AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Contract Amendment No. 1; PH

Action Requested: County Manager Signature

Parties to the Agreement: Gunnison County and CDPHE

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Continuation of work for Local Public Health Preparedness

Fiscal Impact:

Submitted by: Randy Morgan **Submitter's Email Address:** rmorgan@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
No concerns, ongoing grant in the 2020 adopted budget. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 2/11/2020

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

Comments:
ok db 2/10/20

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 2/10/2020 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 2/13/2020

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 2/18/2020

Revised April 2015

CONTRACT AMENDMENT # 1

SIGNATURE AND COVER PAGE(S)

State Agency : **Colorado Department Of Public Health and Environment** **4300 Cherry Creek Drive South** **Denver, CO 80246**	Original Contract Number **CT 2020*248**
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** **220 North Spruce Street** **Gunnison, Colorado 81230**	Amendment Contract Number **CT 2020*248 Amendment 1**
Contract Performance Beginning Date : **July 1, 2019**	Current Contract Expiration Date : **June 30, 2020**

CONTRACT MAXIMUM AMOUNT TABLE

Document Type	Contract Number	Federal Funding Amount	State Funding Amount	Other Funding Amount	Term (dates)	Total
Original Contract	CT 2020*248	$23,152.00	$0.00	$0.00	07/01/2019 – 06/30/2020	$23,152.00
Contract Amendment #1	CT 2020*248 Amendment 1	$0.00	$0.00	$0.00	07/01/2019 – 06/30/2020	$0.00
					Current Contract Maximum Cumulative Amount	$23,152.00

THE PARTIES HERETO HAVE EXECUTED THIS AMENDMENT

Each person signing this Amendment represents and warrants that he or she is duly authorized to execute this Amendment and to bind the Party authorizing his or her signature.

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 _____ _____ By: Print Name & Title Date: _____	**STATE OF COLORADO** Jared S. Polis, Governor **Colorado Department Of Public Health and Environment** Jill Hunsaker Ryan, MPH Executive Director _____ By: Lisa McGovern, Procurement and Contracts Section Director, CDPHE Date: _____
PROGRAM APPROVAL Colorado Department of Public Health and Environment Melanie Simons By: _____ Signature of Authorized CDPHE Program Approver Date:_____	In accordance with §24-30-202 C.R.S., this Amendment is not valid until signed and dated below by the State Controller or an authorized delegate. **STATE CONTROLLER** **Robert Jaros, CPA, MBA, JD** By:_____ David Norris, Controller, CDPHE Amendment Effective Date:_____

1. PARTIES

This Amendment (the "Amendment") to the Original Contract shown on the Signature and Cover Page for this Amendment (the "Contract") is entered into by and between the Contractor, and the State.

2. TERMINOLOGY

Except as specifically modified by this Amendment, all terms used in this Amendment that are defined in the Contract shall be construed and interpreted in accordance with the Contract.

3. AMENDMENT EFFECTIVE DATE AND TERM

A. Amendment Effective Date

This Amendment shall not be valid or enforceable until the Amendment Effective Date shown under the State Controller Signature. The State shall not be bound by any provision of this Amendment before that Amendment Effective Date, and shall have no obligation to pay Contractor for any Work performed or expense incurred under this Amendment either before or after of the Amendment term shown in **§3.B** of this Amendment.

B. Amendment Term

The Parties' respective performances under this Amendment and the changes to the Contract contained herein shall commence on the Amendment Effective Date shown under the State Controller Signature, and shall terminate on the termination of the Contract or **June 30, 2020**, whichever is earlier.

4. PURPOSE

The Parties entered into the agreement to improve medical and public health care preparedness, response, and recovery capabilities at the federal, state and local level.

The Parties now desire to change the Statement of Work for the following reason: to create clarity among certain deliverables and correct language within the documents.

5. MODIFICATIONS

The Contract and all prior amendments thereto, if any, are modified as follows:

A. The Amendment and all prior amendments thereto, if any, are modified as follows:

i. The Contract Maximum Amount is deleted and replaced with the Current Contract Maximum Amount Table shown on the Signature and Cover Page for this Amendment.

ii. The Parties now agree to modify **Exhibit: B** of the agreement. **Exhibit B** is deleted and replaced in its entirety with **Exhibit E**.

6. LIMITS OF EFFECT AND ORDER OF PRECEDENCE

This Amendment is incorporated by reference into the Contract, and the Contract and all prior amendments or other modifications to the Contract, if any, remain in full force and effect except as specifically modified in this Amendment. Except for the Special Provisions contained in the Contract, in the event of any conflict, inconsistency, variance, or contradiction between the provisions of this Amendment and any of the provisions of the Contract or any prior modification to the Contract, the provisions of this Amendment shall in all respects supersede, govern, and control. The provisions of this Amendment shall only supersede, govern, and control over the Special Provisions contained in the Contract to the extent that this Amendment specifically modifies those Special Provisions.

STATEMENT OF WORK
To Original Contract Routing Number CT 2020*248
with Amendment Routing Number of CT 2020*248 Amendment 1

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

I. Project Description:

This project serves to improve medical and public health care preparedness, response, and recovery capabilities at the federal, state and local level. The aligned PHEP cooperative agreement provides technical assistance and resources to support state, local, tribal and territorial public health departments, along with HCCs and health care organizations, to show measurable and sustainable progress toward achieving the preparedness and response capabilities that promote prepared and resilient communities.

II. Definitions:

1. AAR-After Action Report
2. AFN-Access and Functional Needs
3. CDPHE-Colorado Department of Public Health and Environment
4. C-MIST-Communication, Maintaining Health, Independence, Services and Support, Transportation
5. CNS-Colorado Notification System
6. COOP-Continuity of Operations Plan
7. CO-SHARE-Colorado State Health and Readiness Exchange
8. CO.TRAIN-Colorado Training Finder Real-Time Affiliate Integrated Network
9. CPG-Capability Planning Guide
10. CVM-Colorado Volunteer Mobilizer
11. DHSEM-~~Divison~~ Division of Homeland Security and Emergency Management
12. DOC-Department Operations Center
13. EOP-Emergency Operations Plan
14. ESAR-VHP- Emergency System for Advance Registration of Volunteer Health Professionals
15. HAN-Health Alert Network
16. HCC-Healthcare Coalition
17. HVA-Hazards Vulnerability ~~Assesment~~ Assessment
18. ICS-Incident Command Structure
19. IMATS- Inventory Management and Tracking System
20. IP-Improvement Plan
21. LPHA-Local Public Health Agency
22. MCM-Medical Countermeasure
23. MYTEP-Multi-Year Training and Exercise Plan
24. NIMS-National Incident Management System
25. OEPR-Office of Emergency Preparedness and Response
26. POD-Point of Dispensing
27. PHEOP-Public Health Emergency Operations Plan
28. RTP-Regional Transfer Point
29. SNS-Strategic National Stockpile
30. TEPW-Training and Exercise Planning Workshop

III. Work Plan:

Goal #1: Increase capacity for preparedness, response and recovery in Colorado.	
Objective #1: No later than the expiration date of the Contract, provide public health preparedness; improve response and recovery activities through planning.	
Primary Activity #1	The Contractor shall update their agency COOP (Continuity of Operations Plan) to meet the minimum federal requirements.

Primary Activity #2	The Contractor shall complete the 'Critical Workforce Group Tiers' spreadsheet.
Primary Activity #3	The Contractor shall develop or update their agency Volunteer Management Plan.
Primary Activity #4	The Contractor shall coordinate a minimum of two (2) county-level Pandemic Influenza planning meetings with relevant subject matter experts and community partners, including AFN representatives, to orient partners on the local/county pandemic plan.
Primary Activity #5	The Contractor shall participate in planning for the Coalition Surge Test (CST) as a core member of the HCC.
Primary Activity #6	The Contractor shall incorporate the OEPR Situational Awareness Tool into their PHEOP.
Primary Activity #7	The Contractor shall complete the 'Access and Functional Needs and Community Partners' report to identify current and desired engagement of community organizations who can provide relationships or support to their public's access and functional needs.
Primary Activity #8	The Contractor shall create a plan or integrate into existing plans AFN resources/practices and intentional community engagement into the 2021 Full Scale Exercise in its jurisdiction.
Primary Activity #9	The Contractor shall conduct one-to-one interviews or focus groups with at least three (3) stakeholders/community groups OR document action steps identified from community conversations in the last year to integrate jurisdictional access & functional needs in public health emergency plans and practices.
Primary Activity #10	The Contractor shall participate in the HCC HVA.
Primary Activity #11	The Contractor shall update their local community and responder Mass Prophylaxis/ Vaccination/POD Plans.
Primary Activity #12	The Contractor shall assist in the planning/responding to issues impacting high-risk populations such as people experiencing homelessness and/or substance use issues.
Primary Activity #13	The Contractor shall participate in the Regional ESF#8 Training and Exercise Planning Workshop attended by at a minimum, hospitals, EMS, emergency management organizations, and public health agencies.
Primary Activity #14	The Contractor shall participate in the development of a Regional ESF#8 Multi-Year Training and Exercise Plan that includes at a minimum, hospitals, EMS, emergency management organizations, and public health agencies.
Primary Activity #15	The Contractor shall participate in the Regional Pandemic Influenza Tabletop Exercise with Regional Staff and the Readiness and Response Coordinator.
Primary Activity #16	The Contractor shall attend the 2019 OEPR Annual Meeting.
Objective #2: No later than the expiration date of the Contract, provide public health preparedness; improve response and recovery activities through training.	
Primary Activity #1	The Contractor shall have a trained primary and back-up CVM administrator.
Primary Activity #2	The Contractor shall participate in a web-based training on the OEPR Situational Awareness Tool.

Primary Activity #3	The Contractor shall participate in a web-based training on completing the 'Critical Workforce Group Tiers' worksheet.
Primary Activity #4	The Contractor shall participate in a web-based training on 'Vaccination Planning for Critical Workforce Groups'.
Objective #3: No later than the expiration date of the Contract, provide public health preparedness, and improve response and recovery activities through exercises.	
Primary Activity #1	The Contractor shall complete the Coalition Surge Test (CST) as a core member of the HCC.
Primary Activity #2	The Contractor shall participate in quarterly redundant communications (eg. 800MgHz radio) drills conducted by OEPR.
Primary Activity #3	The Contractor shall conduct a minimum of two (2) redundant communications drills with local operational sites (eg. PODs).
Primary Activity #4	The Contractor shall conduct a minimum of two (2) HAN Communication Drills.
Primary Activity #5	The Contractor shall participate in a minimum of two (2) IMATS SNS Resource Request Drills
Primary Activity #6	The Contractor shall create and send out two (2) mission drills utilizing the CVM
Objective #4: No later than the expiration date of the Contract, provide public health preparedness, and improve response and recovery activities through additionally identified needs.	
Primary Activity #1	The Contractor shall complete the 2019-20 CPG Survey with input from all relevant partners in its jurisdiction.
Primary Activity #2	The Contractor shall ~~retain~~ maintain access to trained personnel who monitor routine jurisdictional surveillance and epidemiological investigation systems and support surge requirements in response to threats.
Primary Activity #3	The Contractor shall attend a minimum of one (1) Regional HCC or HCC Chapter meeting/per quarter.
Primary Activity #4	The Contractor shall update agency contact info twice/year in CO-SHARE.
Standards and Requirements	1. The Contractor shall utilize the 'Public Health Emergency Preparedness and Response Capability-National Standards for State, Local, Tribal and Territorial Public Health, October 2018' as guidance for all planning activities. This document is incorporated and made part of this contract by reference and is available on the following website: https://sites.google.com/a/state.co.us/co-share/ 2. The Contractor shall highlight or indicate areas of the COOP (Continuity of Operations Plan) that have been revised with the minimum federal requirements. These requirements are outlined in the PHEP NOFO COOP Requirements. This document is incorporated and made part of this contract by reference and is available on the following website: https://sites.google.com/a/state.co.us/co-share/ 3. CDPHE shall provide the 'Critical ~~Worforce~~ Workforce Group Tiers' worksheet template to contractor no later than 7/1/2019. This document is incorporated and made part of this contract by reference and is available on the following website:

https://sites.google.com/a/state.co.us/co-share/.

4. The Contractor shall comply with the requirements stated in the "*Allocating and Targeting Pandemic Influenza Vaccine during an Influenza Pandemic*" and "Roadmap to Implementing Pandemic Influenza Vaccination of Critical Workforce" when completing the 'Critical Workforce Group Tiers' worksheet. ~~This document is~~Theses documents are incorporated and made part of this contract by reference and ~~is~~ are available on the following website: https://sites.google.com/a/state.co.us/co-share/

5. CDPHE will provide technical assistance and guidance from CDC on Planning Considerations for Vaccinating Critical Workforce Groups' as it relates to Pandemic Operational Readiness. This will include new guidance from CDC, "*Implementing a Pandemic Influenza Vaccination Campaign*" and "*Roadmap for Allocating and Targeting Critical Workforce Groups for an Influenza Pandemic*". These documents will be incorporated upon release from CDC and made part of this contract by reference and is available on the following website: https://sites.google.com/a/state.co.us/co-share/

6. The Contractor shall facilitate discussions with the Pandemic Planning group regarding non-pharmaceutical interventions, access and functional needs (AFN), vaccination of critical workforce, etc. The Contractor shall have the option of using a facilitation guide developed by CDPHE. This document is incorporated and made part of this contract by reference and is available on the following website: https://sites.google.com/a/state.co.us/co-share/.

7. The Contractor shall adhere to the following guidelines for the Pandemic Influenza planning meetings: create new pandemic planning group or work with existing group; include representation from diverse sectors such as immunization, epidemiology, emergency management, communication experts, schools, health care providers and hospitals, businesses, pharmacies, immunization staff etc.

8. The Volunteer Management Plan must include: how LPHAs will manage walk-up volunteers, volunteer liability, licensure, Workman's Compensation, scope of practice, third party reimbursement issues, and documentation of ESAR-VHP compliant system if not using the Colorado Volunteer Mobilizer (CVM). CDPHE. CDPHE will provide Volunteer Plan guidance, including legal issues and managing spontaneous volunteers. This guidance is incorporated and made part of this contract by reference and is available on the following website https://sites.google.com/a/state.co.us/co-share/.

9. CDPHE will provide access to the Situational Awareness Tool via CO-SHARE by July 1, 2019. This tool will be incorporated and made part of this contract by reference and is available on the following website https://sites.google.com/a/state.co.us/co-share/.
10. The Contractor shall integrate the Situational Awareness Tool into the Concept of Operations section of their Public Health Emergency Operations Plan (PHEOP) or Communications Annex to establish a mechanism to monitor situational awareness during emergent and non-emergent times.
11. CDPHE will provide an 'Access & Functional Needs (AFN) and Community Partners report' template for LPHAs by July 1, 2019. This document is incorporated and made part of this contract by reference and is available on the following website: https://sites.google.com/a/state.co.us/co-share/

12. CDPHE will provide an optional 2021 Full-Scale Exercise Community Engagement plan template for LPHAs to develop activities to integrate more public participation and AFN resources/practices into the 2021 Public Health Full-Scale Exercise Plan by July 1, 2019. This document is incorporated and made part of this contract by reference and is available on the following website https://sites.google.com/a/state.co.us/co-share/

13. CDPHE will provide a C-MIST driven AFN Conversations Guidance document to support one-to-one interviews and focus groups by July 1, 2019. This document is incorporated and made part of this contract by reference and is available on the following

website https://sites.google.com/a/state.co.us/co-share/

14. The Contractor shall provide a HCC Healthcare Vulnerability ~~Assesment~~ Assessment (HVA) tool to include information that supports the public health priority to diagnose and investigate health problems and health hazards in the community, ensuring that endemic disease and novel threats are included in the analysis. CDPHE will provide the HCC HVA tool/template by July 1, 2019. This document is incorporated and made part of this contract by reference and is available on the following website https://sites.google.com/a/state.co.us/co-share/.

15. The Contractor shall support and/or facilitate efficient, coordinated public health activities during the planning for or the duration of a response to issues impacting high-risk population such as people experiencing homelessness and/or substance use issues.

16. The Regional ESF#8 MYTEP must include five years of training and exercises, the integration of the HPP Health Care Coalition Training and Exercise Plan, and the required elements as indicated on the template provided by CDPHE via CO-SHARE. This document is incorporated and made part of this contract by reference and is available on the following website https://sites.google.com/a/state.co.us/co-share/.
17. The Contractor shall support the TEPW with their subject-matter expertise, and logistical support as requested.
18. CDPHE will provide an exercise package for the Regional Pandemic Influenza Tabletop Exercise by July 1, 2019 that each region may use as a base template provided via CO-SHARE. These documents are incorporated and made part of this contract by reference and is available on the following website https://sites.google.com/a/state.co.us/co-share/.
19. The Contractor must participate in the Regional Pandemic Influenza Tabletop Exercise as a "Player" so as to properly represent LPHA decisions and actions during a simulated event.
20. CVM administrators must have completed CVM Administrator training, signed the yearly confidentiality agreement and be recognized by OEPR as a CVM Administrator.
21. CVM Administrator training will be offered quarterly by CDPHE.
22. Contractors who have 10 employees or less may designate a regional staff member as their CVM Administrator backup. If a regional staff member is identified as the ~~the~~ back-up CVM Administrator, the regional staff member must provide written agreement to the CVM Coordinator.
23. CDPHE will validate attendance of the specific Situational Awareness Tool training attendee in CO.TRAIN.
24. CDPHE will conduct the 'Critical Workforce Group Tier Spreadsheet' training and validate contractor participation in CO.TRAIN.
25. CDPHE will provide the 'Vaccination Planning for Critical Workforce Groups' webinar to include an overview of new CDC guidance on "Implementing a Panflu Vaccination Campaign" and "Roadmap for Allocating and Targeting Critical Workforce Groups for an Influenza Pandemic".
26. The Contractor shall comply with the requirements stated in the Health Care Coalition Surge Test when completing the Coalition Surge Test Exercise. This information is located on the Public Health Emergency government website, https://www.phe.gov/Preparedness/planning/hpp/Pages/coaltion-tool.aspx and is incorporated and made a part of this contract by reference.
27. A minimum of one (1) EPR Coordinator per agency must respond to the quarterly redundant communication drills conducted by OEPR.
28. Redundant Communication Drills can include communication via 800MgHz radios, cell phone, text and/or email.
29. Tactical Communication Drills (radios) will focus on information sharing between the state and local department operations centers (DOC) and communication between the Receive, Store, Stage (RSS) site and Regional Transfer Point (RTP) and Local Transfer Points (LTP).

	30. Participation in redundant communication drills ~~initiatied~~ initiated by CDPHE will be verified by CDPHE (i.e. CNS generated reports, radio drill spreadsheets). 31. Drills conducted by the Contractor to local operational sites should be documented on the 'Communications Drill Reporting Spreadsheet' provided by CDPHE. 32. Local operational sites include the following: Department Operations Center (DOC); Open Point of ~~Dispening~~ Dispensing (POD); Closed POD; Regional Transfer Point (RTP); Local Transfer Point (LTP); and Healthcare Coalition (HCC) member agencies. 33. Drills conducted by the contractor can be notification, exercise or real event. 34. Contractor will include cdphe_epr_sit@state.co.us when conducting HAN notifications and drills. 35. CDPHE will initiate and document IMATS SNS Resource Request Drills. 36. The Contractor shall sign-up for the IMATS SNS Resource Request Drill electronically via CO.TRAIN. 37. The Contractor shall use a 213rr or other inventory form to conduct IMATS SNS Resource ~~Requrest~~ Request drills. Resource Request forms are incorporated and made part of this contract by reference and is available on the following website: https://sites.google.com/a/state.co.us/co-share/. 38. CDPHE will verify participation in IMATS SNS Resource Request drills by reviewing resource requests in IMATS. 39. CDPHE will conduct IMATS drills once/quarter. 40. CDPHE will provide a schedule for all OEPR drills by July 1, 2019. This document is incorporated and made part of this contract by reference and is available on the following website https://sites.google.com/a/state.co.us/co-share/ 41. The Contractor shall complete the 2019-20 CPG Survey by using the CO-PHRCA (Colorado Public Health System Response Capacity Assessment). 42. The Contractor shall conduct the 2019-20 CO-PHRCA in a manner as identical as possible to the jurisdiction's CO-PHRCA in the previous grant year, or update the results from the previous grant year's CO-PHRCA. 43. CDPHE will provide results from the 2018-19 CO-PHRCA upon request. 44. The 2019-20 CPG Survey should be completed by soliciting input from the following partners (as applicable) Hospitals, Emergency Medical Services (EMS), Emergency Management, Behavioral Health, Home Health, Long-term Care/Assisted Living, Schools, Law Enforcement, Elected Officials, Non-Profit/Volunteer Organizations, Faith-Based Organizations, LPHA Laboratory Staff 45. CDPHE will provide guidance and tools for completing the 2019-20 CPG Survey, including access to the CO-PHRCA. This document is incorporated and made part of this contract by reference and is available on the following website: https://sites.google.com/a/state.co.us/co-share/. 46. Primary disease case investigation responsibility (i.e., local or state public health agency) and suggested public health response timelines are outlined on the CDPHE Communicable Disease Manual website in the *"Disease-case investigation guidance"* document found at the link titled "Public Health Reportable Condition Investigation Guidance". This document and website are incorporated and made part of the scope of work by reference and is available on the following website: https://www.colorado.gov/pacific/cdphe/communicable-disease-manual. 47. The Contractor will ensure the development and submission to CO-SHARE of AAR/IPs for all Tabletop Exercises within 60 days of event conclusion. 48. Functional exercises, full scale exercises, and real event responses must be submitted within 120 days of event conclusion. All joint HPP and PHEP exercises, including MCM exercises, shall include a surge of patients into the health care system.

	49. Accommodations for at-risk populations should be incorporated into all plans and exercises and any access or functional needs of at-risk populations that may interfere with their ability to access or receive medical care before, during, or after a disaster or emergency should be considered. 50. The Contractor shall maintain NIMS compliance and a current emergency preparedness ~~reponse~~ response plan. 51. 51. EPR Coordinators with less than two (2) years of Colorado OEPR experience must complete the "Public Health Emergency ~~Preparednes~~ Preparedness and Response 101" online course at: https://www.train.org/colorado/course/1077760/compilation. This site is incorporated and made part of this contract by reference. 53. The Contractor shall assure they have members trained in the following systems as applicable (eg. CO-SHARE, CO.TRAIN, CNS, CVM, eICS, EMResource, IMATS). 54. CDPHE will provide training on OEPR systems upon request. 55. The Contractor shall register on CO.TRAIN for the 2019 OEPR Annual Meeting and sign-in at the registration desk. 56. LPHA representation at 2019 OEPR Annual Meeting cannot be met by Regional Staff attendance. 57. The Contractor shall register in CO.TRAIN for trainings as requested by OEPR. This information is located at the following website https://www.train.org/colorado and is incorporated and made part of this contract by reference. 58. The Contractor shall assist regional staff to fulfill the requirements of the Statement of Work upon request of the regional staff. 59. The Contractor must update agency contact info twice/year at the following location in CoSharehttps://sites.google.com/a/state.co.us/co-share/home/lpha. This site is incorporated and made part of this contract by reference.
Expected Results of Activity(s)	1. Colorado public health agencies will have increased capacity to respond to public health emergencies and related events to which a public health response is necessitated.
Measurement of Expected Results	1. Review of plans and CPG data surveys

		Completion Date
Deliverables	1. The Contractor shall submit their updated agency COOP electronically via CO-SHARE.	No later than 3/31/2020
	2. The Contractor shall submit their county-level Critical Workforce Group Tiers worksheet electronically via CO-SHARE.	No later than 3/31/2020
	3. The Contractor shall submit their Volunteer Management Plan electronically via CO-SHARE.	No later than 3/31/2020
	4. The Contractor shall submit notes/attendance roster from a minimum of one (1) HCC Coalition Surge Test (CST) planning meeting electronically via CO-SHARE.	No later than 3/31/2020
	5. The Contractor will submit an updated PHEOP electronically via CO-SHARE.	No later than 3/31/2020

	6. The Contractor shall submit an 'Access & Functional Needs and Community Partners' report electronically via CO-SHARE.	No later than 12/31/2019
	7. The Contractor shall submit a 'Community Engagement and AFN Integration Plan' for the 2021 FSE electronically via CO-SHARE.	No later than 6/15/2020
	8. The Contractor shall submit at least one collaboration activity identified with community partners to better integrate Access & Functional Needs into public health emergency plans or practices electronically via CO-SHARE.	No later than 6/15/2020
	9. The Contractor shall indicate names of staff participating in the Regional HCC HVA electronically via CO-SHARE.	No later than 6/15/2020
	10. The Contractor shall submit an updated community and responder Mass Prophylaxis/Vaccination/POD plan electronically via CO-SHARE.	No later than 3/31/2020
	11. ~~The Contractor shall submit any planning documentation, incident action plans or ICS org charts regarding any Hep A related response or planning initiative electronically via COSHARE.~~ The Contractor shall submit planning documentation, incident action plans and ICS org charts regarding any planning or response initiative impacting high-risk populations such as people experiencing homelessness and/or substance use issues electronically via CO-SHARE.	No Later Than 6/15/2020
	12. The Contractor shall indicate names of the individuals assisting with the Regional ESF#8 MYTEP Development electronically via CO-SHARE.	No later than 12/31/2019
	13. The Contractor shall indicate the names of individuals attending the Regional ESF#8 Training and Exercise Planning Workshop electronically via CO-SHARE.	No later than 12/31/2019
	14. The Contractor shall indicate electronically the names of the individuals participating in the Regional Pandemic Influenza Tabletop Exercise electronically via CO-SHARE.	No later than 6/15/2020
	15. The Contractor shall indicate electronically the names of individual attending the 2019 OEPR Annual Meeting electronically via CO-SHARE.	No later than 12/31/2019
	16. The Contractor shall submit minutes, agendas and roster for meetings regarding pandemic influenza planning electronically via CO-SHARE.	No later than 6/15/2020
	17. The Contractor shall submit copies of CVM administrator training certificates for primary and back up administrators electronically via CO-SHARE.	No later than 3/31/2020
	~~18. The Contractor shall document the name of the 2019 OEPR Annual Meeting attendee electronically via CO-SHARE.~~	~~No later than 12/31/20~~
	19. The Contractor shall indicate names of individuals participating in the Critical Workforce Group Vaccination Planning webinar electronically via CO-SHARE.	No later than 3/31/2020

	20. The Contractor shall indicate names of individuals participating in the Critical Workforce Group-Tiers Spreadsheet webinar electronically via CO-SHARE.	No later than 9/30/2019
	21. The Contractor shall submit documentation of participation of in the HCC Coalition Surge Test (CST) electronically via CO-SHARE.	No later than 6/15/2020
	22. The Contractor shall submit agency-initiated drill report information in the Communications Drill Report form electronically via CO-SHARE.	No later than 6/15/2020
	~~23. The Contract shall submit report of CVM drills conducted electronically via CO-SHARE.~~	~~No later than 6/15/20~~
	24. The Contractor shall submit their responses to the CPG Survey online through the 2019-20 CO-PHRCA (Colorado Public Health System Response Capacity Assessment).	No later than ~~June 15, 2020~~ 9/30/2019
	25. The Contractor shall document electronically via CO-SHARE attendance at regional HCC meetings.	No later than ~~June 15, 2020~~ 6/30/2020
	26. The Contractor shall update contact info in CO-SHARE	No later than ~~February 29 and June 15, 2020~~ 2/29/2020 and 6/15/2020

IV. **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 results, 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.

V. **Resolution of Non-Compliance:**

The Contractor will be notified in writing within thirty **(30)** calendar days of discovery of a compliance issue. Within ten **(10)** 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 timeline for completion will be documented in writing and agreed to by both parties. If extenuating circumstances arise that requires an extension to the timeline, the Contractor must email a request to the CDPHE Grants Manager and receive approval for a new due date. The State will oversee the completion/implementation of the action(s) to ensure timelines 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.

COLORADO
Department of Public Health & Environment

Contract (Original or Amendment)
Acceptance Instructions
For
Interagency/Intergovernmental & Local Public Health Agencies (LPHAs)

1. Contract Document

Print: Please print two (**2**) copies of the PDF contract document attached to this email. Recommend double-sided printing.

2. Obtain Signatures

Signatures: the signature authority for the organization must sign the two (2) contract documents. Original signatures are required. Please use blue ink.

Accepted signature authorities for agencies are as follows:

- ☐ **Institutions of Higher Education (IHE):** President, Chancellor, State Controller, Individuals with a delegation agreement with the State Controller (i.e. Chief Financial Officer, Agency Controller, Chief Procurement Officer)
- ☐ **Agencies :** Individuals with final executive authority for an Agency (regardless of title), Individuals with a delegation agreement with the State Controller (i.e. Chief Financial Officer, Agency Controller, Chief Procurement Officer)
- ☐ **Government:** Individual given actual authority based on governmental resolution.
    - **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

Signature of an individual with a <u>position title that is not listed</u> on the accepted signature authority list requires additional supporting documentation*.

3. Supporting Documentation

***Proof of Signing Authority (If applicable**): A signature authority letter or other regulatory document (resolution, charter, ordinance, etc) confirming the individual signing the contract is authorized to enter into contracts on behalf of the organization. The signatory on the signature authority letter must possess a title listed on the accepted signature authority list by entity. (Attached Sample Non-Profit Signature Authorization Letter, customize according to entity type).

4. Submission

Return: the two (2) original signed contract documents, and proof of signing authority (if applicable).

All contract documents should be submitted by: mail, courier service, delivery service such as FedEx or UPS, or hand delivered to the CDPHE Mailroom, to the address below, between the hours of 8:00am – 5:00pm, Monday through Friday. Delivery attempts outside the delivery times will not be accepted.

Colorado Department of Public Health & Environment
Division Address - OEPR
Attention: Kelly Gjestvang
4300 Cherry Creek Drive South
Denver, CO 80246-1520

5. Contract review and approval

CDPHE will provide notification of the date work can begin under the contract. Work is not authorized to begin until the contract is fully executed (signed by all parties). An original fully executed contract will be mailed.

Signature Authority Letter

(Insert name of entity) exists as a non-profit corporate entity and as such does not have a President or Vice-President, but instead is governed by a Board of Directors. In addition, **(insert name of entity)** operates under the leadership of **(insert name of individual signing the contract)**, our Chief Operating Officer (COO). **(Insert name of individual signing the contract)** has the authority to sign contracts on behalf of **(insert name of entity)** which are binding

_____
Signature

_____
Print Name

_____
Title

_____
Date

SAMPLE
customize and print on
organizational letterhead

Gunnison County Health and Human Services
220 North Spruce Street
Gunnison, CO 81230
970-641-3244

Signature Authority Letter

Gunnison County Health and Human Services exists as a non-profit corporate entity and as such does not have a President or Vice-President, but instead is governed by a Board of Directors. In addition, Gunnison Health and Human Services operates under the leadership of Matthew Birnie, the County Manager. Matthew Birnie has the authority to sign contracts on behalf of Gunnison County Health and Human Services which are binding.

_____
Signature

_____
Print Name

_____
Title

_____
Date