AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

AgendaTitle:
Colorado Department of Public Health and Environment, OEPR-PHEP, FJA, Contract Routing Number 14-53976; Amendment for Task Orders #1; Emergency Preparedness Response; 7/1/13 thru 6/30/14; $19,003

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement: Gunnison County & Colorado Department Public Health & Environment

Term Begins: 7/1/2013 **Term Ends:** 6/30/2014 **Grant Contract #:**

Summary:
CDPHE; Contract for Emergency Preparedness Response

Fiscal Impact: $19,003

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

Finance Review: (●) Required ( ) Not Required

Comments:

The is the renewal EPR grant for the SFY. It is in the County budget and does include a 10% Indirect Cost rate. There was a small decrease of $158 compared to the current award. Jane Wyman

Reviewed by: Bcowan Discharge Date: 5/15/2013

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

Comments:

Reviewed by: ATrezise Discharge Date: 5/15/2013 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reviewed by: MBirnie Discharge Date: 5/15/2013

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

Agenda Date: 5/21/2013 Follow Up Agenda Date: N/A

Revised April 2013

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

DEPARTMENT OR AGENCY NUMBER
FJA

CONTRACT ROUTING NUMBER
14-53976

AMENDMENT FOR TASK ORDERS #1

This Amendment is made this **1st** day of **March**, **2013**, 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,** 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 Three Dollars**, **($19,003.00)** for the renewal term of **one year,** ending on **June 30, 2014**, 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**, 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 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, 2013**, through and including **June 30, 2014**. The maximum amount payable by the State for the work to be performed by the Contractor during this **renewal term** is **Nineteen Thousand Three Dollars, ($19,003.00)** for an amended **total** financial obligation of the State of **THIRTY EIGHT THOUSAND ONE HUNDRED SIXTY FOUR DOLLARS, ($38,164.00)**. This is an **increase** of **Nineteen Thousand Three Dollars, ($19,003.00)** 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 Three Dollars, ($19,003.00)** 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 **Thirty Eight Thousand One Hundred Sixty Four Dollars, ($38,164.00)** are attributable to a funding source of the United States Government. The revised Statement of Work is incorporated herein by this reference and identified as "**Exhibit D**". The revised **Budget** is incorporated herein by this reference and identified as "**Exhibit E**".

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, 2013**, 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 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
David J. McDermott, CPA

By: _____

Date: _____

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ADDITIONAL PROVISIONS
To Task Order Dated 04/01/2012 - Contract Routing Number 13 FJA 41898 – as modified by Contract Amendment #1 Routing Number 14 FJA 53976

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

1. This contract contains federal funds (see Catalog of Federal Domestic Assistance (CFDA) number 93.074)

2. The United States Department of Health and Human Services ("USHHS"), through the Center for Disease Control and Prevention ("CDC") has awarded federal funds under Notice of Cooperative Agreement Award, hereinafter "NCAA", number **********, to perform 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.

   If the underlying Notice of Cooperative Agreement Award "NCAA" authorizes the State to pay all allowable and allocable expenses of a contractor as of the effective date of that NCAA, then the State shall reimburse the Contractor for any allowable and allocable expenses of the Contractor that have been incurred by the Contractor since the proposed effective date of this Contract. If the underlying NCAA does not authorize the State to pay all allowable and allocable expenses of a contractor as of the effective date of that NCAA, then the State shall only reimburse the Contractor for those allowable and allocable expenses of the Contractor that are incurred by the Contractor on or after the effective date of this Contract, with such effective date being the later of the date specified in this contract or the date the contract is signed by the State Controller or delegee.

3. To receive compensation under this Task Order Contract, the Contractor shall submit a signed **Monthly** CDPHE Reimbursement Invoice Form. This form is accessible from the CDPHE internet website http://www.colorado.gov/cs/Satellite/CDPHE-Main/CBON/1251622941228 CDPHE will provide technical assistance in accessing and completing the form. The CDPHE Reimbursement Invoice Form must be submitted within **forty five (45)** calendar days of the end of the billing period for which services were rendered. Expenditures shall be in accordance with the Statement of Work attached hereto as **Exhibit D** and incorporated herein and the associated Budget attached hereto as **Exhibit E** and incorporated herein.

   Submit completed CDPHE Reimbursement Invoice Form to:

   OEPR Fiscal Staff

   Email: eprfiscal@gmail.com

   Fax: **303.691.7811**

   Mailing Address:
   Office of Emergency Preparedness and Response
   Colorado Department of Public Health and Environment
   4300 Cherry Creek Drive South
   C2-4350
   Denver, Colorado 80246

   To be considered for payment, billings for payments pursuant to this Task Order Contract must be received within a reasonable time after the period for which payment is requested, but in any event no later than **forty five (45)** calendar days after the relevant performance period has passed. Final billings under this

Task Order Contract must be received by the State within a reasonable time after the expiration or termination of this Task Order Contract; but in any event no later than **forty five (45)** calendar days from the effective expiration or termination date of this Task Order Contract.

Unless otherwise provided for in this Task Order Contract, "Local Match", if any, shall be included on all invoices as required by funding source.

The Contractor shall not use federal funds to satisfy federal cost sharing and matching requirements unless approved in writing by the appropriate federal agency.

4. Time Limit For Acceptance Of Deliverables.

   a. Evaluation Period. The State shall have **thirty (30)** calendar days from the date a deliverable is delivered to the State by the Contractor to evaluate that deliverable, except for those deliverables that have a different time negotiated by the State and the Contractor.

   b. Notice of Defect. If the State believes in good faith that a deliverable fails to meet the design specifications for that particular deliverable, or is otherwise deficient, then the State shall notify the Contractor of the failure or deficiencies, in writing, within **thirty (30)** calendar days of: 1) the date the deliverable is delivered to the State by the Contractor if the State is aware of the failure or deficiency at the time of delivery; or 2) the date the State becomes aware of the failure or deficiency. The above time frame shall apply to all deliverables except for those deliverables that have a different time negotiated by the State and the Contractor in writing pursuant to the State's fiscal rules.

   c. Time to Correct Defect. Upon receipt of timely written notice of an objection to a completed deliverable, the Contractor shall have a reasonable period of time, not to exceed **thirty (30)** calendar days, to correct the noted deficiencies.

5. Health Insurance Portability and Accountability Act (HIPAA) Business Associate Determination.
   The State has determined that this contract does not constitute a Business Associate relationship under HIPAA.

6. Contracting Provisions
   The Contractor shall ensure that all service related expenses are completed and all goods related expenses are received on or before **June 30, 2014.**

   The Contractor shall comply with all applicable Office of Management and Budget (OMB) circulars and shall be subject to performance and financial site visits as requested by CDPHE.

   The Contractor shall maintain a complete file of all records, documents, communications, and other materials that pertain to the operation of the activities under this contractual agreement for six years. Such files shall be sufficient to properly reflect all direct and indirect costs of labor, materials, equipment, supplies and services, and other costs of whatever nature for which a reimbursement was made. These records shall be maintained according to generally accepted accounting principles and shall be easily separable from other Contractor records. Contactor's auditor shall perform audits in accordance with the requirements of the OMB Circulars A-87 (Cost Principles for State, Local, and Tribal Governments), A-122 (Cost Principles for Non-Profit Organizations) and A-133 (Audits of States, Local Governments, and Non-Profit Organizations), as applicable.

7. Fiscal Provisions

   Supplantation:
   Cooperative agreement funds cannot supplant any current state or local expenditures. Supplantation refers to the replacement of non-federal funds with federal funds intended to support the same activities. The Public Health Service Act, Title I, Section 319 (c) specifically States: "SUPPLEMENT NOT SUPPLANT.

Funds appropriated under this section shall be used to supplement other federal, state, and local public funds provided for activities under this section."

Contractor shall ensure that reimbursement requests are not duplicated under any other Public Health Emergency Preparedness funding or utilized to supplant non-related activities or programs. Contractor shall ensure appropriate distribution of costs in direct relation to the activities performed.

Unallowable Costs:

- Reimbursement of pre-award costs is not allowed.
- Funds may not be used for research.
- Funds may not be used for clinical care.
- Funds under this program cannot be used to purchase vehicles of any kind.
- Funds may not be used for construction.
- Funds may not be used to purchase antivirals.
- Funds may not be used to purchase promotional and/or incentive items and memorabilia, including but not limited to models, gift cards, gifts, and souvenirs.
- Funds may not be used for entertainment, including amusement, diversion, and social activities and any costs directly associated with such costs.
- Recipients may not use funds for fund raising activities and lobbying.
- Payment or reimbursement of backfilling costs for staff is not allowed.

Budget Line Definitions

The Contractor has the ability to move 10 % of funds from budget line to budget line not to exceed the total dollar amount of the contract.

The Contractor shall request approval from their CDPHE-OEPR RPOC and Fiscal Monitor for **expenditures of $5,000.00 or more** before purchasing. This requirement does not include personnel expenses.

Personnel: The Contractor shall dedicate the necessary funds to support salary and fringe for any staff member devoting time and effort towards the accomplishment of any activities identified under this Scope of Work.

Equipment: The Contractor shall dedicate the necessary funds to purchase equipment, as well as maintain the working order of any existing equipment, required to meet any activity identified under this Scope of Work such as personal and portable computers, communication radios, cellular telephones, facsimile machines, laboratory equipment, training equipment, public information kits, etc.

Travel: The Contractor shall dedicate the necessary funds to support travel related costs to ensure accomplishment of activities identified under this Scope of Work such as regional planning meetings, local partner planning meetings, attendance at training sessions, conferences, and agency representation at the Emergency Preparedness and Response conference calls.

Operating and Supplies: The Contractor shall dedicate the necessary funds for operating and supply costs directly associated with any activities identified under this Scope of Work such as high-speed Internet connections, notification systems, telephone and communication systems, office supplies, copying, printing, postage, room rental, software purchase and upgrades, etc.

Indirect: A Contractor's allowable indirect rate is the current **Federally Negotiated Indirect Rate Agreement on file with Colorado Department of Public Health and Environment Internal Auditor's office**. In the event there is no such agreement on file, the allowable indirect rate shall default to **10% of Direct Salaries & Wages, Including Fringe Benefits.** If a new or revised Federally Negotiated Indirect Rate Agreement is filed with the CDPHE Internal Auditor's office during the current term of this purchase order agreement, the new indirect rate may be used for the remainder of the current performance period and will *not* be retroactive to the effective date of the purchase order agreement.

Reduction of Funds:
The Contractor shall submit the CDPHE-OEPR Mid-Year Fiscal Report indicating projections for expenditure of funds for the remainder of the purchase order period no later than January 1, 2014 via email to the OEPR Fiscal Staff.

STATEMENT OF WORK
To Original Task Order Routing Number 13 FJA 41898
Contract Amendment 1 Routing Number 14 FJA 53976

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, 2013 – June 30, 2014

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. CDC – Centers for Disease Control and Prevention
2. Closed POD - A Closed POD is an alternate point of dispensing that is operated by an organization, business or other entity for its own members, employees, employees' family members, and is not open to the general public.
3. CDPHE – Colorado Department of Public Health and Environment
4. CEDRS – Colorado Electronic Disease Reporting Systems
5. COHAN – Colorado Health Alert Network
6. CO.TRAIN – Colorado Training Finder for Real-Time Affiliated Integrated Network
7. CVM – Colorado Volunteer Mobilizer
8. Contractor and/or Vendor – Any party to which a purchase order is issue
9. DCEED – Disease Control and Environmental Epidemiology Division
10. Drive Through POD – is an alternate point of dispensing that allows local public health agencies to rapidly provide medication in a quick and efficient way, using a "drive through model."
11. EMS – Emergency Medical Services
12. Epi - Epidemiologist
13. EPR – Emergency Preparedness and Response
14. First Responder Prophylaxis - local mass prophylaxis plans specify procedures for providing prophylaxis to first responders and critical infrastructure personnel. Certain groups of personnel are critical to maintain certain functions and to assist with the execution of the mass prophylaxis plans.
15. Gmail – Google E-mail Account
16. HPP – Hospital Preparedness Program
17. HSEEP – Homeland Security Exercise and Evaluation Program
18. ID – Identification Number

19. LTP – Local Transfer Point
20. LPHA – Local Public Health Agency
21. MAD – Mass Antibiotic Dispensing
22. MHz – Megahertz
23. NORS – National Outbreak Reporting System
24. Non – Hosting Agency – A local public health agency that does not house regional EPR staff
25. OEPR – Office of Emergency Preparedness and Response
26. OMS – Outbreak Management System
27. PAHPA – Pandemic and All-Hazards Preparedness Act
28. PHEP – Public Health Emergency Preparedness
29. PHEOP – Public Health Emergency Operations Plan
30. POD – Point of Dispensing
31. RPOC – Regional Point of Contract
32. RSS – Receiving, Staging Storage Warehouse
33. RTP – Regional Transfer Point
34. TBD – To Be Determined
35. TEEX – Texas A&M Engineering Extension Service
36. SATool – Situational Awareness Tool
37. SNS – Strategic National Stockpile
38. WebEOC – Web Emergency Operations Center
39. UCD – University of Colorado - Denver

IV. Performance (Work Plan and Requirements):

Non-Hosting Agency Work Plan

Goal #1: Increase capacity for preparedness, response, and recovery in Gunnison County.	
Objective #1: By June 30, 2014 provide public health preparedness, response, and recovery activities in Gunnison County through planning, training, and exercising.	
Primary Activity #1	**PLANNING:** Review, update or develop Emergency Preparedness and Response Plans.
Sub-Activities - #1	1. The Contractor shall identify and update an annex of the Public Health Emergency Operations Plan, based on jurisdictional risk assessment. 2. The Contractor shall recruit associates from a minimum of three (3) of eleven (11) community sectors as defined in Standards and Requirements to review updated Public Health Emergency Operations plan annex. 3. The Contractor shall incorporate changes and suggestions from previous corrective action plans into the Public Health Emergency Operations plan annex update. 4. The Contractor shall provide local input into the Regional SNS Plan template provided by CDPHE. 5. The Contractor shall conduct an Alternate Dispensing Needs Assessment utilizing an assessment tool provided by CDPHE (i.e. Planning/Training/Exercising for Closed PODs, Drive-Through PODs or First Responder Mass Prophylaxis). 6. The contractor shall seek technical assistance from EPR Regional staff and CDPHE as needed. 7. CDPHE and EPR Regional Staff will provide technical assistance for all planning activities upon request.
Primary Activity #2	**TRAINING:** Participate in Emergency Preparedness and Response training coordination.

Sub-Activities - #2	1. The Contractor shall assist CDPHE in coordinating and hosting trainings, as requested by CDPHE. 2. The Contractor shall participate in a minimum of one (1) training related to public Information, public communication or mass notification. 3. The Contractor shall recruit associates from a minimum of three (3) of eleven (11) community sectors as defined in Standards and Requirements section of the work plan to: a. Participate in two (2) trainings. b. Participate in a minimum of the one (1) required public information, public communication, or mass notification training. 4. The Contractor shall participate in one (1) Point of Dispensing Management/Operations Training (Mass Prophylaxis or Mass Vaccination) with volunteers and other relevant staff. Registration is completed through CO.TRAIN. **(NOTE: Conducting or participating (<u>as a player</u>) in 1 POD exercise may be substituted for this training)** 5. The Contractor shall participate in Regional SNS Plan Template training as provided by Regional Staff. These training shall be provided by September 13, 2013. 6. CDPHE and EPR Regional Staff will provide technical assistance for all training activities upon request.
Primary Activity #3	**EXERCISES/DRILLS:** Participate in Emergency Preparedness and Response exercises and drills.
Sub-Activities - #3	1. The Contractor shall participate in an active defined role in a minimum of one (1) local or regional level exercise. 2. The Contractor shall recruit individuals from a minimum of three (3) of eleven (11) community sectors as defined in Standards and Requirements section of this work plan to participate in the one (1) local or regional level exercise. 3. The Contractor shall participate in a minimum of three (3) communication drills, facilitated by CDPHE, focusing on redundant communication systems. Drill schedule will be provided by CDPHE. 4. The Contractor shall participate in a minimum of two (2) tactical communications exercise that focuses on RSS-RTP/LTP or POD communication via 800Mz radio and land-line or cell phone equipment. Drill schedule will be provided by CDPHE. Contractor shall use the communication drill reporting template to document participation. 5. CDPHE and EPR regional staff will provide technical assistance for all exercise/drill activities upon request.
Primary Activity #4	**ADDITIONAL ACTIVITIES:** Coordinate collaborative planning activities with local, regional and state emergency preparedness and response staff.
Sub-Activities - #4	1. The Contractor shall coordinate and participate in site visits as requested by CDPHE. 2. The Contractor shall coordinate and participate in quarterly calls with CDPHE Regional Point of Contact and EPR Regional Staff (Planner, Trainer, Generalist and Epi). 3. The Contractor shall respond to surveys as requested by CDPHE.

	4. The Contractor shall attend mandatory meetings as directed by CDPHE. 5. CDPHE and EPR Regional Staff will provide technical assistance for all additional activities upon request.
Expected Results of Activity(s)	1. Public Health and emergency response associates will acquire the necessary skills and tools to complete their responsibilities during emergency events. 2. Effectiveness of communication and situational awareness between CDPHE, local public health agencies, and organizations within community sectors through exercise and drills. 3. Identify deficiencies in Public Health Emergency Operations Plans.
Standards and Requirements for all Activity(s)	1. The Contractor shall request Regional Emergency Preparedness and Response Staff time and resources to support all identified activities. 2. The Contractor shall collaborate with CDPHE and EPR Regional Staff on all emergency preparedness and response activities. 3. The eleven (11) community sectors defined by CDC 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. a. Associates from organizations engaged can represent more than one sector. b. The sectors engaged must include three associates that have not been previously engaged. 4. All exercises shall be HSEEP compliant and include the After Action Report and Improvement Plan. 5. All trainings provided or attended shall include a post training evaluation form. 6. The Contractor shall utilize a plan review format as determined by CDPHE for PHEOP annex review. 7. The Contractor shall utilize a minimum of one of the following systems for self initiated and event communication drills: EMSystems, WebEOC, COHAN, SATool, 800 MHz radios, telephone, and/or Google. 8. The Contractor shall utilize the Communication Drill Reporting Template provided by CDPHE to document communication systems drills. Communications drills cannot be used to meet exercise participation requirements. 9. Point of Dispensing Management/Operations Training (Mass Prophylaxis or Mass Vaccination) shall be provided through the following: a. CDC MAD (Mass Antibiotic Dispensing) Mobile Course instructed by CDC Mobile Team and/or OEPR staff. b. TEEX Mass Prophylaxis Mobile Course. c. Various POD Management/Operations on-line or classroom courses

	TBD by OEPR staff or local agencies. d. Exercise-level, "active" participation in a defined role during an actual event may substitute for a required training as stated in this work plan.		
Measurement of Expected Results	1. Measures of Public Health Emergency Operations Plans effectiveness and validity will be taken from the performance measures for PHEP and HPP capabilities as they pertain to the plans, from the following documents as provided by CDPHE: 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 to determine plan or system response readiness.		
		Responsible Party	**Completion Date**
Deliverables for all Activity(s)	1. The Contractor shall upload updated Public Health Emergency Operations Plan annex to a reporting system as identified by CDPHE.	The contractor for all Deliverables	No later than December 13, 2013
	2. The Contractor shall upload the draft annexes A-H of the Regional SNS Plan template to the reporting system as identified by CDPHE.		No later than December 13, 2013
	3. The Contractor shall upload the draft annexes I-L of the Regional SNS Plan template to the reporting system as identified by CDPHE.		No later than June 13, 2014
	4. The Contractor shall upload the final annexes of the Regional SNS Plan template to include the Base Plan and County/Local POD Plans to the reporting system as identified by CDPHE.		No later than June 13, 2014
	5. The Contractor shall upload a list of recruited associates from three (3) community sectors as identified in Standards and Requirements, for **planning**, into a reporting system as identified by CDPHE. The list must identify organization and community sector represented.		No later than November 1, 2013
	6. The Contractor shall upload a list of recruited associates from three (3) community sectors as identified in Standards and Requirements, for **training**, into a reporting system as identified by CDPHE. The list must identify organization and community sector represented.		No later than November 1, 2013
	7. The Contractor shall upload a list of recruited associates from three (3) community sectors as identified in Standards and Requirements, for **exercise**, into a reporting system as identified by CDPHE. The list must identify organization and community sector represented.		No later than November 1, 2013
	8. The Contractor shall submit CO.TRAIN course ID numbers for all trainings to the RPOC via email, one (1) week prior to the scheduled course.		No later than one week prior to scheduled course or no later than June 6, 2014
	9. The Contractor shall upload training participant lists		No later than

	that include represented organizations or agencies to a reporting system as identified by CDPHE within thirty (30) days after trainings.		30 days after training or no later than June 13, 2014
	10. The Contractor shall upload exercise After Action Reports to a reporting system as identified by CDPHE.		No later than June 13, 2014
	11. The Contractor shall upload exercise participation lists to a reporting system as identified by CDPHE.		No later than June 13, 2014
	12. The Contractor shall upload the Alternate Dispensing Needs Assessment into a reporting system as identified by CDPHE.		No later than November 30, 2013
	13. The Contractor shall upload communications drill report template into a reporting system as identified by CDPHE.		No later than 30 days of completion of drill, or no later than June 13, 2014
	14. The Contractor shall upload a Certificate of Completion from CO.TRAIN to document completion of the Point of Dispensing Management/Operations Training (Mass Prophylaxis or Mass Vaccination) into a reporting system as identified by CDPHE.		No later than June 13, 2014

Epi Work Plan

Goal #1: Develop, sustain, and improve upon public health surveillance and epidemiological investigation at the local level.	
Objective #1: By June 30, 2014, provide public health surveillance and epidemiological investigation activities for the 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 designee shall attend twice-monthly epidemiologist conference calls coordinated by CDPHE. The call will occur on the first and third Wednesdays of every month from 9:30 to 10:30 am. CDPHE will record and monitor attendance. 2. The Contractor or its designee shall attend the fall 2013 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 designee shall attend the spring 2014 epidemiologist meeting/training coordinated 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 designee shall assess the reporting timeliness of select notifiable diseases/ conditions by clinical laboratories and hospitals within the Contractor's jurisdiction/region. Timeliness assessments shall be conducted by reviewing semi-annual CDPHE-generated tabulations. 2. The Contractor or its designee 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. Completeness assessments shall be conducted by reviewing semi-annual CDPHE generated tabulations. 3. The Contractor or its designee 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 designee shall share CDPHE provided quarterly and year-to-date 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 designee 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 designee shall monitor CEDRS to ensure local public health disease investigators within the jurisdiction/region are completing the "investigation start date" variable in CEDRS. 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 epidemiologists. 3. The Contractor or its designee shall monitor CEDRS to ensure local public health disease investigators within the jurisdiction/region are completing the "was case/surrogate interviewed" variable in CEDRS. 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 epidemiologists. 4. The Contractor or its designee shall interview all disease cases within the Contractor's jurisdiction/region identified by CDPHE or the CDC to be part of a multi-state outbreak or cluster within 48 hours of recognition using the outbreak or cluster-specific questionnaire provided by CDPHE or CDC.
Primary Activity #4	Update surveillance and epidemiological plans at local public health agencies within the Contractors' jurisdiction or region.
Expected Results of the Activity(s)	1. High quality public health surveillance and epidemiological investigation will occur within the Contractor's jurisdiction/region.
Standards and Requirements	1. The Contractor or its designee shall attend at least 80% of the twice-monthly epidemiologist conference calls. 2. The Contractor or its designee shall comply with the requirements for reporting outbreaks to CDPHE. This information is located on the CDPHE-DCEED website

	http://www.colorado.gov/cs/Satellite/CDPHE-DCEED/CBON/1251607755294 incorporated and part of this SOW by reference. 3. 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. 4. The "investigation start date" variable in CEDRS is completed for all 24-hour reportable conditions and the following 7-day reportable conditions which occur within the epidemiologist's jurisdiction/region: Shiga toxin-producing *E. coli*, *Salmonella, Listeria,* and tularemia. 5. The "was case/surrogate interviewed" variable in CEDRS is completed for all Shiga toxin-producing *E. coli*, *Salmonella,* and *Listeria* cases which occur within the epidemiologist's jurisdiction/region. 6. CDPHE will notify the Contractor or its designee if a case within their jurisdiction/region is determined to be part of a multi-state outbreak and will provide the appropriate questionnaire. 7. The Contractor or its designee shall use the feedback received from the epidemiological plan review process that occurred in May and June of 2013 to update epidemiological response plans for local public health agencies within the jurisdiction/region.		
Measurement of Expected Results	1. CDC performance measures for PHEP Capability 13.		
		Responsible Party	**Completion Date**
	1. The Contractor or its designee shall submit a completed National Outbreak Reporting System (NORS) form to CDPHE via email for outbreaks occurring within the Contractor's jurisdiction/region.	The Contractor for all deliverables	No later than 2 months following the first illness onset after the outbreak
	2. The Contractor or its designee shall submit infectious disease outbreak reports to CDPHE via email for outbreaks that occur within the Contractor's jurisdiction/region. Reports shall contain the following elements: background, investigation start date, methods, results, discussion/conclusion, and recommendations.		No later than June 13, 2014
	3. The Contractor or its designee shall in the comments section of the reporting system provided by CDPHE, document any problems identified in the timeliness reports and how those problems were addressed.		September 13, 2013 (for reports from Jan-June 2013 March 14, 2014 (for reports from

			July – Dec 2013)
	4. The Contractor or its designee shall in the comments section of the reporting system provided by CDPHE, document any problems identified in the completeness reports and how those problems were addressed.		September 13, 2013 (for reports from Jan-June 2013) March 14, 2014 (for reports from July – Dec 2013)
	5. The Contractor or its designee shall in the comments section of the reporting system provided by CDPHE, record the name of the health care coalition to which the epidemiologist presented on a surveillance or epidemiological topic, the date of the presentation, and a brief topic synopsis.		No later than June 13, 2014
	6. The Contractor or its designee shall in the comments section of the reporting system provided by CDPHE, 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 with public health associates and stakeholders within the Contractor's jurisdiction/region.		No later than December 15, 2013 (for data covering the first half of 2013 or 2nd and 3rd quarters of 2013) No later than June 13, 2014 (for data covering the second half of 2013 or 4th quarter of 2013 and 1st quarter of 2014)
	7. The Contractor or its designee shall in the comments section of the reporting system provided by CDPHE, provide a brief description of the situation of need or urgency outside of the epidemiologist's jurisdiction/region for which the epidemiologist assisted.		No later than June 13, 2014
	8. The Contractor or its designee shall in the comments section of the reporting system provided by CDPHE, record the date the case was determined to be part of a multi-state outbreak or cluster, the name of the disease/condition, and the date the appropriate questionnaire was completed.		No later than June 13, 2014

	9. The Contractor or its designee shall in the comments section of the reporting system provided by CDPHE, record the dates the epidemiological response plans for each agency in the epidemiologist's jurisdiction were updated.		No later than June 13, 2014

Healthcare Coalition Work Plan

Goal #1: Develop a collaborative network of organizations within the State of Colorado that assist with community and healthcare preparedness and recovery activities.	
Objective #1: No later than June 30, 2014 local public health agencies will actively participate in existing coalitions to develop and refine regional and local preparedness activities.	
Primary Activity #1	Contribute to the development and refinement of Healthcare Coalition activities
Sub-Activities	1. The Contractor shall establish a single Google Email account ("Gmail") on behalf of the Healthcare Coalition for the purpose of uploading Healthcare Coalition reports. The Contractor shall coordinate the creation and maintenance of this email account with the Healthcare Coalition lead.
	2. The Contractor shall use the Healthcare Coalition activities guidance provided by CDPHE to track the progression of Healthcare Coalition stages following agenda items set forth during the UCD Healthcare Coalition Workshops held in 2013.
	3. The Contractor shall participate in the recruitment of additional organizations, as listed under section Standards and Requirements number two of this work plan, to become members of the Healthcare Coalition.
	4. The Contractor shall promote the Healthcare Coalition as a resource to emergency preparedness and response entities within their region.
Expected Results of the Activity(s)	1. Through the contribution of the Contractor the Healthcare Coalition will make progress on the agenda items as identified through UCD workshops.
Standards and Requirements	1. The Contractor shall utilize the *CDPHE Healthcare Coalition Activities Guidance document* in participation in the Healthcare Coalition. 2. The Contractor shall utilize the *Stages Checklist* provided by CDPHE in participation in the Healthcare Coalition. 3. As required by the *Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness* guidance, the Healthcare Coalition shall consist of the following organization types: Public Health, Emergency Management, Hospitals, Behavioral Health, Emergency Medical Services (EMS), Long Term Care / Assisted Living. Additional organization types can be found in the CDPHE Healthcare Coalition activities guidance document. 4. The Contractor or its designee shall attend all Healthcare Coalition meetings as scheduled. The Contractor shall notify CDPHE via email within 24 hours of scheduled meeting if unable to attend.
Measurement of Expected Results	1. Data contained in status reports

		Responsible Party	Completion Date
Deliverables	1. The Contractor shall ensure the Healthcare Coalition submits meeting notes and minutes to CDPHE via Google Docs on a quarterly basis in accordance with the Healthcare Coalition activities guidance.	The Contractor for all Deliverables	No later than 8-30-13 12-13-13 3-14-14 6-13-14
	2. The Contractor shall ensure the Healthcare Coalition submits an attendance sheet to CDPHE via Google Docs on a quarterly basis in accordance with the Healthcare Coalition activities guidance.		No later than 8-30-13 12-13-13 3-14-14 6-13-14
	3. The Contractor shall ensure the Healthcare Coalition submits a membership roster to CDPHE via Google Docs in accordance with the Healthcare Coalition activities guidance.		No later than 8-30-13
	4. The Contractor shall ensure the Healthcare Coalition submits a quarterly status report to CDPHE via Google Docs in a format provided by CDPHE.		No later than 8-30-13 12-13-13 3-14-14 6-13-14

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, 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 **PHEP Grant 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 E

Budget
To Task Order Dated 04/01/2012 - Contract Routing Number 13 FJA 41898
Contract Amendment #1 Routing Number 14 FJA 53976

Gunnison County Department of Health and Human Services
Fiscal Year 2013 – 2014 Budget

Personnel				
Title:	**Hourly Rate & Fringe**	**# of Weeks**	**# Hrs/Week**	**Cost**
EPR Coordinator	$19/Hour	52 Weeks	8 hrs/week	$7,904.00
			Personnel Budget Total:	**$7,904.00**

Supplies/Operating/Other Direct Expenses	
Description	**Cost**
Supplies, Dues, Printing, Copying and Other Operating Expenses	$7,050.00
Consultants, Training	$500.00
Supplies/Operating/Direct Costs Budget Total:	**$7,550.00**

Travel (In-State/Out-of-State)	
Description	**Cost**
Mileage and Travel	$1,533.00
Per Diem	$288.00
Travel Budget Total:	**$1,821.00**

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

Direct Costs Budget Total:	**$17,275.00**

Administrative/Indirect Cost	
Indirect: 91.31% of Total Direct Costs – Contractor billing for 10% of total Directs Costs	**$1,728.00**
BUDGET TOTAL:	**$19,003.00**