AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Amendment for Task Order #3; Colorado Department o

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement:

Term Begins: 7/1/2015 **Term Ends:** 6/30/2016 **Grant Contract #:**

Summary:

This contract is for emergency preparedness activities.

Fiscal Impact: $26,075

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

Finance Review: (●) Required ( ) Not Required

Comments:
Extension of current agreement. Does include 10% indirect cost reimbursement. Also, page 2 (3.B.) lists the amended total financial obligaiton as ($77,6452.00) Should be ($77,452.00)

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 5/12/2015

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

Comments:
ok db 5/13/15

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 5/13/2015 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 5/13/2015

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

Agenda Date: 5/19/2015

Revised April 2015

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: Joslynn Hilliard
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
OERP-FHJA

DEPARTMENT OR AGENCY NUMBER
FAAA

CONTRACT ROUTING NUMBER
16-79717

AMENDMENT FOR TASK ORDERS #3

This Amendment is made this **1st** day of **May**, **2015**, 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 encumbrance number **PO FJA EPR1341898,** and contract routing number **13 FJA 41898,** as amended by Task Order #1, contract routing number **14 FJA 53976,** as amended by Task Order #2, with contract routing number **15 FHJA 65590**, as amended by Task Order #3, 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 **Twenty Thousand Seventy Five Dollars**, **($20,075.00)** for the renewal term of **One year** ending on **June 30, 2016**, 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 contract routing number **13 FJA 41898**, **as amended by Amendment for original Task Orders, with contract routing number 14 FJA 53976, as amended by Amendment for Task Orders #1, with contract routing number 15 FHJA 65590, as amended by Amendment for Task Order #2,** 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:

A. This Contract Amendment is issued pursuant to paragraph **05** of the Original Task Order Contract identified by contract routing number 13 FJA 41898. This Amendment is for the **renewal term** of **July 01, 2015**, through and including **June 30, 2016**. This Amendment modifies the Original Task Order Contract by adding descriptive elements. The following provision modifications are incorporated herein by this reference.

i. The following information shall be added as a supplement to page 1 of the Task Order Contract:
   a Contractor DUNS: 133115220
   b Classification: Subrecipient

ii. The following information shall be added as a supplement to Exhibit A, Additional Provisions, of the Task Order Contract:
   a This award does not include funds for Research and Development.

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, 2015**, through and including **June 30, 2016**. The maximum amount payable by the State for the work to be performed by the Contractor during this **renewal term** is **Twenty Thousand Seventy Five Dollars**, **($20,075.00)** for an amended **total** financial obligation of the State of **Seventy Seven Thousand Four Hundred Fifty Two Dollars, ($77,6452.00)**. This is an **increase** of **Twenty Thousand Seventy Five Dollars**, **($20,075.00)** of the amount payable from the previous term. Of the maximum amount for this **renewal term Twenty Thousand Seventy Five Dollars**, **($20,075.00)** are attributable to a funding source of the State of Colorado and **Twenty Thousand Seventy Five Dollars**, **($20,075.00)** are attributable to a funding source of the United States Government (see Catalog of Federal Domestic Assistance (CFDA) number ***93.069**). The revised **Statement of Work** is incorporated herein by this reference and identified as "**Exhibit H**". The revised **Budget** is incorporated herein by this reference and identified as "**Exhibit I**".

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, 2015**, 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.

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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
Gunnison County Department of Health and Human Services

_____
Signature of Authorized Officer

_____
Date

_____
Print Name of Authorized Officer

_____
Print Title of Authorized Officer

STATE:

STATE OF COLORADO
John W. Hickenlooper,

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: _____

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STATEMENT OF WORK
To Original Contract Routing Number 13 FJA 41898
Contract Amendment #3 Routing Number 16 FHJA 79717

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, 2015 – June 30, 2016.

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:
AAR – After Action Report
ASPR – Assistant Secretary for Preparedness and Response
CDC – Centers for Disease Control and Prevention
CRI – Cities Readiness Initiative
CDPHE – Colorado Department of Public Health and Environment
CEDRS – Colorado Electronic Disease Reporting Systems
CIIS – Colorado Inventory Management System
CO-SHARE – Colorado State Health Alert and Readiness Exchange
CO.TRAIN – Colorado Training Finder for Real-Time Affiliated Integrated Network
Contractor and/or Vendor – Any party to which a purchase order is issue
DOC – Department Operations Center
EPR – Emergency Preparedness and Response
FY – Fiscal Year
HPP – Hospital Preparedness Program
HSEEP – Homeland Security Exercise and Evaluation Program
ID – Identification Number
JRA - Joint Jurisdictional Risk Assessment
LTP – Local Transfer Point
L – TAR – Legal Technical Assistance Review
MHz – Megahertz
MCM - Medical Case Management
NORS – National Outbreak Reporting System
OEPR – Office of Emergency Preparedness and Response
OMS – Outbreak Management System
PAHPA – Pandemic and All-Hazards Preparedness Act
POD – Point of Dispensing

PHEOP - Public Health Emergency Operations Plan
PHEP – Public Health Emergency Preparedness
PIC – Public Information and Communication
RSS – Receiving, Staging Storage Warehouse
RTP – Regional Transfer Point
SRPOC – State Regional Point of Contact
STEC - Shiga toxin-producing *E. coli*
SNS – Strategic National Stockpile

IV. Work Plan:

Goal #1: Increase capacity for preparedness response and recovery in the **City and County of Broomfield.**	
Objective #1: No later than the expiration date of the Contract, provide public health preparedness response and recovery activities in **City and County of Broomfield** through planning, training, exercises and real events.	
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 Public Health Emergency Preparedness (PHEP) Capabilities. 2. The Contractor shall complete an agency specific Hazard Vulnerability Analysis (HVA), on a template provided by CDPHE. 3. The Contractor shall assist their healthcare coalition partners to complete a Joint Risk Assessment (JRA), utilizing resources, JRA online application, and templates as provided by CDPHE. 4. The Contractor shall ensure their PHEOP / Communications Annex includes a process for creating, approving and disseminating an Incident Action Plan (IAP) during an incident response. 5. The Contractor shall update their Strategic National Stockpile (SNS) Mass Dispensing/Vaccination/Point of Dispensing (POD) Annexes. 6. The Contractor shall complete the POD Operational Data Sheet for their jurisdiction using the CDC POD Planning Standards Template. 7. The Contractor shall ensure that all LPHAs complete the Site Survey Tab on the Colorado Public Health Emergency IMS Tool in the in the CIIS-SNS Inventory Management System for their POD and hospitals sites. 8. The Contractor shall assist CDPHE OEPR Staff in reviewing LPHA Pandemic Annexes based on criteria developed by CDPHE **(FOR REGIONAL HOSTING AGENCIES ONLY)** 9. The Contractor shall update their Continuity of Operations Plan to include all planning elements, as outlined in CDPHE's Continuity of Operations Plan Development Guidance. 10. The Contractor shall establish / update protocol and procedures for processing emergency public health funds to include identification of the appropriate approving authority for emergency / supplemental public health funding. 11. The Contractor shall complete, at a minimum, one (1) Colorado Inclusion in Colorado (CICO) Map activity out of the list provided in the 2015-2016 Grant Guidance. 12. The Contractor shall identify at least one (1) individual to be the Colorado Volunteer Mobilizer (CVM) administrator for county volunteers.
Primary Activity #2	**TRAINING**: Participate in Emergency Preparedness Training and Training Activities
Sub-Activities #2	1. The Contractor shall attend Joint Risk Assessment (JRA) training as provided by CDPHE or EPR Regional Staff. 2. The Contractor shall participate in a minimum of one (1) training to address a gap or necessary improvement identified in the 2014-15 HCC tabletop exercise. 3. The Contractor shall create or update a training and exercise plan, based on identified needs and lessons learned. 4. The Contractor shall share their training and exercise plan with healthcare coalition members. 5. The Contractor shall participate in or host a mass fatality training.

	6. The Contractor shall participate in (1) CIIS-SNS Inventory Management face-to-face training as provided by regional staff. 7. The Contractor shall participate in (1) CIIS-SNS Inventory Management train-the-trainer as provided by CDPHE (**FOR REGIONAL HOSTING AGENCIES ONLY**) 8. The Contractor shall deliver (1) face-to-face CIIS-SNS Inventory Management training to local public health staff (**FOR REGIONAL HOSTING AGENCIES ONLY)** 9. The Contractor shall participate in a CVM administrator webinar. 10. The Contractor shall post all hosted trainings into the appropriate CO-SHARE Training Calendar.
Primary Activity #3	**EXERCISING / DRILLS**: Participate in Emergency Preparedness and Response exercises and drills.
Sub-Activities #3	1. The Contractor shall participate in a healthcare coalition based functional exercise planning meeting to assist in the modification of exercise documentation, provided by CDPHE. 2. The Contractor shall modify all necessary functional exercise documentation templates to reflect HCC and agency needs. 3. The Contractor shall assist CDPHE in marketing the functional exercise to community response partners, as well as internally within the HCC. 4. The Contractor shall recruit volunteers to serve in specific roles for the Functional Exercise, as defined by CDPHE, by their exercise date. 5. The Contractor shall participate in the planning and implementation of one (1) Regional Transfer Point Drill, to include the CIIS-SNS IMS, as coordinated by CDPHE **(FOR REGIONAL HOSTING AGENCIES ONLY)** 6. The Contractor shall participate in one- (1) functional exercise sponsored by CDPHE, including healthcare coalition partners. 7. The Contractor shall initiate quarterly Regional / local communication drills. 8. The Contractor shall complete an after action report survey, including improvement plan elements, based on completed functional exercise. 9. The Contractor shall participate in the planning and implementation of one (1) Regional Transfer Point Functional exercise, the CIIS-SNS Inventory Management System (IMS), as coordinated by CDPHE. 10. The Contractor shall complete the following two (2) operational drills for one (1) Open POD site in each county that includes -- *Staff Notification, Site Activation or Facility Set-Up* -- OR complete one (1) Open POD functional or full-scale exercise. 11. The Contractor shall participate in two (2) tactical communications drills initiated by CDPHE focusing on **CDPHE DOC to Local POD** and RSS **to RTP/LTP** communication via 800MHz radio and cell phone equipment. 12. The Contractor shall participate in a minimum of two (2) **DOC/RTP/LTP to POD** communications drills initiated by the agency. 13. The Contractor shall post all hosted exercise / drills into the appropriate CO-SHARE Exercise Calendar.
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 use CDPHE-provided evaluation tools to collect CDPHE and federally specified data, including surveys, upon request. 3. The Contractor shall coordinate and participate in site visits as requested by CDPHE. 4. The Contractor shall participate in workshops, conferences, mandatory meetings, and communication drills as requested by CDPHE. 5. The Contractor shall participate in work groups as requested by CDPHE. 6. The Contractor shall seek planning, training, exercise and other emergency preparedness and response technical assistance from EPR Regional Staff and CDPHE OEPR as needed.

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. Mass Dispensing/Vaccination/Point of Dispensing (POD) Annex update shall be based upon the 2015 POD Plan Review with new Medical Countermeasure Operational Readiness Review (MCM ORR) criteria. 3. The Contractor shall include all planning elements, outlined in CDPHE's Continuity of Operations Plan Development Guidance, in their updated Continuity of Operations Plan. 4. The Contractor is required to modify all Functional exercise documentation, provided by CDPHE, as a Healthcare Coalition. 5. Regions must come to an agreement on what date of play shall be chosen, as all regional partners are expected to "play" on the same day. If the date selection has not been made by September 1, 2015 then remaining regions who have not chosen a date, will be assigned a date of play. 6. The list of available "dates of play" will be listed within CDPHE Grant guidance. These dates will remain available on a first come, first served basis. It is recommended that regions begin discussions early to make date selections, and have regional staff inform their SRPOC as soon as the date is selected, in order to guarantee availability. 7. The EPR Regional Staff will coordinate and report Functional Exercise date selection information to the State Regional Point of Contact (SRPOC) for the entire region. 8. Functional Exercise marketing must include, but is not limited to, distribution of marketing materials, encouraging partners to participate, collaborating with other HCCs on marketing. 9. The Contractor shall utilize the Functional Exercise scenario and associated templates as provided by CDPHE. These templates should be modified to better reflect local exercise needs. 10. Functional exercise play will take place regionally. Regions are not expected to respond as a region, but all HCC partners within the region will participate in exercise play on the same date, as chosen by HCC partners within the region. 11. It is expected that all Healthcare Coalition partners shall take part in Functional Exercise play, whether by activating internal emergency operations, or participating with another partner agency. 12. The Contractor is required to utilize Homeland Security Exercise Evaluation Program (HSEEP) guidance for any exercise development and implementation or for real event documentation. 13. Necessary Functional Exercise documentation includes, at a minimum, the following documents: Exercise Plan (ExPlan), Exercise Evaluation Guides (EEGs), Master Scenario Events List, Exercise Power Point presentations (PPT), Exercise marketing fliers. 14. As part of the functional exercise, volunteers may be needed to serve in the following roles: evaluators, controllers, exercise role players, SimCell volunteers (if agency chooses to have a SimCell). Contractors shall work with HCC partners to identify community members who can serve in these roles. 15. 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. 16. The Contractor shall utilize CIIS SNS Inventory Management training materials to deliver instruction to local public health staff as developed by CDPHE. 17. The Contractor shall utilize the POD Operational Drill templates as developed by CDC for the POD drills. 18. If Contractor elects to complete a Functional or Full Scale POD exercise, an After Action Report and Improvement Plan must be submitted. 19. Any communication drills should be reported utilizing the Drill Reporting Template, as provided by CDPHE.

	20. The Contractor is responsible for working with EPR Regional Staff to ensure local staffing and other support (partner, logistics) for the Regional/Local Transfer Point that would support their county in the event of a medical countermeasure emergency. 21. The Contractor shall post all hosted trainings into CO.TRAIN.	
Expected Results of Activity(s)	Increase capacity for preparedness response and recovery in the XYZ County.	
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. 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 annex(es) into the appropriate CO-SHARE folder.	June 1, 2016
	2. The Contractor shall upload their updated PHEOP / Communications annex which includes an updated process for creating, approving and disseminating an Incident Action Plan to the appropriate CO-SHARE Folder.	June 1, 2016
	3. The Contractor shall upload the updated Mass Dispensing/ Vaccination/ POD Annex to CO-SHARE under their County PHEOP POD Annex folder.	June 1, 2016
	4. The Contractor shall upload the completed POD Planning Standards Template in CO-SHARE.	June 1, 2016
	5. The Contractor shall upload the completed Site Survey tab on the Colorado Public Health Emergency Inventory Management System (IMS) Tool (in CIIS) into the appropriate CO-SHARE folder.	October 31, 2015
	6. The Contractor shall upload CO.TRAIN course number and training roster of local public health staff completing the CIIS-SNS IMS training to the appropriate CO-SHARE folder **(FOR REGIONAL HOSTING AGENCIES ONLY)**	June 1, 2016
	7. The contractor shall upload their updated Continuity of Operations Plan to the appropriate CO-SHARE Grant Reporting folder.	February 15, 2016
	8. The Contractor shall upload their established or updated protocol and procedures for processing emergency public health fund to CO-SHARE.	June 1, 2016
	9. The Contractor shall post to CO-SHARE which Colorado Inclusion Mapping activity (CICO) was completed.	February 15, 2016
	10. The Contractor shall submit the name and contact information of the individual within the county that is the Colorado Volunteer Mobilizer (CVM) administrator to the appropriate CO-SHARE folder.	December 15, 2015
	11. The Contractor shall upload a certificate of completion of CVM Webinar to the appropriate CO-SHARE folder.	April 1, 2016
	12. The Contractor shall upload a completed agency specific Hazard Vulnerability Analysis (HVA) into the Joint Risk Assessment system, and indicate completion of the activity on the Grant Reporting Spreadsheet.	Within two weeks following JRA training, no later than December 31, 2015.
	13. The Contractor shall upload one complete CDPHE JRA Template	June 1, 2016

	per coalition to CO-SHARE.	
	14. The Contractor shall upload verification of participation in a training related to a gap identified in the 2014-15 HCC tabletop exercise to the appropriate CO-SHARE folder.	June 15, 2016
	15. The Contractor shall upload their updated training and exercise plan to the appropriate CO-SHARE Folder.	February 1, 2016
	16. The Contractor shall upload an HCC Agenda indicating training and exercise plans were discussed to the appropriate COSHARE folder.	June 1, 2016
	17. The Contractor shall upload verification of participation in or hosting of a mass fatality training to the appropriate CO-SHARE folder.	June 1, 2016
	18. The Contractor shall upload verification of participation in one (1) train-the-trainer for the CIIS-SNS Inventory Management System. (**FOR REGIONAL HOSTING AGENCIES ONLY**)	June 1, 2016
	19. The Contractor shall upload verification of participation in one (1) CIIS-SNS Inventory Management face-to-face training as provided by regional staff to the appropriate CO-SHARE folder.	June 1, 2016
	20. The Contractor shall participate in a healthcare coalition based functional exercise planning meeting to assist in the selection of one or more optional functional exercise objective, from a list provided by CDPHE.	October 1, 2015
	21. The Contractor shall modify all necessary functional exercise documentation templates, as provided by CDPHE, to reflect HCC and agency needs as well as selected optional exercise objective/s.	June 1 2016
	22. The Contractor shall recruit volunteers to serve in specific roles, as defined by CDPHE, during their exercise date of play.	September 1, 2015.
	23. The Contractor shall assist CDPHE in marketing the functional exercise to community response partners, as well as internally within the HCC.	No later than one month prior to the selected regional date of play Or June 1, 2016
	24. The Contractor shall participate in one functional exercise sponsored by CDPHE, including healthcare coalition partners.	No later than one month prior to the selected regional date of play Or June 1, 2016
	25. The Contractor shall complete an after action report survey including improvement plan elements based on completed functional exercise.	No later than one month after exercise completion Or June 1, 2016
	26. The Contractor shall upload agency attendance sheets following the RTP / LTP Functional Exercises conducted by CDPHE, to the appropriate CO-SHARE folder.	June 1, 2016
	27. The Contractor shall upload drill report template for two (2) tactical communications focusing on **CDPHE DOC to Local POD** and RSS **to RTP/LTP** communication via 800MHz radio and cell phone equipment.	June 1, 2016
	28. The Contractor shall upload drill report template for a minimum of two (2) **DOC/RTP/LTP to POD** communications drills initiated by the agency.	June 1, 2016

	29. The Contractor shall upload the completed: a. POD Drill Report Templates into the appropriate CO-SHARE Folder if POD drill activity was completed OR b. After Action Report and Improvement Plan if a POD Functional Exercise was completed.	No later than June 1, 2016.
	30. The Contractor shall complete the Drill Report Template in CO-SHARE.	Within 30 days of the drill No Later than June 1, 2016.
	31. The Contractor shall post all hosted trainings and exercises on the appropriate CO-SHARE Training and Exercise calendars.	At least two weeks prior to training or June 1, 2016.

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 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 **(30)** calendar days of discovery of a compliance issue. Within **(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 I

Budget
To Task Order Dated 04/01/2012 - Contract Routing Number 13 FJA 41898
Contract Amendment #3 Routing Number 16 FHJA 79717

Gunnison County Public Health
Fiscal Year 2015 – 2016 Budget

County Budget

Personnel				
Title:	**Annual/Hourly /Salary Rate & Fringe**	**# of Months**	**% of Time FTE**	**Cost**
EPR coord-salary/fringe at $25.44 hr .x 12 hr. wk x 52 wk	$25.44	12	0.30	$15,875.00
			Personnel Budget Total:	**$15,875.00**

Supplies/Operating/Other Direct Expenses	
Description	**Cost**
Supplies, dues, phones	$315.00
Consultants, training	$190.00
Supplies/Operating/Direct Costs Budget Total:	**$505.00**

Travel (In-State/Out-of-State)	
Description	**Cost**
Mileage for meetings (GJ/Denver)	$533.00
Per diem ($36/day*8 days)	$288.00
Hotel: 5 nights in Denver/2 GJ @ $150/night	$1,050.00
Travel Budget Total:	**$1,871.00**

Consultant/Contractual	
Description	**Cost**
Contractual/Consultant Budget Total:	**$0.00**
Direct Costs Budget Total:	**$18,250.00**

Administrative/Indirect Cost	
Indirect: 10% of Total Direct Cost	**$1,825.00**
BUDGET TOTAL:	**$20,075.00**