2012 - Contract Routing Number 13 FJA 41898
Contract Amendment #2 Routing Number 15 FHJA 65590

Gunnison County Department of Health and Human Services
Fiscal Year 2014 – 2015 Budget

Personnel				
Title:	**Hourly Rate & Fringe**	**# of Weeks**	**# Hrs/Week**	**Cost**
EPR Coordinator	$22/Hour	52 Weeks	12 hrs/week	$13,728.00
			Personnel Budget Total:	**$13,728.00**

Supplies/Operating/Other Direct Expenses	
Description	**Cost**
Supplies, Dues, Printing, Copying and Other Operating Expenses	$1,364.00
Training	$500.00
Supplies/Operating/Direct Costs Budget Total:	**$1,864.00**

Travel (In-State/Out-of-State)	
Description	**Cost**
Mileage and Travel (Denver and Grand Junction	$500.00
Per Diem ($36 x 9 days)	$324.00
Lodging (5 Nights in Grand Junction/ Two Nights in Denver @ $150.00/Night)	$1,050.00
Travel Budget Total:	**$1,874.00**

Consultant/Contractual	
Description	**Cost**
Contractual/Consultant Budget Total:	**$0.00**

Direct Costs Budget Total:	**$17,466.00**

Administrative/Indirect Cost	
Indirect: 60.12% of Total Direct Costs – Contractor billing for 10% of total Directs Costs	**$1,747.00**
BUDGET TOTAL:	**$19,213.00**