California Department of Health Services

Local Public Health & Healthcare Preparedness Comprehensive Agreement Application 2006 - 2007

- CDC Public Health Emergency Preparedness
- CDC Cities Readiness Initiative
- CDC Laboratory Allocations
- Pandemic Influenza Preparedness
- HRSA Bioterrorism Hospital Preparedness

TABLE OF CONTENTS

Introduction 4
Annex A, 2006/07 Exercise & Drill Requirements Matrix 9
Annex B, Local Health Department and Local Entity Allocations 19

Chapter 1 – CDC Public Health Emergency Preparedness

Section I, Introduction 21
Section II, Instructions 22
Section III, Budget 24
Section IV, Annexes 28
Annex 1-A, CDC Public Health Allocation Table 28
Annex 1-B, CDC Public Health Emergency Preparedness Work Plan Template 30
Annex 1-C, CDC Budget Template 59

Chapter 2 – CDC Cities Readiness Initiative

Section I, Introduction 74
Section II, Instructions 74
Section III, Budget 75
Section IV, Annexes 76
Annex 2-A, CRI Work Plan Template 76

Chapter 3 – CDC Laboratory Requirements

Section I, Introduction 78
Section II, Instructions 80
Section III, Budget 80
Annex 3-A, Lab Contact Spreadsheet 81

Chapter 4 –Pandemic Influenza Preparedness

Section I, Introduction 85
Section II, Instructions 85
Section III, Budget 86
Section IV, Annexes 87
Annex 4-A, Pandemic Flu Allocation Table 87
Annex 4-B, Pandemic Influenza Work Plan Template 89
Annex 4-C, Pandemic Influenza Budget Template 105

Chapter 5 – HRSA National Bioterrorism Hospital Preparedness

Section I, Introduction 120
Section II, Instructions 125
Section III, Budget 128
Section IV, Annexes 130
Annex 5-A, HRSA Bioterrorism Allocation Table 130
Annex 5-B, HRSA National Bioterrorism Hospital Preparedness Work Plan Template 132
Annex 5-C, HRSA Budget Template 142

Chapter 6 – Comprehensive Agreement

Introduction 148
Signature Sheet 150
Statement of Work 151
Budget Detail Form 154
Criteria for Payments 158
Additional Provisions 159
Terms and Conditions 161
Certification Form 187

2006/07 Guidance for Local Public Health Emergency Preparedness

The Centers for Disease Control and Prevention (CDC), the California State Budget and the Health Resources and Services Administration (HRSA) provide funding for local health departments (LHD), local HRSA entities, healthcare facilities, and other healthcare providers for the purposes of planning and preparing for public health emergencies.

The California Department of Health Services (CDHS) administers state and federal funds for local public health emergency preparedness. In an effort to integrate preparedness efforts and simplify the process of applying for the separate funding streams in 2006/07, CDHS has created a single Comprehensive Agreement to replace individual agreements for CDC and HRSA and what would have been a third agreement for federal and General Fund Pandemic Influenza funds. The Comprehensive Agreement incorporates the funding streams listed below; the term of the entire agreement is July 1, 2006 through August 31, 2007. For each funding stream the following term applies:

FUNDING SOURCE	2006/07 FUNDING CYCLE	
	BEGIN DATE	END DATE
CDC Public Health Emergency Preparedness (including Labs & CRI)	August 31, 2006	August 30, 2007
CDC Pandemic Influenza Preparedness	August 31, 2006	August 30, 2007
GF Pandemic Influenza Funding for LHDs	July 1, 2006	August 30, 2007
HRSA National Bioterrorism Hospital Preparedness	September 1, 2006	August 31, 2007

Three LHDs, Los Angeles, Pasadena and Long Beach, receive funding directly from CDC and HRSA. The Comprehensive Agreements for these LHDs address only the funds from the State Budget Act of 2006/07 and July and August 2007. A chart summarizing allocations for all recipients of federal and state funds is included for your reference. (Refer to Annex B, Local Health Department and Local Entity Allocations.)

Although a Comprehensive Agreement will be used in 2006/07, each funding source requires a separate work plan and budget. Activities and expenditures from each funding source must be tracked separately.

<u>Preparing and Submitting the Application</u>
This guidance is divided into chapters on the program and budget requirements associated with each funding source. The chapters contain a Work Plan with specific information on required Critical Tasks, an allocation table showing the available funds allocated to each local entity, and budget work sheets and instructions for their completion. The chapters are as follow:

- Chapter 1 – CDC Public Health Emergency Preparedness
- Chapter 2 – CDC Cities Readiness Initiative

- Chapter 3 – CDC Laboratory Requirements
- Chapter 4 – Pandemic Influenza Preparedness
- Chapter 5 – HRSA National Bioterrorism Hospital Preparedness
- Chapter 6 – Comprehensive Agreement

Additionally, because drills and exercises are such an integral part of each of the funding agencies requirements, a matrix has been developed to identify, at a glance, the overlapping components required by each funding source. (Refer to Annex A, 2006/07 Exercise and Drill Requirements Matrix.)

Local applicants are not expected to use the narrative and budget work sheets in this document for their application. They are shown only as examples. Instead, applicants will find a compact disc (CD) enclosed with this publication. The CD contains all of the forms and templates necessary to complete the application process for public health emergency preparedness funds. These files should be transferred onto a local applicant's desktop system. The files can then be completed by appropriate staff and submitted to CDHS via e-mail. The CD also contains a copy of the CDC and HRSA Cooperative Agreement guidance to states, provided for information only.

Chapter 6 contains a sample copy of the Comprehensive Agreement. The official copy of the Comprehensive Agreement will be sent via e-mail to local applicants, (for LHD, copies will be sent to Health Executive, Health Officer, Local Public Health Emergency Preparedness Coordinator, and Local HRSA Coordinator), within a few days of the distribution of this booklet. Applicants who do not receive their official Comprehensive Agreement within a week of receiving this booklet should contact their CDHS Project Officer immediately.

Although the award process for these grants is not competitive, it is imperative that the completed Work Plans and budget documents be submitted electronically to CDHS at lhbtprog@dhs.ca.gov by **5:00 pm, November 6, 2006**. Local applicants may require additional time to submit the signed Comprehensive Agreement, Non-Lobbying Statement, and Non-Supplantation document. Please submit these items as soon as possible.

The signed Comprehensive Agreement and certifications must be submitted in hard copy, with original signatures, to the physical address below if by courier, or the mailing address via US Postal Service:

Physical Address:

California Department of Health Services
Emergency Preparedness Office
CDC/HRSA Local Assistance Unit
Attn: CDC/HRSA Application 2006/07
1615 Capitol Ave. MS 7002, Suite 73.373
Sacramento, CA 95814

Mailing Address:

California Department of Health Services
Emergency Preparedness Office
CDC/HRSA Local Assistance Unit
Attn: CDC/HRSA Application 2006/07
P.O. Box 997413 MS 7002
Sacramento, CA 95899-7413

Instructions for Local HRSA Entities that are not LHDs:

In those cases where the local HRSA entity is not the LHD, CDHS will send the local HRSA entity a separate agreement for HRSA funds only. The local HRSA entity is obligated to ensure its Work Plan is coordinated with the Work Plans submitted by the LHD. The local HRSA entity application is due on **November 6, 2006**.

Technical Assistance Meetings:

CDHS recognizes this process, involving four funding streams, is complex. Therefore, CDHS is convening technical assistance meetings for local applicants in each of California's six Mutual Aid Regions. The location, date and time of each meeting is shown in the following chart. Local applicants are required to have representation at one of these meetings, as many of the questions which may arise as a result of this process will be addressed.

CDHS will attempt to arrange conference call capability at each meeting.

Region	Date/Time	Location
1	October 10 10:00 a.m.	City of Burbank Fire and Police Department 311 East Orange Grove Burbank, CA
2	October 5 10:00 a.m.	International Brotherhood of Electrical Workers Union Hall 1875 Arnold Drive Martinez, CA
3	October 4 10:00 a.m.	Shasta County Health Department, Boggs Building 2420 Breslauer Way Redding, CA
4	October 13 10:00 a.m.	San Joaquin County Public Health, Multipurpose Room 1601 East Hazelton Avenue Stockton, CA
5	October 6 10:00 a.m.	St. Agnes Administrative Center, Leonard Room 1111 East Spruce Fresno, CA
6	October 12 10:00 a.m.	San Bernardino Public Health, 6th Floor Conference Room 172 West 3rd Street San Bernardino, CA

CDHS emphasizes regionalization in planning for and responding to public health emergencies. However, all funds have been allocated to the local level. If local entities want to fund regional activities, CDHS will work with entities to redirect funds to the appropriate entity. Redirection of funds for regional projects should be coordinated through the CDHS Regional Project Officer(s) assigned to the affected local entities.

The Review Process

When the LHD application is received by CDHS, Regional Project Officers and appropriate technical experts, such as laboratory, epidemiology, and pharmacy experts, will review the narrative for completeness. They will ensure that the application addresses the identified priorities and review the 2005/06 mid-year and final progress reports to see if there are any ongoing activities that should be addressed in the current application.

Progress Reports

As in past years, progress reports are required in 2006/07. They will include the progress on the Critical Tasks and related activities as well as expenditures and remaining funds. The format for the progress reports will be sent out at a later date; both the narrative and fiscal components will be specific to each funding source.

Supplemental Information

CDHS has received numerous requests for clarification on the requirements associated with National Incident Management System (NIMS) training and certification at the local level.

- CDC guidance requires all personnel with a direct role in emergency preparedness, incident management, or response, to complete the following courses: IS 700, IS 800, ICS 100, and ICS 200.
- The Standardized Emergency Management System (SEMS) training courses incorporate the key components included in these required courses.
- The federal NIMS Integration Center recognizes state, local, and tribal agency training, and acknowledges that the aforementioned trainings do not have to be provided through a federal source.

CDHS has not found a written requirement that all LHD employees complete the NIMS courses. CDHS has developed a course entitled *Introduction to SEMS*, which incorporates all of the above training requirements which can be made available to local entities upon request. LHDs may utilize this course to satisfy the CDC requirements, although CDHS does not yet have approval of this approach as meeting CDC requirements. Each LHD must, however, meet their own local requirements, and work with their local Office of Emergency Services to identify the required levels of training, and the specific personnel required to attend the training.

HRSA requirements are very similar. Local HRSA entities must ensure the same four training courses, listed above, are provided for personnel who are likely to assume an incident command position described in the hospital's emergency management plan.

In much the same way that SEMS satisfies NIMS requirements for LHDs, the Hospital Incident Command System (HICS) incorporates many of the key components of NIMS relative to health care facilities. CDHS strongly encourages local HRSA entities to support utilization of HICS in the health care facilities located within their jurisdiction.

Questions

Questions regarding the application process, Technical Assistance meetings, or the contents of this guidance booklet or CD should be directed to your CDHS Regional Project Officer. A list of Project Officers and their contact information is provided below.

Region	Name	Phone	E-Mail
1	Terri Gill	(916) 440-7154	TGill@dhs.ca.gov
2	Ted Selby	(916) 650-6461	TSelby@dhs.ca.gov
3	Patricia Martin	(916) 319-8192	PMartin@dhs.ca.gov
4	Dave Hubbard (Interim)	(916) 650-6450	DHubbard@dhs.ca.gov
5	Terri Gill (Interim)	(916) 440-7154	TGill@dhs.ca.gov
6	Dave Hubbard	(916) 650-6450	DHubbard@dhs.ca.gov

Annex A
2006/07 Exercise and Drill Requirements Matrix

Considerations:

- **Notify your Regional Project Officer of any exercises/drills your agency conducts or participates in.**
- Whenever possible, LHDs are required to time portions of the drills or exercises in order to meet the Performance Measures in the Work Plans.
- Data should be collected, analyzed, and documented to establish a baseline for future evaluation purposes.
- All drills/exercises will require an After Action Report (AAR) and Corrective Action Plan.
- Activation of emergency procedures during an actual event counts toward fulfilling exercise and drill grant requirements, as appropriate.
- Multiple drill and exercise requirements can be combined into a single drill or exercise.

The table below crosswalks the Target Capabilities, Critical Tasks, Critical Capacities, and Performance Measures from each Work Plan for the funding streams included.

Description of Drill/Exercise	Target Capabilities/Critical Tasks/Critical Capacities				
	CDC Public Health Emergency Preparedness	**CDC Cities Readiness Initiative**	**CDC Laboratory**	**Pandemic Influenza**	**HRSA National Bioterrorism Hospital Preparedness**
Conduct or participate in a drill or exercise, or capture data from an actual event:					
1. Test alerting and notification procedures that support early detection systems in the jurisdiction.	2A.1			6B.3	5.1
2. Test procedures to receive and manage reports of public health threats 24/7/365.	2A.1b			6D.1	5.1
3. Test the health and intelligence information sharing system.	2A.2 4A.4			6D.1	5.1
4. Test the procedure for disseminating timely and accurate health threat intelligence.	2A.3			6D.1	
5. Determine how long it takes to have a knowledgeable public health professional respond 24/7 to a call about an event that may be of urgent public health consequence.	2A.PM.2				
6. Determine the time to initiate an epidemiologic	2A.PM.3				

Description of Drill/Exercise	Target Capabilities/Critical Tasks/Critical Capacities				
	CDC Public Health Emergency Preparedness	CDC Cities Readiness Initiative	CDC Laboratory	Pandemic Influenza	HRSA National Bioterrorism Hospital Preparedness
Conduct or participate in a drill or exercise, or capture data from an actual event:					
investigation of an event that may be of urgent public health consequence.					
7. Test the competency of the laboratory chemical terrorism and laboratory bioterrorism coordinator to advise on proper collection, packaging, labeling, shipping and chain of custody of blood, urine, and other clinical specimens.			3A.1b		
8. Test the ability of sentinel/Level Three labs to send specimens to a confirmatory Laboratory Response Network (LRN) on nights, weekends, and holidays.			3A.1c		
9. Test packaging, labeling, shipping, coordinating routing, and maintaining chain-of-custody of clinical, environmental, and food specimens/samples to laboratories that can test for agents used in biological and chemical terrorism.			3A.1d		
10. Test timeliness of reporting results from confirmatory LRN lab back to sentinel/Level Three labs and linking results to relevant public health data.			2B.a		
11. Test timeliness of disease reporting.	4A.PM.1 5A.PM.1		2B.b		
12. Time a real event to determine the amount of time to ship a clinical specimen to a reference lab. (Sentinel lab requirement)			3A.PM.3		
13. Determine the amount of time to reach confirmatory identification.			3A.PM.4		
14. Determine the amount to time to get a knowledgeable reference laboratorian to answer a call during non-business hours.			3A.PM.5		
15. Increase the speed of evaluating, integrating,	4A.2				

Description of Drill/Exercise	Target Capabilities/Critical Tasks/Critical Capacities				
	CDC Public Health Emergency Preparedness	CDC Cities Readiness Initiative	CDC Laboratory	Pandemic Influenza	HRSA National Bioterrorism Hospital Preparedness
Conduct or participate in a drill or exercise, or capture data from an actual event:					
analyzing and interpreting health data to detect aberrations in normal data patterns.					
16. Determine the amount of time to notify officials of reference lab results.	4A.PM.1		2B.b		
17. Increase the use of efficient surveillance and information systems to facilitate early detection and mitigation of disease.	5A.1			1A.9	
18. Test procedures for epidemiological investigations and surveys as surveillance reports warrant.	5A.2				
19. Coordinate and direct public health surveillance and testing, immunizations, prophylaxis, isolation or quarantine for biological, chemical, nuclear, radiological, agricultural and food threats.	5A.3			1A.11	5.1
20. Determine the time for the LHD to notify the state following the receipt of a call about an event that may be of urgent public health consequence.	5A.PM.1		2B.b	3A.PM.1 5A.PM.1	
21. Determine the time to communicate internal incident response information.	6A.1				
22. Determine that the public health emergency response system can reach at least 90% of key stakeholders.	2A.3d 6A.7			6B.3	
23. Determine the time to distribute a health alert to key response partners of an event that may be of urgent public health consequence.	6A.PM.1			6B.3	
24. Record the number of clinicians and partners that can be reached.	6A.PM.2			6B.3	
25. Determine the percent of key public health response partners who are notified/alerted via radio or satellite phone when electric grid power, telephones, cellular	6A.PM.3			6B.3	3.2

Description of Drill/Exercise	Target Capabilities/Critical Tasks/Critical Capacities				
	CDC Public Health Emergency Preparedness	CDC Cities Readiness Initiative	CDC Laboratory	Pandemic Influenza	HRSA National Bioterrorism Hospital Preparedness
Conduct or participate in a drill or exercise, or capture data from an actual event:					
service and internet services are unavailable.					
26. Determine the time to notify/alert all primary staff (secondary or tertiary staff as needed) to report for duty with public health agency ICS functional responsibilities that the public health agency's EOC is being activated.	1A.3 6A.PM.4 6A.PM.5				
27. Determine the time needed to provide specific incident information to the affected public, including populations with special needs.	6B.1			6D.1	
28. Test the coordination, management and dissemination of public information.	6B.2			6D.1	
29. Determine the time and coordination between responders in issuing messages to those that are experiencing psychosocial consequences to an event.	6B.3				
30. Determine the time needed to issue public warnings, instructions, and information updates in conjunction with response partners.	6B.5			6B.7 6D.1	
31. Determine the time needed to disseminate domestic and international travel advisories.	6B.6				
32. Determine the time needed to provide accurate and relevant public health and medical information to clinicians and other responders.	6B.7				
33. Monitor adverse treatment reactions among those who have received medical countermeasures and have been isolated or quarantined.	6D.3			6B.6	
34. Ensure coordination of public health and medical services among those who have been isolated or quarantined.	6D.4			6B.6	
35. Determine time to communicate isolation and	6D.6			6B.PM.1	

Description of Drill/Exercise	Target Capabilities/Critical Tasks/Critical Capacities				
	CDC Public Health Emergency Preparedness	CDC Cities Readiness Initiative	CDC Laboratory	Pandemic Influenza	HRSA National Bioterrorism Hospital Preparedness
Conduct or participate in a drill or exercise, or capture data from an actual event:					
quarantine issues including the time necessary to issue an isolation and quarantine order.	6D.PM.1			6B.6	
36. Release to the public protective action information.	6D.7			6D.1	
37. Determine the time needed to dispense mass therapeutics and/or vaccines based on existing plans and procedures.	6E.1	CC4		6A.1 6A.1d	
38. Test plans and procedures for smallpox vaccination to be administered to all known or suspected contacts of cases within 3 days and, if indicated, to the entire jurisdiction within 10 days.	6E.1c	CC4			
39. Test plans and procedures on prophylactic protection and/or immunizations to all responders, including non-governmental personnel supporting relief efforts.	6E.2				
40. Test public information plans and procedures to decrease the time need to release information to the public regarding dispensing of medical countermeasures via the jurisdiction's JIC.	1A.4 6E.3	CC6		6D.1	
41. Test procedures for tracking cases, exposures, adverse events, and patient disposition including long term cases and exposures.	1A.4a 6D.3 6F.1 8A.2				
42. Issue interim guidance on risk and protective actions by monitoring air, water, food and soil quality, vector control and environmental contamination, in conjunction with response partners.	7A.2 7A.PM.1				
43. Test the process for requesting, coordinating and approving requests for resources to state and federal agencies.		CC3		1A.4 1A.11	5.1

Description of Drill/Exercise	Target Capabilities/Critical Tasks/Critical Capacities				
	CDC Public Health Emergency Preparedness	**CDC Cities Readiness Initiative**	**CDC Laboratory**	**Pandemic Influenza**	**HRSA National Bioterrorism Hospital Preparedness**
Conduct or participate in a drill or exercise, or capture data from an actual event:					
44. Test the LHD pandemic influenza plan to include cooperation with animal health sectors (including, but not limited to, industry, veterinary diagnostic laboratories, state departments of agriculture), to prevent, detect and respond to reports of disease in animals as an early warning or threat to human health including: • Education of and risk communication to the poultry owning public, poultry farmers and vendors, especially small operations; • A plan for surveillance of birds; • Disease reporting and data sharing; • Triggers for action to contain disease within the animal sector.	5A.1			1A.9	
45. Include Pandemic Influenza plan activation, incident command, integration with partner agencies, integration with and assistance to hospitals and healthcare systems, particularly regarding surge capacity, assisting persons with special needs, and coordination with schools.	5A.3			1A.10 1A.11	2.3 5.1
46. Test integration with local recipients of federal funds on their areas of responsibility associated with public health emergency response during a pandemic.		CC3		1A.4 1A.11	5.1
47. Work with hospitals and clinics to test vaccination and prophylaxis, triage and admission plans and procedures to minimize stress in the hospital system and maintain control of the situation.	6E.1			6A.1 6A.1d	
48. Test the operational plan for community mitigation of pandemic influenza using non-pharmacological interventions, including home isolation of patients and				6B.1 6B2	

Description of Drill/Exercise	Target Capabilities/Critical Tasks/Critical Capacities				
	CDC Public Health Emergency Preparedness	**CDC Cities Readiness Initiative**	**CDC Laboratory**	**Pandemic Influenza**	**HRSA National Bioterrorism Hospital Preparedness**
Conduct or participate in a drill or exercise, or capture data from an actual event:					
quarantine of household contacts, social distancing measures such as closure of schools, and workplaces, reduced public transport, and cancellation of mass gatherings, and public education on hygiene measures, such as hand and respiratory hygiene.					
49. Test plans to communicate to healthcare providers infection control guidelines and containment measures at the State, local and tribal level.	2A.1			6B.3	
50. Improve the ability to implement infection control guidelines at the local and tribal levels.				6B.4	
51. Test operational plans for isolation and quarantine that delineates the following: • The criteria for isolation and quarantine; • The procedures and legal authorities for implementing and enforcing these containment measures; and • The methods that will be used to support, service, and monitor those affected by these containment measures in healthcare facilities, other residential facilities, homes, community facilities and other settings.	6D.3 6D.4 6D.6 6D.PM.1			6B.6	
52. Test an operational plan to implement various levels of movement restrictions within, to, and from the jurisdiction.				6B.7	
53. Test an operation plan for implementing social distancing measures in a jurisdiction that addresses school and workplace closures and cancellation of public gatherings.				6B.9	
54. Determine the amount of time an individual is retained				6B.PM.2	

Description of Drill/Exercise	Target Capabilities/Critical Tasks/Critical Capacities				
	CDC Public Health Emergency Preparedness	CDC Cities Readiness Initiative	CDC Laboratory	Pandemic Influenza	HRSA National Bioterrorism Hospital Preparedness
Conduct or participate in a drill or exercise, or capture data from an actual event:					
for medical evaluation while determining the need for isolation.					
55. Test the procedure for closing schools and determine the amount of time it takes for public health to close schools when pandemic influenza case counts reach pre-determined levels.				1A.PM.2 6B.PM.3	
56. Test mass prophylaxis with community-wide partners, bordering jurisdictions, IHS, and tribal nations.	6E.1a			6C.2	
57. Test the SNS plan to determine the percent of estimated patient throughput actually achieved for each shift during a mass vaccination clinic.	6E.1b	CC1		6C.PM.1 6C.PM.2	
58. Test communication plans with an emphasis on: • Coordination with response partners and tribal nations; • Rapid provision of public health risk information and recommendations; • Addressing stigmatization, rumors, and misperceptions in real time; • Surge capacity for public information, media operations, and spokespersons; and • Procedures to secure resources to activate the public information and media operation during a public health emergency around the clock if needed for a minimum of 10 days.	1A.4 2A.1B 2A.2 4A.4 6B.1 6B.2 6B.5 6D.7 6E.3	CC6		6D.1	
59. Determine the time to issue a critical health message to the public about an event that may be of urgent public health consequence.	6B.1 6B.PM.1			6D.1 6D.PM.1	
60. Test the continuity of operations plan for essential	1A.6			6F.1	

Description of Drill/Exercise	Target Capabilities/Critical Tasks/Critical Capacities				
	CDC Public Health Emergency Preparedness	CDC Cities Readiness Initiative	CDC Laboratory	Pandemic Influenza	HRSA National Bioterrorism Hospital Preparedness
Conduct or participate in a drill or exercise, or capture data from an actual event:					
LHD services that includes: • Contingency planning for increasing public health workforce in response to absenteeism among health department staff and stakeholder groups that have key responsibilities under a community's response plan; and • Ensuring availability of psychosocial support services (including education and training materials) for employees who participate in or provide support for the response to public health emergencies such as influenza pandemics.					
61. Test facility surge emergency response plans and procedures.	6F.3				2.3
62. Test a real-time bed tracking system at Health Care Facilities (HCF).					3.1
63. Test redundancy in communication systems to ensure communication during an event when power is lost and facilities possibly become isolated from other entities.	6A.PM3			6B.3	3.2
64. Coordinate with healthcare facilities to address: • Integration of health facilities in LHD drills and exercises, ensuring health facilities participate in at least one; • Ensure health facilities that receive grant funding conduct drills to include quarterly alerting and notification drills using existing communications systems. • Participate in drills related to collection of bed	5A.3			1A.11	5.1

Description of Drill/Exercise	Target Capabilities/Critical Tasks/Critical Capacities				
	CDC Public Health Emergency Preparedness	**CDC Cities Readiness Initiative**	**CDC Laboratory**	**Pandemic Influenza**	**HRSA National Bioterrorism Hospital Preparedness**
Conduct or participate in a drill or exercise, or capture data from an actual event:					
availability information.					

Annex B

AVAILABLE PREPAREDNESS FUNDS

LOCAL ALLOCATIONS BY JURISDICTION
PROJECT PERIOD 2006-2007

		CDC			PANDEMIC INFLUENZA			HRSA		
LOCAL HEALTH DEPARTMENT OR LOCAL ENTITY	Population (Estimate 1/1/06 Per DOF)	2006/07 CDC Base Allocation (not including lab $)	2006/07 Lab Allocation	2006/07 CRI Allocation	Federal Fund Pan Flu 2006/07 $4,506,245	General Fund Pan Flu 2006/07 $11,494,000	Jul & Aug 2007 General Fund Pan Flu 2007/08 $2,666,667	TOTAL Allocation HRSA 2006/07 Application	Pop. Based Share of HRSA 2005/2007	2006/07 TOTAL
		$100,000 Base			No Base	$125,000 Base	$20,833 Base (2/12 of $125,000)			
ALAMEDA	1,404,918	$1,204,529		$487,159	$235,118	$271,229	$73,589	$279,993	$448,720	$3,000,337
ALPINE	1,241	$100,976			$208	$125,129	$20,880	$135,119	$369	$382,680
AMADOR	38,133	$129,980			$6,382	$128,969	$22,265	$138,661	$11,330	$437,586
BERKELEY	105,385	$182,852			$17,637	$135,969	$24,790	N/A	N/A	$361,248
BUTTE	217,209	$270,767			$36,351	$147,608	$28,989	$155,853	$64,534	$704,102
CALAVERAS	45,711	$135,937			$7,650	$129,758	$22,550	$139,388	$13,581	$448,864
COLUSA	21,512	$116,912			$3,600	$127,239	$21,641	$137,065	$6,391	$412,849
CONTRA COSTA	1,029,377	$909,283		$256,256	$172,270	$232,141	$59,487	$233,823	$305,834	$2,169,094
DEL NORTE	29,196	$122,954			$4,886	$128,039	$21,929	$137,803	$8,674	$424,285
EL DORADO	176,204	$238,529		$100,000	$29,488	$143,340	$27,450	$151,916	$52,351	$743,075
FRESNO	899,514	$807,186	$277,280	$188,223	$150,537	$218,625	$54,611	$221,355	$267,251	$2,185,068
GLENN	28,651	$122,525			$4,795	$127,982	$21,909	$137,751	$8,512	$423,474
HUMBOLDT	132,526	$204,190	$277,280		$22,179	$138,794	$25,810	$147,723	$39,374	$855,349
IMPERIAL	166,585	$230,967			$27,879	$142,339	$27,088	$150,993	$49,493	$628,759
INYO	18,515	$114,556			$3,099	$126,927	$21,528	$136,777	$5,501	$408,389
KERN	779,869	$713,123			$130,514	$206,172	$50,118	$209,869	$231,704	$1,541,500
KINGS	147,729	$216,143			$24,723	$140,376	$26,380	$149,182	$43,891	$600,696
LAKE	64,105	$150,399			$10,728	$131,672	$23,240	$141,154	$19,046	$476,239
LASSEN	35,452	$127,872			$5,933	$128,690	$22,164	$138,403	$10,533	$433,596
LONG BEACH	490,166	N/A			N/A	$176,018	$39,239	N/A	N/A	$215,258
LOS ANGELES	9,609,268	N/A			N/A	$1,125,168	$381,673	N/A	N/A	$1,506,841
MADERA	144,396	$213,522			$24,165	$140,029	$26,255	$148,862	$42,901	$595,735
MARIN	253,341	$299,173		$100,000	$42,398	$151,369	$30,346	$159,321	$75,269	$857,876
MARIPOSA	18,216	$114,321			$3,049	$126,896	$21,517	$136,749	$5,412	$407,944
MENDOCINO	90,445	$171,107			$15,136	$134,414	$24,229	$143,683	$26,872	$515,441
MERCED	246,751	$293,992			$41,295	$150,683	$30,099	$158,689	$73,311	$748,069
MODOC	9,836	$107,733			$1,646	$126,024	$21,202	$135,944	$2,922	$395,472
MONO	13,597	$110,690			$2,276	$126,415	$21,344	$136,305	$4,040	$401,069
MONTEREY	424,842	$434,005			$71,099	$169,219	$36,786	$175,786	$126,223	$1,013,119
NAPA	134,444	$205,698			$22,500	$138,993	$25,882	$147,907	$39,944	$580,924
NEVADA	100,066	$178,671			$16,746	$135,415	$24,591	$144,607	$29,730	$529,760

Annex B

		CDC			PANDEMIC INFLUENZA			HRSA		
LOCAL HEALTH DEPARTMENT OR LOCAL ENTITY	Population (Estimate 1/1/06 Per DOF)	2006/07 CDC Base Allocation (not including lab $)	2006/07 Lab Allocation	2006/07 CRI Allocation	Federal Fund Pan Flu 2006/07 $4,506,245	General Fund Pan Flu 2006/07 $11,494,000	Jul & Aug 2007 General Fund Pan Flu 2007/08 $2,666,667	TOTAL Allocation HRSA 2006/07 Application	Pop. Based Share of HRSA 2005/2007	2006/07 TOTAL
ORANGE	3,072,336	$2,515,431	$277,280	$352,585	$514,167	$444,780	$136,203	$429,951	$912,809	$5,583,207
PASADENA	146,138	N/A			N/A	$140,211	$26,321	N/A	N/A	$166,531
PLACER	316,508	$348,835	$277,280	$100,000	$52,969	$157,943	$32,718	$165,385	$94,036	$1,229,167
PLUMAS	21,444	$116,859			$3,589	$127,232	$21,638	$137,059	$6,371	$412,748
RIVERSIDE	1,953,330	$1,635,683		$643,923	$326,897	$328,310	$94,183	$322,524	$580,345	$3,931,866
SACRAMENTO	1,385,607	$1,189,347	$277,280	$345,306	$231,887	$269,219	$72,864	$268,021	$411,672	$3,065,596
SAN BENITO	57,627	$145,306		$47,663	$9,644	$130,998	$22,997	$140,532	$17,121	$514,261
SAN BERNARDINO	1,991,829	$1,665,951	$277,280	$569,791	$333,340	$332,317	$95,629	$326,220	$591,784	$4,192,311
SAN DIEGO	3,066,820	$2,511,095	$277,280	$1,346,542	$513,244	$444,206	$135,996	$429,422	$911,170	$6,568,954
SAN FRANCISCO	798,680	$727,912		$265,624	$133,662	$208,130	$50,824	$211,675	$237,292	$1,835,120
SAN JOAQUIN	668,265	$625,381	$277,280		$111,837	$194,555	$45,927	$199,155	$198,545	$1,652,681
SAN LUIS OBISPO	263,242	$306,958	$277,280		$44,055	$152,399	$30,718	$160,272	$78,211	$1,049,892
SAN MATEO	724,104	$669,281		$181,595	$121,182	$200,367	$48,024	$204,516	$215,135	$1,640,100
SANTA BARBARA	421,625	$431,476			$70,561	$168,884	$36,666	$175,477	$125,267	$1,008,331
SANTA CLARA	1,773,258	$1,494,113	$277,280	$509,562	$296,762	$309,567	$87,421	$305,237	$526,845	$3,806,787
SANTA CRUZ	262,351	$306,257			$43,905	$152,306	$30,685	$160,186	$77,946	$771,286
SHASTA	181,483	$242,680	$277,280		$30,372	$143,889	$27,648	$152,423	$53,920	$928,211
SIERRA	3,501	$102,752			$586	$125,364	$20,964	$135,336	$1,040	$386,043
SISKIYOU	46,146	$136,279			$7,723	$129,803	$22,566	$139,430	$13,710	$449,511
SOLANO	422,848	$432,438			$70,765	$169,012	$36,711	$175,594	$125,631	$1,010,151
SONOMA	479,929	$477,314	$277,280		$80,318	$174,953	$38,855	$181,074	$142,590	$1,372,384
STANISLAUS	514,370	$504,391			$86,082	$178,538	$40,148	$184,381	$152,822	$1,146,362
SUTTER	91,450	$171,897			$15,305	$134,518	$24,267	$143,779	$27,170	$516,937
TEHAMA	61,533	$148,376			$10,298	$131,405	$23,144	$140,907	$18,282	$472,412
TRINITY	14,024	$111,025			$2,347	$126,460	$21,360	$136,346	$4,167	$401,705
TULARE	420,619	$430,685	$277,280		$70,392	$168,780	$36,628	$175,380	$124,968	$1,284,114
TUOLUMNE	58,231	$145,780			$9,745	$131,061	$23,020	$140,590	$17,301	$467,497
VENTURA	817,346	$742,587			$136,786	$210,072	$51,525	$213,467	$242,838	$1,597,276
YOLO	190,344	$249,646		$100,000	$31,855	$144,812	$27,981	$153,273	$56,552	$764,119
YUBA	69,827	$154,897			$11,686	$132,268	$23,455	$141,704	$20,746	$484,755
TOTALS	37,172,015	$26,969,226	$3,604,640	$5,594,229	$4,506,245	$11,494,000	$2,666,667	$10,280,000	$8,000,000	$73,115,007
Lab Funding			$1,222,000							$1,222,000
GRAND TOTAL	37,172,015	$26,969,226	$4,826,640	$5,594,229						$74,337,007

End Notes:
1) Los Angeles, Long Beach, and Pasadena are funded directly by CDC and HRSA and are only funded by CDHS for Pandemic Influenza General Fund dollars.
2) HRSA funds are awarded only to counties; Los Angeles is funded directly by HRSA.

Chapter 1 – CDC PUBLIC HEALTH EMERGENCY PREPAREDNESS

Section I-Introduction

This Chapter provides the guidance, instructions and materials necessary for completion of the LHD application for CDC funds to support public health emergency preparedness, including laboratory preparedness for those LHDs with laboratories. More specific laboratory information for Reference Laboratories and labs requesting stipends for microbiologist trainees is contained in Chapter 3 of this guidance.

As LHDs prepare their applications it is important to remember that CDC preparedness is structured around nine Preparedness Goals and associated Homeland Security Target Capabilities and all funds are to be budgeted based on the Preparedness Goals and Target Capabilities. These goals are similar to those of 2005/06. Additionally, for 2006/07 CDC has issued Performance Measures that CDHS and LHDs must document to measure their performance.

Prevent

- **Goal 1 Prevent (Target Capability: Planning)-**Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.
- **Goal 2 Prevent (Target Capability: Planning)-**Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.

Detect/ Report

- **Goal 3 Detect/Report** (**Target Capability: Public Health Laboratory Testing)-** Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food or environmental samples that cause threats to the public's health.
- **Goal 4 Detect/Report (Target Capability: Health Intelligence Analysis and Production)-**Improve the timeliness and accuracy of information regarding threats to the public's health as reported by clinicians and through electronic early event detection, in real time, to those who need to know.

Investigate

- **Goal 5 Investigate (Target Capability: Epidemiological Surveillance and Investigation)-**Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

Control

- **Goal 6 Control (Target Capabilities: Communications, Emergency Public Information and Warning**, **Responder Health and Safety**, **Isolation and Quarantine**, **Mass Prophylaxis**, **Medical Surge**, **Mass Care, and Citizen Evacuation and Shelter in Place)**-

Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.

Recover

- **Goal 7 Recover** (**Target Capability: Environmental Health)-**Decrease the time needed to restore health services and environmental safety to pre-event levels.
- **Goal 8 Recover (Target Capability: Economic and Community Recovery)-** Increase the long-term follow-up provided to those affected by threats to the public.

Improve

- **Goal 9 Improve** (**Target Capability: Planning)-**Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

Section II-Instructions For Completing The Work Plan Narrative

Priorities:

Several overarching priorities must be included in all LHD applications. They are:

1) Continued development and refinement of written plans and operating procedures to support LHD public health emergency response. Emergency response procedures are a critical element of emergency preparedness and should be tested and evaluated during drills, exercises, and actual events. Data should be collected, analyzed, and documented to establish a baseline for future evaluation purposes.

2) Continuing drills and exercises, with associated after action reports (AAR) and corrective action plans. LHDs are required to continue conducting and participating in drills and exercises, including developing and implementing AARs and corrective action plans. AARs should also be developed following the occurrence of actual events that necessitated activation of LHD emergency procedures. Activation of emergency procedures counts toward fulfilling grant requirements in this area. Whenever possible, LHDs are required to record times associated with various portions of the drills, exercises, or events in order to meet the Performance Measures identified in the Work Plan portion of the grant application. (The Performance Measures are shown under each Goal or Critical Capacity in the Work Plan.)

   LHDs may utilize grant funding for the provision of food and beverages during public health emergency preparedness drills and exercises.

3) Continued regional preparedness. LHDs are required to engage in collaborative planning efforts with their bordering, and mutual aid region, health departments. Examples of this include attendance of regional planning meetings and training sessions, development of cross-jurisdictional alerting and notification procedures, and testing those procedures during multi-jurisdiction/sub-regional drills and exercises.

4) Inclusion of tribal entities in all appropriate emergency preparedness activities. As in the past, LHDs are required to engage tribal entities in their jurisdiction in local emergency preparedness and response activities. CDHS is facilitating this process by supporting emergency preparedness training sessions for American Indian clinics, and by giving emergency preparedness presentations at tribal leadership meetings.

5) Planning for the needs of special populations. LHDs must determine the role they have relative to emergency preparedness for special populations, defined as: infants and small children under age three, women who are pregnant, elderly people (age 65 and older), the obese, the bedridden, mentally ill, those with cognitive disorders, those with internal medical conditions (e.g., heart disease, diabetes, high blood pressure), those requiring life-saving medications (e.g., for high blood pressure, depression, insomnia), individuals with drug or alcohol addictions, those with mobility constraints, those under extreme working conditions, the poor, socially isolated and non-English speakers who may not have access to information. Examples of possible LHD roles include arranging for the health care needs of special populations at shelters, as well as ensuring risk communication and public education messages for public health disasters are adapted for blind, cognitive impaired, non-English speaking, and other groups. LHDs will be required to document in future progress reports their efforts to identify, quantify and ensure preparation for special populations within their jurisdictions.

6) Testing communication devices to be used in the event of power outages. Tests should record the amount of time necessary to reach staff.

7) Increase the number of healthcare providers on CAHAN. This includes the requirement to conduct or participate in a CAHAN drill that involves recording the amount of time to send an alert to key response partners, and recording the percentage of healthcare providers that receive the alert.

LHDs have the option of establishing additional priorities they will address during the 2006/07 grant year consistent with CDC Goals, see page 21.

Completing the Application Narrative:
The Work Plan Template for submission is contained on the CD provided with this package. For each Required Critical Task and Performance Measure on the Work Plan Template, space is available in the center column, *LHD Approach to Completing Critical Tasks*, for the LHD to enter a narrative description of how it will accomplish the activity (or gather data on the Performance Measure). Specific guidance on LHD responsibility is provided in that same column.

LHDs shall provide information for each Critical Task unless the information in the left hand column indicates it is not a LHD responsibility. (For example, some activities are identified as a state level responsibility).

Please include in the narrative response a statement of the current ability of the LHD to perform the specific activity, the steps that will be taken in the 2006/07 grant year to complete the activity, and any products, such as plans, procedures or call down lists, that will result from completing the activity. Please indicate the date each activity will be completed. It is not expected that all activities will be completed in the 2006/07 grant year. For activities that will be completed in later grant years, please indicate the specific steps that will be accomplished in the 2006/07 grant year, and a projected completion date in the future grant years.

For activities that have already been completed in prior grant years, please indicate when the activity was completed, and the products, such as plans and procedures, that resulted from completing the activity.

Section III-Budget

The CDC restrictions on use of 2006/07 Public Heath Emergency Preparedness funds are as follow:

- Funds may not be used for research.
- Reimbursement of pre-award costs is not allowed.
- Funds may not be used to purchase vehicles of any kind.
- Funds may not be used to purchase incentive items

This Section contains the instructions for filling out the Budget forms. The actual Budget forms customizable for each LHD are contained in the CD provided as a part of this package.

Directions for Completing 2006/07 CDC Budget Template

<u>SUMMARY</u>

- Enter the LHD Name and Date Submitted in the Header.

- This sheet will be self-calculated by information that is entered into the Personnel, Travel, Equipment, Supplies, Contracts, Other and Indirect spreadsheets.

- Please note that all budgeted categories must be tied to one or more of the Preparedness Goals discussed at the beginning of this Chapter. Additional detail on the Goals is provided in the CDC Cooperative Agreement Guidance provided on the enclosed disc.

<u>PERSONNEL</u>

- Enter the LHD Name and Date Submitted in the Header.

- **Position/Title** – Fill in the position name or title. Please note restrictions for labs identified in chapter 3 of this guidance.

- **Name** – Fill in the name of the employee in the proposed position

- **Annual Salary** – List the employee's salary only, not including benefits

- **% FTE** – List the percentage of time that the employee will be working in the listed position (i.e. – If the employee is only working half-time in the listed position, please enter 50%)

- **Months** – List the number of months the employee will be in the position

Fringe Benefits: Only fill in one of these categories

- **Fringe %** - Please list the percentage rate for fringe benefits (If you calculate fringe benefits by a percentage). This number will automatically go into the **Total Fringe Column**. If you enter information into this category, do not enter information into **$ Fringe**.

- **$ Fringe** – If you prefer to enter in a dollar amount, you may do so. This number will automatically go into the **Total Fringe Column**. If you enter information into this category, do not enter information into **Fringe %**.

- **Total Fringe** and **$ Request** – These columns have formulas in them and will automatically total.

- **Budget Justification** – Either type in the responsibilities or attach a duty statement for each position. If a duty statement is used, it must clearly articulate the emergency preparedness and response activities carried out by each position.

TRAVEL

- Enter the LHD Name and Date Submitted in the Header. Please note restrictions for labs identified under the heading "Laboratories".

- **Location** – Enter the location of the trip

- **Travel** – Enter either "Out of State" or "In State"

- **Trips** – Enter the number of trips

- **People** – Enter the number of people for a particular trip

- **Days** – Enter the number of days of the trip

- **Nights** – Enter the number of nights for the trip

- **Miles** – Enter the number of miles of the trip
- **$ Airfare** – Enter the cost for airfare
- **$ Lodging** – Enter the cost for lodging
- **$ Per Day** – Enter the Per Diem per day
- **$ Other** – Enter any other costs associated with the trip
- **Budget Justification** – Enter the location of the trip and the purpose for the trip. If necessary you may attach additional sheets or items for justification purposes.

EQUIPMENT AND SUPPLIES

- *Note: Please use your agency's guidelines for categorizing items in either Equipment or Supplies. Typically items that are over $5,000 or such items as computers or lab equipment would be considered Equipment. Please note restrictions for labs identified under the heading "Laboratories".*
- Enter the LHD Name and Date Submitted in the Header.
- **Item Description** – Enter the description details of the item(s) that will be purchased. Each item should be entered on a separate line (i.e. computer, printer, fax machine should all be listed on individual lines).
- **Quantity** – Enter the quantity that will be purchased.
- **Unit Cost** – Enter the unit (per item) cost.
- **$ Request** – Enter the total amount requested for the item.
- **Budget Justification** – Enter the purpose of the equipment and/or supplies. If necessary you may attach additional sheets or items for justification purposes.

CONTRACTS

- Enter the LHD Name and Date Submitted in the Header. Please note restrictions for labs identified under the heading" Laboratories".
- **Contractor** – Enter the name of the contractor
- **Selection** – Enter either "Bid" or "Sole Source"
- **Type** – Enter either "Local Health" or "Commercial" or "Other Entity"

- **Starts on** – Enter the date the contract is to start

- **Ends on** – Enter the date the contract is to end

- **Accountability** – Enter either “Quarterly Report” or “Semi Annual Report” or “Annual Report” or “Site Visit”

- **$ Request** – Enter the total amount requested for the contract

- **Budget Justification** – Enter the purpose of the contract and an itemization of the money requested. If necessary you may attach additional sheets or items for justification purposes. Please attach a copy of the Scope of Work.

OTHER

Note: *Please use your agency’s guidelines for categorizing items in the "**Other"** category.*

- Enter the LHD Name and Date Submitted in the Header.

- **Item Description** – Enter the description details of the item(s) that will be purchased. Each item should be entered on a separate line.

- **$ Request** – Enter the total amount requested for the item.

- **Budget Justification** – Enter the purpose of the “Other” item and an itemization of the money requested. If necessary you may attach additional sheets or items for justification purposes.

INDIRECT

Note:
Indirect costs should be no more than 10% of personnel and fringe benefits. An example of an item that would be considered an “indirect” cost is facilities operations charges.

- Enter the LHD Name and Date Submitted in the Header.

- **Item Description** – Enter the description details of the item(s) that will be purchased. Each item should be entered on a separate line.

- **$ Request** – Enter the total amount requested for the item.

- **Budget Justification** – Enter the purpose of the “Other” item and an itemization of the money requested. If necessary you may attach additional sheets or items for justification purposes.

ANNEX 1-A
CDC LOCAL HEALTH DEPARTMENT ALLOCATIONS
PROJECT PERIOD 2006-2007
Period: August 31, 2006 through August 30, 2007
Including Laboratory and Cities Readiness Initiative (CRI) Funding

LHD	Population (Estimate 1/1/06 Per DOF)	$100K Base	Above the Base (Per Capita Formula)	Reference Labs	06/07 CRI Allocation	Total Allocation Including Labs and CRI
ALAMEDA	1,404,918	$100,000	$1,104,529		$487,159	**$1,691,688**
ALPINE	1,241	$100,000	$976			**$100,976**
AMADOR	38,133	$100,000	$29,980			**$129,980**
BERKELEY	105,385	$100,000	$82,852			**$182,852**
BUTTE	217,209	$100,000	$170,767			**$270,767**
CALAVERAS	45,711	$100,000	$35,937			**$135,937**
COLUSA	21,512	$100,000	$16,912			**$116,912**
CONTRA COSTA	1,029,377	$100,000	$809,283		$256,256	**$1,165,539**
DEL NORTE	29,196	$100,000	$22,954			**$122,954**
EL DORADO	176,204	$100,000	$138,529		$100,000	**$338,529**
FRESNO	899,514	$100,000	$707,186	$277,280	$188,223	**$1,272,689**
GLENN	28,651	$100,000	$22,525			**$122,525**
HUMBOLDT	132,526	$100,000	$104,190	$277,280		**$481,470**
IMPERIAL	166,585	$100,000	$130,967			**$230,967**
INYO	18,515	$100,000	$14,556			**$114,556**
KERN	779,869	$100,000	$613,123			**$713,123**
KINGS	147,729	$100,000	$116,143			**$216,143**
LAKE	64,105	$100,000	$50,399			**$150,399**
LASSEN	35,452	$100,000	$27,872			**$127,872**
MADERA	144,396	$100,000	$113,522			**$213,522**
MARIN	253,341	$100,000	$199,173		$100,000	**$399,173**
MARIPOSA	18,216	$100,000	$14,321			**$114,321**
MENDOCINO	90,445	$100,000	$71,107			**$171,107**
MERCED	246,751	$100,000	$193,992			**$293,992**
MODOC	9,836	$100,000	$7,733			**$107,733**
MONO	13,597	$100,000	$10,690			**$110,690**
MONTEREY	424,842	$100,000	$334,005			**$434,005**
NAPA	134,444	$100,000	$105,698			**$205,698**
NEVADA	100,066	$100,000	$78,671			**$178,671**
ORANGE	3,072,336	$100,000	$2,415,431	$277,280	$352,585	**$3,145,296**

PLACER	316,508	$100,000	$248,835	$277,280	$100,000	**$726,115**
PLUMAS	21,444	$100,000	$16,859			**$116,859**
RIVERSIDE	1,953,330	$100,000	$1,535,683		$643,923	**$2,279,606**
SACRAMENTO	1,385,607	$100,000	$1,089,347	$277,280	$345,306	**$1,811,933**
SAN BENITO	57,627	$100,000	$45,306		$47,663	**$192,969**
SAN BERNARDINO	1,991,829	$100,000	$1,565,951	$277,280	$569,791	**$2,513,022**
SAN DIEGO	3,066,820	$100,000	$2,411,095	$277,280	$1,346,542	**$4,134,917**
SAN FRANCISCO	798,680	$100,000	$627,912		$265,624	**$993,536**
SAN JOAQUIN	668,265	$100,000	$525,381	$277,280		**$902,661**
SAN LUIS OBISPO	263,242	$100,000	$206,958	$277,280		**$584,238**
SAN MATEO	724,104	$100,000	$569,281		$181,595	**$850,876**
SANTA BARBARA	421,625	$100,000	$331,476			**$431,476**
SANTA CLARA	1,773,258	$100,000	$1,394,113	$277,280	$509,562	**$2,280,955**
SANTA CRUZ	262,351	$100,000	$206,257			**$306,257**
SHASTA	181,483	$100,000	$142,680	$277,280		**$519,960**
SIERRA	3,501	$100,000	$2,752			**$102,752**
SISKIYOU	46,146	$100,000	$36,279			**$136,279**
SOLANO	422,848	$100,000	$332,438			**$432,438**
SONOMA	479,929	$100,000	$377,314	$277,280		**$754,594**
STANISLAUS	514,370	$100,000	$404,391			**$504,391**
SUTTER	91,450	$100,000	$71,897			**$171,897**
TEHAMA	61,533	$100,000	$48,376			**$148,376**
TRINITY	14,024	$100,000	$11,025			**$111,025**
TULARE	420,619	$100,000	$330,685	$277,280		**$707,965**
TUOLUMNE	58,231	$100,000	$45,780			**$145,780**
VENTURA	817,346	$100,000	$642,587			**$742,587**
YOLO	190,344	$100,000	$149,646		$100,000	**$349,646**
YUBA	69,827	$100,000	$54,897			**$154,897**
*** Reference and Sentinel Lab Funding**				$1,222,000		**$1,222,000**
TOTALS	**26,926,443**	**$5,800,000**	**$21,169,226**	**$4,826,640**	**$5,594,229**	**$37,390,095**

Reference laboratories receive funding for staff support, service contracts, and supplies. Clarification is provided in Chapter 3, CDC Laboratory Requirements, Section III.

* This block of funding includes: $660,000 for Public Health Microbiologist (PHM) Training allowing the labs to apply for 22 stipends in the amount of $30,000 for each trainee as part of their application; $500,000 for statewide contract for Phase II laboratory plan development; and $62,000 for PHM Training Support (4 stipends at $15,500 each).

ANNEX 1-B
CDC Public Health Emergency Preparedness 2006/07 Work Plan Template

Goal 1: PREVENT

Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.

1A: Planning

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
Designate a Public Health Emergency Preparedness Coordinator to serve as LHD lead responsible for coordination of public health emergency preparedness.	Identify LHD Public Health Emergency Preparedness Coordinator, provide updated contact information.	
1) Maintain a Senior Advisory Committee (SAC) to integrate preparedness efforts across the jurisdiction and leverage funding streams	Provide a short description of the advisory committee including members and expected outcomes from the committee.	
2) Support incident response operations according to all-hazards plan that includes identification and planning for populations with special needs	Complete public health emergency response plans and procedures, including plans and procedures for meeting the public health needs of special populations during emergencies.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
3) Improve LHD all-hazard plans (including those related to pandemic influenza) to support response operations in accordance with NIMS (SEMS) and the National Response Plan (NRP)	Develop a drill and exercise schedule to test public health emergency response plans. (LHDs which participated in the Health Officers Association of California (HOAC) preparedness assessment process should consider the findings and recommendations contained in the final report when reviewing, revising, and updating local plans and procedures.) Conduct drills and exercises and submit the drill and exercise schedule to your Project Officer. At least one drill must include the activation of the LHD Emergency Operations Center (EOC). Write after action reports (AAR) and implement corrective action plans to show that the emergency response plan was amended and improved.	
a) Increase participation in jurisdiction-wide self-assessment using the National Incident Management System Compliance Assessment Support Tool (NIMCAST)	Provide the date when the local Emergency Manager or Public Health official completed the NIMCAST assessment.	
b) Assure LHD Emergency Operations Center meets SEMS/NIMS incident command structure requirements to perform core functions: coordination, communications, resource dispatch and tracking, information collection, analysis and dissemination	Complete LHD emergency response plans, including procedures for activating and setting up the LHD EOC. Ensure the LHD EOC integrates into the operational area EOC SEMS structure.	
4) Increase the number of public health responders who are protected through Personal Protective Equipment (PPE), vaccination, or prophylaxis	Develop and submit a training schedule for public health emergency response training. Include PPE classes that are scheduled and the projected number of attendees. If vaccinations or prophylaxis are offered, LHDs must record who received vaccination or prophylaxis.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
a) Have or have access to a system that maintains and tracks vaccination or prophylaxis status of public health responders in compliance with PHIN Preparedness Functional Area *Countermeasure and Response Administration (CRA).*	Maintain a local system (paper based or other) to track vaccination or prophylaxis. Provide a statement on the status of the written procedure for tracking vaccination or prophylaxis. Give a date when the procedure was or will be tested in a drill or exercise.	
5) Increase and improve mutual aid agreements, as needed, to support NIMS (SEMS)-compliant public health response.	*No action required: all counties have signed California's Master Mutual Aid Agreement.*	
a) Increase all-hazard incident management capability by conducting training for NIMS and the Incident Command System (ICS)	Complete required SEMS/NIMS training.	
STATE ACTIVITY *b) Address legal and policy issues regarding ability to execute or fulfill EMAC requests (mutual aid versus mutual support)*		
6) Provide support for continuity of public health operations at LHD level.	Provide the status of the LHD continuity of government plan. Provide a date the plan or procedure was or will be tested in a drill or exercise. (Activation of emergency procedures during actual events count toward the requirements associated with drills and exercises, as appropriate.)	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
Performance Measure:		
Public health agency has primary and secondary staff identified for core functional roles delineated in the ICS for public health. Target: For 100% of core public health ICS functional roles (Incident Commander, Public Information Officer, Safety Officer, Operations Section Chief, Planning Section Chief, Logistics Section Chief, Finance/Administration Section Chief), public health agency has documented contact information for primary and secondary (backup) staff	Establish a list or roster of staff assigned to the SEMS compliant emergency management structure in the public health EOC. It is not necessary that the LHD have a complete SEMS structure. LHD EOCs may be supported in some general functions by the emergency management structure of their operational area EOC.	

Goal 2: PREVENT

Decrease the time needed to classify health event as terrorism or naturally occurring in partnership with other agencies.

2A: Information Gathering and Recognition of Indicators and Warning

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1) Increase the use of disease surveillance and early event detection systems	Report on any early detection and/or disease surveillance systems in the jurisdiction. Report on the status of the alerting and notification procedures that support the system. If procedures to support the early warning system have not been developed, provide the date when they will be developed, and the date they will be tested in a drill or exercise.	
a) Select conditions that require immediate reporting to the public health agency (at a minimum, Category A Agents)	No action required as LHDs comply with Title 17, Sections 2500 et. seq.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
b) Develop and maintain systems to receive reports 24/7/365	Indicate whether the LHD has a written procedure describing how they receive and manage reports of public health threats. If no written procedure exists, indicate the activities the LHD will take during the grant year to develop a procedure. Provide the date the procedure will be tested in a drill or exercise.	
STATE ACTIVITY *c) Have or have access to electronic applications in compliance with PHIN Preparedness Functional Area Early Even Detection to support:* *1) Receipt of case or suspect case disease reports 24/7/365* *2) Reportable diseases surveillance* *3) Call triage of urgent reports to knowledgeable public health professionals* 4) *Receipt of secondary use health-related data and monitoring of aberrations to normal data patterns*		
d) Develop and maintain protocols for the utilization of early event detection devices located in your community (e.g., BioWatch)	LHDs that receive information from a BioWatch device must have a written procedure for managing a BioWatch alert. Please report on the status of that procedure.	
e) Assess timeliness and completeness of disease surveillance systems annually	Assess timeliness and completeness of reports and associated data for disease surveillance at least annually.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
2) Increase sharing of health and intelligence information within and between LHDs and with tribal entities and the CDHS. Improve information sharing on suspected or confirmed cases of immediately notifiable conditions, including foodborne illness, among public health epidemiologists, clinicians, laboratory personnel, environmental health specialists, public health nurses, and staff of food safety programs)	Provide a written description of the current information sharing system. Identify the entities that will engage in information sharing. Specify if the system is supported by a written procedure and include when the system was last tested by a drill or exercise. Identify activities in the current year, such as drills or exercises that will strengthen this system.	
Identify key public health staff that need secret or top secret security clearances and mechanisms within the jurisdiction to obtain needed clearances to ensure access to sensitive information about the nature of health threats and intelligence information	Maintain a list of positions that require a security clearance.	
3) Decrease the time needed to disseminate timely and accurate health threat intelligence	Indicate the status of a procedure for sharing health threat information, when it was last tested in a drill, exercise, or actual event, and any activities the LHD will take in the grant year to strengthen this ability.	
a) Maintain continuous participation in CDC's Epidemic Information Exchange Program (Epi-X)	Enroll users in the CDC EPI-X program. Information on how to register is posted on CAHAN. The first step is a request to the State Epidemiologist for approval.	
b) Participate in the Electronic Foodborne Outbreak Reporting System (EFORS) by entering reports of foodborne outbreak investigations and monitor the quality and completeness or reports and the time from onset of illnesses to report entry	Investigate foodborne outbreaks and report findings to CDHS for reporting via EFORS.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
STATE ACTIVITY c) Perform real-time subtyping of PulseNet tracked foodborne disease agents. Submit the subtyping data and associated critical information (isolate, identification, source of isolate, phenotype characteristics of the isolate, serotype, etc.) electronically to the national PulseNet database within 72 to 96 hours of receiving the isolate in the laboratory	Local optional activity. Describe involvement in this system, if participating.	
d) Have or have access to information systems for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area *Partner Communications and Alerting*	Describe activities the LHD will be taking in the grant year to expand the use of CAHAN and strengthen its use in alerting. Conduct a drill to record the number of stakeholders that can be reached during a drill or real event. Write an AAR and implement a corrective action plan.	
Performance Measures		
1) Percent of HRSA participating hospitals that transmit clinical and/or hospital utilization date in near real-time to a PHIN-compliant early-event detection information system Target: 90% of HRSA awardee hospitals	Report on the number of HRSA participating hospitals that currently have the capacity to electronically transmit real time utilization data.	
2) Time to have a knowledgeable public health professional respond 24/7 to a call about an event that may be of urgent public health consequence Target: Mean = 15 minutes	Conduct a drill or exercise to determine how long it takes to have a knowledgeable public health professional respond 24/7 to a call about an event that may be of urgent public health consequence.	
3) Time to initiate an epidemiologic investigation of an event that may be of urgent public health consequence Target: Mean = 1 hour from notification of an event that may be of urgent public health consequence	Conduct a drill or exercise to determine the time to initiate an epidemiologic investigation of an event that may be of urgent public health consequence.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
STATE ACTIVITY 4) Percent of Pulsed Field Gel Electrophoresis (PFGE) subtyping data results submitted to the PulseNet national database within 96 hours of receiving isolate at the laboratory Target: 90% of PFGE subtyping data results are submitted to PulseNet within 96 hours	Participating LHDs must determine the percent of Pulsed Field Gel Electrophoresis (PFGE) subtyping data results submitted to the PulseNet national database within 96 hours of receiving isolate at the laboratory.	

2B: Planning

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1) Prioritize the hazards identified in the jurisdiction hazard/vulnerability assessment for potential impact on human health with special consideration for lethality of agents and large population exposures in order to mitigate or plan for identified hazards	Report on local hazard vulnerability assessment (HVA). Prioritize the list for the impact on public health. LHDs that do not have HVAs must work with local emergency managers to develop a prioritized list of local hazards.	
2) Decrease the time to intervention by the identification and determination of potential hazards and threats, including quality of mapping, modeling, and forecasting	Report the current capability to perform these tasks and the steps that will be taken this year to strengthen this ability.	
3) Decrease human health threats associated with identified community risks and vulnerabilities (i.e., chemical plants, hazardous waste plants, retail establishments with chemical/pesticide supplies)	List potential mechanisms for reducing health threats associated with identified community risks.	
4) Through partners, increase the capability to monitor movement of releases and formulate public health response and interventions based on dispersion and characteristics over time	Indicate the current capability to monitor movement of releases and the steps that will be taken this year to strengthen this ability.	

Goal 3: Detect and Report
Decrease the time needed to detect and report chemical, biological, and radiological agents in tissue, food, or environmental samples that cause threats to the public's health

3A: Public Health Laboratory Testing

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1) Increase and maintain relevant laboratory support for identification of biological, chemical, radiological, and nuclear agents in clinical (human and animal), environmental, and food specimens	*For LHDs with labs*. Specific guidance on maintaining this ability will be given by the CDHS labs.	
a) Develop and maintain a database of all sentinel (biological)/Level Three (chemical) labs in the jurisdiction using the CDC-endorsed definition that includes: name, contact information, biosafeety level, certification status, whether they are a health alert partner, rule out capability, and names and contact information for reference labs	Participate with CDHS labs in the collection of the information identified in the left hand column.	
b) Test the competency of a chemical terrorism laboratory coordinator and bioterrorism laboratory coordinator to advise on proper collection, packaging, labeling, shipping, and chain of custody of blood, urine, and other clinical specimens	*For LHDs with labs*. Describe the plans to test the competency of the chemical terrorism and bioterrorism coordinator including training, drills or exercises.	
c) Test the ability of sentinel/Level Three labs to send specimens to a confirmatory Laboratory Response Network (LRN) laboratory on nights, weekends and holidays	*For LHDs with a Sentinel lab.* Indicate the current ability to ship samples to confirmatory labs on nights, weekends, and holidays, and any training or drills that will be conducted to improve their ability.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
d) Package, label, ship, coordinate routing, and maintain chain-of-custody of clinical, environmental, and food specimens/samples to laboratories that can test for agents used in biological and chemical terrorism	*For LHDs with labs*. Indicate the current ability to label, ship, route and maintain chain of evidence. Indicate training that will be provided or attended during the grant year. Indicate drills or exercises that will be conducted or attended.	
e) Continue to develop or enhance operational plans and protocols that include: • Specimen/samples transport and handling • Worker safety • Appropriate BioSafety Level (BSL) working conditions for each threat agent • Staffing and training of personnel • Quality control and assurance • Adherence to laboratory methods and protocols • Proficiency testing to include routine practicing of LRN validated assays, participation in CAP-LPS proficiency test sets, or for LRN Reference labs, participation in the LRN's proficiency testing program electronically through the LRN website • Threat assessment in collaboration with local law enforcement and Federal Bureau of Investigations (FBI) to include screening for radiological, explosive, and chemical risk of samples Intake and testing prioritization Secure storage of critical agents, and • Appropriate levels of supplies and equipment needed to respond to bioterrorism events with a strong emphasis on surge capacities needed to effectively respond	*For LHDs with labs*. Develop operational plans, procedures or protocols for sample collection and transport, worker safety, working conditions, staffing and training, quality control, lab methods, proficiency testing, threat assessment, prioritization, secure storage, and management of lab supplies. Guidance on procedure content is available from CDHS laboratories.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
f) Ensure the availability of at least one operational BioSafety Level Three (BSL-3) facility in your jurisdiction for testing for biological agents. If not immediately possible, BSL-3 practices, as outlined in the CDC-NIH publication "Biosafety in Microbiological and Biomedical Laboratories, 4th Edition" (BMBL) should be used or formal arrangements ((i.e., Memorandum of Understanding (MOU)) should be established with a neighboring jurisdiction to provide this capacity	Identify the laboratory the LHD will use to meet BSL-3 requirement. If not available within the local jurisdiction, enter into agreement with the Catchment LRN Reference laboratory. Indicate the status of agreements for catchment labs, and the steps that will be taken to finalize the agreements.	
g) Ensure that laboratory registration, operations, safety, and security are consistent with both the minimum requirements set forth in Select Agent Regulation (42 CFR 73) and the US Patriot Act of 2001 (P.L. 107-56) and subsequent updates	LHDs with labs registered under the Select Agents Act must submit a copy of their Select Agent Act registration certificate and USDA APHIS transport permit with this work plan.	
h) Ensure at least one public health laboratory in your jurisdiction has the appropriate instrumentation and appropriately trained staff to perform CDC-developed and validated real-time rapid assays for nucleic acid amplification (Polymerase Chain Reaction, PCR) and antigen detection (Time-Resolved Fluorescence, TRF)	LHDs without labs must identify the LRN Reference laboratory assigned to their jurisdiction.	
i) Ensure the capacity for LRN-validated testing and reporting of Variola major, Vaccinia and Varicella viruses in human and environmental samples either in the public health laboratory or through agreements with other LRN Laboratories	*Specific guidance and training on maintaining the ability to perform validation testing and reporting will be provided by the CDHS Viral & Rickettsial Disease Laboratory to LHDs with laboratories.*	
2) Increase the exchange of laboratory testing orders and results	*Specific guidance and training on exchange of laboratory testing will be provided by the CDHS Viral & Rickettsial Disease laboratory to LHDs with laboratories.*	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
a) Monitor compliance with public health agency (or public health agency lab) policy on timeliness of reporting results from confirmatory LRN lab back to sending sentinel/Level Three lab (i.e., feedback and linking of results to relevant public health data) with a copy to CDC as appropriate	*For LHDs with labs*. Review lab reports to determine timeliness of results reporting. Write an AAR and implement a corrective action plan if untimely reporting is identified. Follow applicable CDC guidelines on timeliness of reporting results from confirmatory LRN lab back to sending sentinel/Level Three lab.	
b) Comply with PHIN Preparedness functional areas *Connecting Laboratory Systems and Outbreak Management* to enable:	*For LHDs with labs*. Specific guidance on maintaining ability will be given by the CDHS labs re-connecting laboratory systems. Guidance concerning outbreak management will be provided by CDHS Infectious Diseases Branch.	
• The linkage of laboratory orders and results from sentinel/Level Three and confirmatory LRN labs to relevant public health data, and	*For LHDs with labs.* Develop a program or procedure to enlist all hospital and clinical labs into a system of prompt local disease reporting. Review timeliness of disease reporting. Write an AAR and implement corrective actions.	
• Maintenance of chain of custody	*For LHDs with labs*. Specific guidance on maintaining ability will be given by the CDHS labs.	
Performance Measures		
1. Percent of tested Category A and B agents in specimens/samples for which the LRN reference lab(s) passes proficiency testing Target: Reference lab has a passing rating for 100% of tested based on LRN-sponsored proficiency tests in which lab participated	*For LHDs with LRN Reference labs.* Send to your EPO Project Officer a print-out of proficiency scores received from CDC. The Project Officer will forward the test results to appropriate CDHS Programs.	
STATE ACTIVITY *2. Percent of tested chemical agents in specimens/samples for which Level 1 and 2 LRN chemical lab(s) passes proficiency testing*		

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
3. Time from shipment of clinical specimens to receipt at a LRN reference laboratory Target: Mean = 6 hours	Conduct a drill to determine the amount of time to ship a clinical specimen to a reference lab. Write an AAR and implement a corrective action plan.	
4. Time from presumptive identification to confirmatory identification of select agents by LRN reference lab Target: Targets from presumptive to confirmatory identification: • *Bacillus anthracis:* <4 days • *Francisella tularensis:* <7 days • *Yersinia pestis:* <6 days	*For LHDs with LRN Reference labs*. Conduct a drill to determine the amount of time to reach confirmatory identification. Write an AAR and implement a corrective action plan.	
5. Time to have a knowledgeable LRN reference laboratorian answer a call during non-business hours Target: Mean = 15 minutes	*For LHDs with LRN Reference labs*. Conduct a drill or exercise to determine amount of time to get a knowledgeable reference laboratorian to answer a call during non-business hours. Write an AAR and implement corrective actions.	

4: Detect and Report

Improve the timeliness and accuracy of communications regarding threats to the public's health

4A: Health Intelligence Analysis and Production

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1) Increase source and scope of health information	Identify existing sources and mechanisms for collecting health information. Indicate what steps the LHD will take in the grant year to increase the sources and scope of information.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
2) Increase speed of evaluating, integrating, analyzing, and interpreting health data to detect aberrations in normal data patterns	Identify any training and/or drills the LHD will conduct to try to increase their speed of evaluating, integrating, analyzing, and interpreting health data to detect aberrations in normal data patterns.	
STATE ACTIVITY *3) Improve integration of existing health information systems, analysis, and distribution of information compliant with PHIN Preparedness Functional Area Early Event Detection, including those systems used for identification and tracking of zoonotic diseases*		
4) Improve effectiveness of health intelligence and surveillance activities	Indicate the LHD's current capability to gather health intelligence and conduct surveillance. Include the steps the LHD will take, including training or drills, to improve their capability.	
5) Improve reporting of suspicious symptoms, illnesses, or circumstances to the public health agency a) Maintain a system for 24/7/365 reporting cases, suspect cases, or unusual events compliant with PHIN Preparedness Functional Area *Early Event Detection* b) Increase number of local sitesusing BioSense for early event detection	Indicate the LHD's current capability for reporting of suspicious symptoms, illnesses, or circumstances and any plans for improving the reporting ability. LHDs are encouraged to monitor Biosense if the system has data from the jurisdiction. Please indicate if LHD has access to Biosense.	
Performance Measure:		
Time LRN reference lab generates confirmatory result for an agent of urgent public health consequence to notification of appropriate officials Target: Mean = 2 hours	For LHDs with Reference labs. Conduct a drill or exercise to determine the amount of time to notify officials of reference lab results. Write an AAR and implement a corrective action plan.	

Goal 5: Investigate
Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health

5A: Epidemiological Surveillance and Investigation

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1) Increase the use of efficient surveillance and information systems to facilitate early detection and mitigation of disease	Indicate how the LHD will increase the use of efficient surveillance and information systems to facilitate early detection and mitigation of disease. Indicate how the LHD will improve the systems through training and drills.	
2) Conduct epidemiological investigations and surveys as surveillance reports warrant	Conduct epidemiological investigations and surveys as surveillance reports warrant. Complete AARs and implement corrective action plans.	
3) Coordinate and direct public health surveillance and testing, immunizations, prophylaxis, isolation or quarantine for biological, chemical, nuclear, radiological, agricultural, and food threats	Report the LHD's current ability to coordinate and direct public health surveillance and testing, immunizations, prophylaxis, isolation or quarantine for biological, chemical, nuclear, radiological, agricultural, and food threats. Indicate the status of LHD procedures that support these activities. Provide projected dates when these abilities will be tested in a drill or exercise. Write an AAR and implement a corrective action plan.	
STATE ACTIVITY *4) Have or have access to information systems for outbreak management that capture data related to cases, contacts, investigations, exposures, relationships and other relevant parameters compliant with PHIN preparedness function area Outbreak Management*		
Performance Measure		

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
Time for local to notify state, following receipt of a call about an event that may be of urgent public health consequence Target: Mean = 60 minutes from notification of an event that may be of urgent public health consequence	Conduct a drill or exercise to determine time for LHD to notify state, following receipt of a call about an event that may be of urgent public health consequence. Write an AAR and implement a corrective action plan.	

Goal 6: Control

Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health

6A: Communications

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1) Decrease the time needed to communicate internal incident response information a) Develop and maintain a system to collect, manage, and coordinate information about the event and response activities including assignment of tasks, resource allocation, status of task performance, and barriers to task completion	Conduct a drill or exercise to determine the time to communicate internal response information. Write an AAR and implement a corrective action plan. Develop a process to collect, manage, and coordinate information about the event and response activities including assignment of tasks, resource allocation, status of task performance, and barriers to task completion. Report on the activities the LHD will take to develop and implement this system.	
2) Establish and maintain response communications network	Report on the status of the LHD communication plan or procedure. Indicate activities for improving communication capability during the grant year.	
3) Implement communications interoperability plans and protocols	Include interoperability in the communications plan or procedures discussed above.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
4) Ensure communications capability using a redundant system that does not rely on the same communications infrastructure as the primary system	Include communications capability using a redundant system that does not rely on the same communications infrastructure as the primary system in the communications plan.	
5) Increase the number of public health experts to support Incident Command (IC) or Unified Command (UC)	Report the number of public health experts to be trained on incident command/unified command during the grant year.	
6) Increase the use of tools to provide telecommunication and information technology to support public health response	See 4A.6a, 4A.6b, 4A.6c below.	
a) Ensure that the public health agency has from their telephone provider and cellular telephone provider	Report the status of "essential service" designation.	
b) Ensure that the public health agency has designation from their telephone provider	Report the status of priority restoration.	
c) Ensure that the public health agency's public information line can simultaneously handle calls from at least 1% of the jurisdiction's households	Report the ability to simultaneously handle calls from at least 1% of the jurisdiction's households (e.g., play a recorded message to callers, transfer callers to a voicemail system or answering service).	
7) Have or have access to a system for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area *Partner Communications and Alerting*	Report on the LHD plans for increasing the use of CAHAN. Conduct a drill or exercise, or capture data during an actual event, to determine the number of stakeholders that can be reached. Write an AAR and implement a corrective action plan.	
Performance Measures		
1) Time to distribute a health alert to key response partners of an event that may be of urgent public health consequence Target: Mean = 6 hours from the time a decision is made to notify partners	Conduct a drill or exercise to determine time to distribute a health alert to key response partners of an event that may be of urgent public health consequence. Write an AAR and implement a corrective action plan.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
2) Percent of clinicians and public health response plan partners that receive public health emergency communication messages Target: 70% of clinicians and public health partners receive messages within 6 hours of the decision to make notifications	Conduct a drill or exercise to record the number of clinicians and partners that can be reached during a drill or real event. Write an AAR and implement a corrective action plan.	
3) Percent of key public health response partners who are notified/alerted via radio or satellite phone when electric grid power, telephones, cellular service and internet services are unavailable Target: 75% of response partners acknowledge message within 5 minutes of communication being sent	Conduct a drill or exercise to determine percent of key public health response partners notified/alerted via radio or satellite phone when electric grid power, telephones, cellular service and internet services are unavailable. Write an AAR and implement a corrective action plan.	
4) Time to notify/alert all primary staff (secondary or tertiary staff as needed) with public health agency ICS functional responsibilities that the public health agency's EOC is being activated Target: Mean = 60 minutes	Conduct a drill or exercise to determine the time to notify/alert all primary staff (secondary or tertiary staff as needed) with public health agency ICS functional responsibilities that the public health agency's EOC is being activated. Write an AAR and implement a corrective action plan.	
5) Time for primary staff (secondary or tertiary staff as needed) with public health agency ICS functional responsibilities to report for duty at public health agency's Emergency Operation Center (EOC) Target: Mean = 2.5 hours from time that public health director or designated official receives notification that the public health agency's EOC will be activated	Conduct a drill or exercise, or capture data during an actual event, to determine time for primary staff (secondary or tertiary staff as needed) with public health agency ICS functional responsibilities to report for duty at public health agency's EOC. Write an AAR and implement a corrective action plan.	

6B: Emergency Public Information and Warning

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1) Decrease time needed to provide specific incident information to the affected public, including populations with special needs such as non-English speaking persons, migrant workers, as well as those with disabilities, medical conditions or other special health care needs, requiring attention a) Advise public to be alert for clinical symptoms consistent with attack agent b) Disseminate health and safety information to the public c) Ensure that the Agency's public information line can simultaneously handle calls from at least 1% of the households	Conduct a drill or exercise to determine time needed to provide specific incident information to the affected public, including populations with special needs such as non-English speaking persons, migrant workers, as well as those with disabilities, medical conditions or other special health care needs, requiring attention. Include alerting the public to be aware of specific symptoms, and dissemination of health and safety information. Write an AAR and implement a corrective action plan. Determine the number of calls the LHD can handle. Identify mechanisms to increase the number to 1% of households.	
2) Improve the coordination, management and dissemination of public information	Conduct a drill or exercise, or capture data during an actual event, to test the coordination, management and dissemination of public information. Write an AAR and implement a corrective action plan.	
3) Decrease the time and increase the coordination between responders in issuing messages to those that are experiencing psychosocial consequences to an event	Conduct a drill or exercise, or capture data during an actual event, to determine the time and coordination between responders in issuing messages to those that are experiencing psychosocial consequences to an event. Write an AAR and implement a corrective action plan.	
4) Increase the frequency of emergency media briefings in conjunction with response partner's via the jurisdiction's Joint Information Center (JIC), if applicable	Review risk communication procedures to determine the frequency of media briefings. Determine if it is necessary to change the procedure to reflect more frequent briefings.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
5) Decrease time needed to issue public warnings, instructions, and information updates in conjunction with response partners	Conduct a drill or exercise to determine time needed to issue public warnings, instructions, and information updates in conjunction with response partners. Write an AAR and implement a corrective action plan.	
6) Decrease time needed to disseminate domestic and international travel advisories	Conduct a drill or exercise to determine time needed to disseminate domestic and international travel advisories. Write an AAR and implement a corrective action plan.	
7) Decrease the time needed to provide accurate and relevant public health and medical information to clinicians and other responders	Conduct a drill or exercise to determine the time needed to provide accurate and relevant public health and medical information to clinicians and other responders. Write an AAR and implement a corrective action plan.	
Performance Measure		
Time to issue critical health message to the public about an event that may be of urgent public health consequence Target: Mean = 6 hours form the determination that a public message is needed	Conduct a drill or exercise to determine time to issue critical health message to the public about an event that may be of urgent public health consequence. Write an AAR and implement a corrective action plan.	

6C: Responder Safety and Health

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1) Increase the availability of worker crisis counseling and mental health and substance abuse behavioral health support	Confirm that psychological services are part of the county's Injury and Illness Prevention Program. Identify additional sources as needed.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
2) Increase compliance with public health personnel health and safety requirements	Review public health field and clinical staff procedures to ensure they comply with guidelines. Amend procedures to bring them into compliance with health and safety requirements.	
a) Provide PPE based upon hazard analysis and risk assessment	Conduct a hazard analysis and risk assessment to identify staff functions. Ensure appropriate PPE has been identified and training has been provided.	
b) Develop management guidelines and incident health and safety plans for public health responders (e.g., heat stress, rest cycles, PPE)	Develop management guidelines and incident health and safety plans for public health responders (e.g., heat stress, rest cycles, PPE).	
c) Provide technical advice on worker health and safety for IC and UC	Confirm there is a Worker Health and Safety position in the operational area EOC.	
3) Increase the number of public health responders that receive hazardous material training	Describe the hazardous materials training which is to be given to public health responders during the grant year.	

6D: Isolation and Quarantine

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1) Assure legal authority to isolate and/or quarantine individuals, groups, facilities, animals and food products	*No LHD activity required – see Health Officers Practice Guide for Communicable Disease Control in California.*	
2) Coordinate quarantine activation and enforcement with public safety and law enforcement, including federal authorities with jurisdiction	Establish procedures to ensure isolation and quarantine plan includes coordination with law enforcement. Refer to the SEMS structure as the mechanism for coordinating with federal law enforcement authorities.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
3) Improve monitoring of adverse treatment reactions among those who have received medical countermeasures and have been isolated or quarantined	Ensure monitoring of adverse treatment reactions among those who have received medical countermeasures and have been isolated or quarantined is included in the plan or procedure discussed above, see 6D.1. Include monitoring of adverse reactions in a drill or exercise. Write an AAR and implement a corrective action plan.	
4) Coordinate public health and medical services among those who have been isolated or quarantined	Ensure coordination of public health and medical services among those who have been isolated or quarantined is included in the plan or procedure discussed above, see 6D.1. Conduct a drill or exercise. Write an AAR and implement a corrective action plan.	
5) Improve comprehensive stress management strategies, programs, and crisis response teams among those who have been isolated or quarantined	Include providing comprehensive stress management strategies, programs, and crisis response teams among those who have been isolated or quarantined in the plan discussed above, see 6D.1.	
6) Direct and control public information releases about those who have been isolated or quarantined	Include control of public information releases about those who have been isolated or quarantined in the plan discussed above, see 6D.1. Include quarantine and isolation issues in a risk communication drill or exercise, or capture data during an actual event. Write an AAR and implement a corrective action plan.	
7) Decrease time needed to disseminate health and safety information to the public regarding risk and protective actions	Develop procedure for release of protective action information to the public. Conduct a risk communication drill or exercise that includes releases of protective action information to the public. Determine the time to release information to the public. Write an AAR and implement a corrective action plan.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
STATE ACTIVITY *8) Have or have access to information systems to collect, manage, and coordinate information about isolation and quarantine, compliant with PHIN Preparedness Functional Area Countermeasure and Response Administration*		
Performance Measure		
Time to issue an isolation or quarantine order Target: Mean = 3 hours from the decision that an order is needed	Include time to issue a quarantine or isolation order in a drill or exercise. Write an AAR and implement a corrective action plan.	

6E: Mass Prophylaxis

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1) Decrease the time needed to dispense mass therapeutics and/or vaccines	Conduct a drill or exercise to determine the time needed to dispense mass therapeutics and/or vaccines based on existing plans and procedures. Write an AAR and implement a corrective action plan.	
a) Implement local (tribal, where appropriate) prophylaxis protocols and plans	Conduct a drill or exercise on mass prophylaxis based on existing plans and procedures. Write an AAR and implement a corrective action plan.	
b) Achieve and maintain the Strategic National Stockpile (SNS) preparedness functions described in the current version of the SNS guide for planners	Complete and exercise SNS plans and procedures. Write an AAR and implement a corrective action plan. Participate in CDC evaluations of LHD SNS readiness.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
c) Ensure that smallpox vaccination can be administered to all known or suspected contacts of cases within 3 days and, if indicated, to the entire jurisdiction within 10 days	Conduct or participate in a drill or exercise based on existing plans and procedures for smallpox vaccination to be administered to all known or suspected contacts of cases within 3 days and, if indicated, to the entire jurisdiction within 10 days. Write an AAR and implement a corrective action plan.	
STATE ACTIVITY *d) Have or have access to information systems to collect, manage, and coordinate information about the administration of countermeasures, including isolation and quarantine, compliant with PHIN Preparedness Functional Area Countermeasure and Response Administration*		
2) Decrease time to provide prophylactic protection and/or immunizations to all responders, including non-governmental personnel supporting relief efforts	Conduct or participate in a drill or exercise based on existing plans and procedures on prophylactic protection and/or immunizations to all responders, including non-governmental personnel supporting relief efforts. Write an AAR and implement a corrective action plan.	
3) Decrease the time needed to release information to the public regarding dispensing of medical countermeasures via the jurisdiction's JIC (if JIC activation is needed)	Conduct or participate in a drill or exercise based on existing public information plans and procedures. Write an AAR and implement a corrective action plan.	
Performance Measure		
Adequacy of local plans to receive and dispense medical countermeasures as demonstrated through assessment by SNS/Cities Readiness Initiative (CRI) Target: Agency has a passing rating on 100% of all elements and functions based on its most recent SNS/CRI assessment	Participate in all SNS and/or CRI assessments and implement strategies to address identified deficiencies.	

6F: Medical Surge

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1) Improve tracking of cases, exposures, adverse events, and patient disposition	Develop a procedure for tracking cases, exposures or adverse events. Report on the status of the procedure(s) and any training or drills related to testing the procedure.	
STATE ACTIVITY *a) Have or have access to information systems that provides these capabilities compliant with PHIN Preparedness Functional Area Outbreak Management*		
2) Decrease the time needed to execute medical and public health mutual aid agreements	Coordinate with HRSA entities and hospitals and clinics to negotiate necessary agreements with healthcare providers.	
3) Improve coordination of public health and medical services: a) Ensure epidemiology response capacity consistent with hospital preparedness guidelines for surge capacity, b) Participate in the development of plans, procedures, and protocols to identify and manage local, tribal, and regional public health and hospital surge capacity	Develop plans, procedures, and protocols to identify and manage local, tribal, and regional public health and hospital surge capacity. Participate in surge capacity drills and exercises. Write an AAR and implement a corrective action plan.	
4) Increase the proficiency of volunteers and staff performing collateral duties in performing epidemiology investigation and mass prophylaxis support tasks	Include training for volunteers in the LHD training plan. Provide a list of the drills and exercises that will include volunteers.	
5) Increase the number of physicians and other providers with experience and/or skills in the diagnosis and treatment of infectious, chemical, or radiological diseases or conditions possibly resulting from a terrorism-associated event who may serve as consultants during a public health emergency	Describe the activities the LHD will take to increase the number of clinicians to serve as consultants.	

6G: Mass Care

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1) Develop plans, policies, and procedures for the provision of mass care services to general populations and companion animals in coordination with all responsible agencies	*CDHS acknowledges that the county responsibility may not lie with the LHD.* Describe what county agency has responsibility and whether they have plans and procedures developed for ensuring appropriate care at shelters.	
2) Develop processes and criteria for conducting an assessment (cultural, dietary, medical) of the general population registering at the shelter to determine suitability for the shelter, identify issues to be addressed within the shelter, and transference of individuals and caregivers/family members, to medical needs shelters if appropriate	For local LHD specific responsibilities describe any plans and procedures developed for ensuring appropriate care at shelters.	
3) Develop plans, policies, and procedures to coordinate delivery of mass care services to medical shelters	For local LHD specific responsibilities describe any plans and procedures developed for ensuring appropriate care at shelters.	

6H: Citizen Evacuation and Shelter-In-Place

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1) Develop plans and procedures to identify in advance populations requiring assistance during evacuation/shelter-in-place	Describe county's plans and procedures for identifying in advance populations requiring assistance during evacuation/shelter in place.	
2) Develop plans and procedures for coordinating with other agencies to meet basic needs during evacuation	Describe how LHD coordinates with other agencies to meet basic needs during evacuation.	
3) Develop plans and procedures to get resources to those who have sheltered in place (long term—3 days or more)	Develop plans and procedures to provide resources to those who have sheltered in place (long term—3 days or more)	

Goal 7: Recover
Decrease the time needed to restore health services and environmental safety to pre-even levels

7A: Environmental Health

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1) Conduct post-event planning and operations to restore general public health services	Identify steps that will be taken to plan for restoring public health services. Include this information in the LHD continuity of government plans.	
2) Decrease the time needed to issue interim guidance on risk and protective actions by monitoring air, water, food and soil quality, vector control, and environmental contamination, in conjunction with response partners	Conduct a drill or exercise, or capture data during an actual event, on issuance of interim guidance on risk and protective actions by monitoring air, water, food and soil quality, vector control, and environmental contamination, in conjunction with response partners. Write an AAR and implement a corrective action plan.	
Performance Measure		
Time to issue guidance to the public after an event Target: Mean = 6 hours from the time a decision is made to provide recovery-related information to the public	Conduct a drill or exercise, or capture data during an actual event, on issuance of interim guidance on risk and protective actions by monitoring air, water, food and soil quality, vector control, and environmental contamination, in conjunction with response partners. Determine the amount of time to issue guidance to the public. Write an AAR and implement a corrective action plan.	

Goal 8: Recover
Increase the long-term follow-up provided to those affected by threats to the public's health

8A: Economic and Community Recovery

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1) Develop and coordinate plans for long-term tracking of those affected by the event	Develop a procedure for long-term tracking of those affected by the event.	
2) Improve systems to support long-term tracking of cases, exposures, and adverse event reports	Conduct or participate in a drill or exercise of long term tracking capability. Write an AAR and implement a corrective action plan.	
3) Increase the availability of information resource and messages to foster community's return to self-sufficiency	Include providing continuing information to the recovering community in the Risk Communication plan.	

Goal 9: Improve

Decrease the time needed to implement recommendations from after-action reports following threats to the public's health

9A: Planning

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1) Exercise plans to test horizontal and vertical integration with response partners at the federal, state, tribal, and local level	Develop and submit a drill and exercise schedule that includes but is not limited to the drills and exercises listed in this Work Plan.	
2) Decrease the time needed to identify deficiencies in personnel, training, equipment, and organizational structure, for areas requiring corrective action	Complete the AARs and corrective action plans identified throughout this Work Plan.	
3) Decrease the time needed to implement corrective action plans	Reduce the amount of time needed to implement corrective actions.	
4) Decrease the time needed to re-test areas requiring corrective action	Decrease the amount of time needed to re-test areas requiring corrective actions.	
Performance Measures		
1) Time to complete an After-Action Report (AAR) with corrective action plan(s) Target: Mean = 90 days from conclusion of an exercise or real event	Write a procedure for development of AARs and corrective action plans. Implement the procedure.	

Required Critical Tasks	LHD Approach to Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
2) Time to re-evaluate area(s) requiring corrective action Target: Mean = 180 days after AAR is completed	Write a procedure for development of AARs and corrective action plans. Implement the procedure,	

LHD: **ANNEX 1-C** Date Submitted: ___

CDC BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Summary)

BASE Only	Budget Category	Base Funding Source	Total
Financial Assistance			
	Personnel	$0.00	$0.00
	Fringe	$0.00	$0.00
	Travel	$0.00	$0.00
	Equipment	$0.00	$0.00
	Supplies	$0.00	$0.00
	Contractual	$0.00	$0.00
	Other	$0.00	$0.00
	Total Direct FA	*$0.00*	*$0.00*
	Indirect	$0.00	$0.00
Total Financial Assistance		**$0.00**	**$0.00**
LABS Only			
Financial Assistance			
	Personnel	$0.00	$0.00
	Fringe	$0.00	$0.00
	Travel	$0.00	$0.00
	Equipment	$0.00	$0.00
	Supplies	$0.00	$0.00
	Contractual	$0.00	$0.00
	Other	$0.00	$0.00
	Total Direct FA	*$0.00*	*$0.00*
	Indirect	$0.00	$0.00
Total Financial Assistance		**$0.00**	**$0.00**
CRI Only			
Financial Assistance			
	Personnel	$0.00	$0.00
	Fringe	$0.00	$0.00
	Travel	$0.00	$0.00
	Equipment	$0.00	$0.00
	Supplies	$0.00	$0.00
	Contractual	$0.00	$0.00
	Other	$0.00	$0.00
	Total Direct FA	*$0.00*	*$0.00*
	Indirect	$0.00	$0.00
Total Financial Assistance		**$0.00**	**$0.00**
Grand Total		**$0.00**	**$0.00**

LHD: _____

Date Submitted: _____

CDC BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Personnel)

Position/ Title	Name	Annual Salary	%FTE	Months	Fringe %	$ Fringe	Total Fringe	$ Request	Budget Justification
									PROVIDE JUSTIFICATION LANGUAGE
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
						Total	**$0.00**	**$0.00**	
LABS (LHDs with labs, please fill out this portion)									
								$0.00	See duty statements attached
								$0.00	
								$0.00	
								$0.00	
								$0.00	
						Total	**$0.00**	**$0.00**	
CRI (LHDs applying for CRI funds, please fill out this portion)									
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
						Total	**$0.00**	**$0.00**	

LHD: _____

Date Submitted: _____

CDC BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Personnel)

	GOALS: FILL IN % AS APPROPRIATE															
Detail	Prevent			Detect/Report		Investigate	Control						Recover		Improve	Total
	All Hazards Planning	Information Collection and threat Recognition	Hazard and Vulnerability Analysis	Laboratory Testing	Health Intelligence Integration and Analysis	Public health Epidemiological Investigation	Emergency Response Communications	Emergency Public Information	Worker Health Safety	Isolation and Quarantine	Mass Prophylaxis and Vaccination	Medical and Public Health Surge	Economic and Community Recovery	Recover	Improve	Must equal 100%
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
				100.00%												100.00%
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error

LHD: _____

Date Submitted: _____

CDC BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Travel)

Location	Travel	Trips	People	Days	Nights	Miles	$ Airfare	$Lodging	$ Per Day	$ Other	$ Total	Budget Justification
	(Either **'Out of State'** *or* **'In State'***)*											***PROVIDE JUSTIFICATION LANGUAGE***
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
										Total	**$0.00**	
LABS (LHDs with labs, please fill out this portion-Please see Special Instructions for Laboratories")												
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
										Total	**$0.00**	
CRI (LHDs applying for CRI funds, please fill out this portion)												
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
										Total	**$0.00**	

LHD: _____

Date Submitted: _____

CDC BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Travel)

	GOALS: FILL IN % AS APPROPRIATE															
Detail	***Prevent***			***Detect/Report***		***Investigate***	***Control***						***Recover***		***Improve***	***Total***
	All Hazards Planning	Information Collection and threat Recognition	Hazard and Vulnerability Analysis	Laboratory Testing	Health Intelligence Integration and Analysis	Public health Epidemiological Investigation	Emergency Response Communications	Emergency Public Information	Worker Health Safety	Isolation and Quarantine	Mass Prophylaxis and Vaccination	Medical and Public Health Surge	Economic and Community Recovery	Recover	Improve	Must equal 100%
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error

LHD: _____

Date Submitted: _____

CDC BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Equipment)

Item Description	Quantity	Unit Cost	$ Request	Budget Justification
				PROVIDE JUSTIFICATION LANGUAGE
			$0.00	
		Totals:	**$0.00**	
LABS (LHDs with labs, please fill out this portion)				
			$0.00	
		Totals:	**$0.00**	
CRI (LHDs applying for CRI funds, please fill out this portion)				
			$0.00	
		Totals:	**$0.00**	

LHD: _____

Date Submitted: _____

CDC BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Equipment)

	GOALS: FILL IN % AS APPROPRIATE															
Detail	Prevent			Detect/Report		Investigate	Control						Recover		Improve	Total
	All Hazards Planning	Information Collection and threat Recognition	Hazard and Vulnerability Analysis	Laboratory Testing	Health Intelligence Integration and Analysis	Public health Epidemiological Investigation	Emergency Response Communications	Emergency Public Information	Worker Health Safety	Isolation and Quarantine	Mass Prophylaxis and Vaccination	Medical and Public Health Surge	Economic and Community Recovery	Recover	Improve	Must equal 100%
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error

LHD: _____

Date Submitted: _____

CDC BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Supplies)

Item Description	Quantity	Unit Cost	$ Request	Budget Justification
				PROVIDE JUSTIFICATION LANGUAGE
			$0.00	
			0.00	
		Totals:	**$0.00**	
LABS (LHDs with labs, please fill out this portion-Please see Special Instructions for Laboratories")				
		Totals:	**$0.00**	
CRI (LHDs applying for CRI funds, please fill out this portion)				
		Totals:	**$0.00**	

LHD: _____

Date Submitted: _____

CDC BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Supplies)

	GOALS: FILL IN % AS APPROPRIATE															
Detail	***Prevent***			***Detect/Report***		***Investigate***	***Control***						***Recover***		***Improve***	***Total***
	All Hazards Planning	Information Collection and threat Recognition	Hazard and Vulnerability Analysis	Laboratory Testing	Health Intelligence Integration and Analysis	Public health Epidemiological Investigation	Emergency Response Communications	Emergency Public Information	Worker Health Safety	Isolation and Quarantine	Mass Prophylaxis and Vaccination	Medical and Public Health Surge	Economic and Community Recovery	Recover	Improve	Must equal 100%
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error

LHD: _____

Date Submitted: _____

CDC BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Contractual)

Contractor	Selection	Type	Starts on	Ends on	Accountability	$ Request	Budget Justification
	Either **'Bid"** or **'Sole Source"**	Either **'Local Health'** or **'Commercial'** or '**Other Public Entity**'			Either '**Quarterly Report**' or '**Semi Annual Report**' or '**Annual Report**' or **'Site Visit**'		***PROVIDE JUSTIFICATION LANGUAGE***
					Total	**$0.00**	
LABS (LHDs with labs, please fill out this portion)							
					Total	**$0.00**	
CRI (LHDs applying for CRI funds, please fill out this portion)							
					Total	**$0.00**	

LHD: _____

CDC BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Contractual)

Date Submitted: _____

	GOALS: FILL IN % AS APPROPRIATE															
Detail	Prevent			Detect/Report		Investigate	Control						Recover		Improve	Total
	All Hazards Planning	Information Collection and threat Recognition	Hazard and Vulnerability Analysis	Laboratory Testing	Health Intelligence Integration and Analysis	Public health Epidemiological Investigation	Emergency Response Communications	Emergency Public Information	Worker Health Safety	Isolation and Quarantine	Mass Prophylaxis and Vaccination	Medical and Public Health Surge	Economic and Community Recovery	Recover	Improve	Must equal 100%
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error

LHD: _____

Date Submitted: _____

CDC BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Other)

Item Description	$ Request	Budget Justification
		PROVIDE JUSTIFICATION LANGUAGE
Totals:	**$0.00**	
LABS (LHDs with labs, please fill out this portion)		
Totals:	**$0.00**	
CRI (LHDs applying for CRI funds, please fill out this portion)		
Totals:	**$0.00**	

LHD: _____

CDC BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Other)

Date Submitted: _____

	GOALS: FILL IN % AS APPROPRIATE															
Detail	Prevent			Detect/Report		Investigate	Control						Recover		Improve	Total
	All Hazards Planning	Information Collection and threat Recognition	Hazard and Vulnerability Analysis	Laboratory Testing	Health Intelligence Integration and Analysis	Public health Epidemiological Investigation	Emergency Response Communications	Emergency Public Information	Worker Health Safety	Isolation and Quarantine	Mass Prophylaxis and Vaccination	Medical and Public Health Surge	Economic and Community Recovery	Recover	Improve	Must equal 100%
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error

LHD: _____

Date Submitted: _____

CDC BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Indirect)

Item Text	$ Request	Budget Justification
		PROVIDE JUSTIFICATION LANGUAGE
Totals:	$0.00	
LABS (LHDs with labs, please fill out this portion)		
Totals:	$0.00	
CRI (LHDs applying for CRI funds, please fill out this portion)		
Totals:	$0.00	

LHD: _____

Date Submitted: _____

CDC BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Indirect)

	GOALS: FILL IN % AS APPROPRIATE															
Detail	***Prevent***			***Detect/Report***		***Investigate***	***Control***						***Recover***		***Improve***	***Total***
	All Hazards Planning	Information Collection and threat Recognition	Hazard and Vulnerability Analysis	Laboratory Testing	Health Intelligence Integration and Analysis	Public health Epidemiological Investigation	Emergency Response Communications	Emergency Public Information	Worker Health Safety	Isolation and Quarantine	Mass Prophylaxis and Vaccination	Medical and Public Health Surge	Economic and Community Recovery	Recover	Improve	Must equal 100%
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error

Chapter 2 – CDC CITIES READINESS INITIATIVE (CRI)

Section I-Introduction

LHDs eligible for CRI funds have already submitted all required work plans and budgets. A CRI chapter is included in this comprehensive agreement package because the Comprehensive Agreement signed by LHDs that receive CRI funds will also provide the authority to issue the CRI funds.

California has 17 CRI entities in grant year 2006/2007: San Francisco, San Diego, Alameda, Contra Costa, San Mateo, Marin, Orange, San Benito, Santa Clara, Riverside, San Bernardino, Sacramento, Placer, Yolo, El Dorado, Fresno, and Los Angeles.

Section II-Instructions For Completing The Work Plan Narrative

As previously indicated, work plans have been submitted from each of the CRI-designated entities. CDHS is not requesting a re-submission of the work plan to accompany the final Comprehensive Agreement package unless the LHD requests revision of the previously submitted and approved work plan.

Requirements:

Each CRI entity will be assessed by CDC. CDC has released a new assessment tool (posted to the SNS folder in CAHAN) that will be used during the assessment process. Each CRI entity is encouraged to review the assessment tool.

Each CRI entity is required to develop plans to include the US Postal Service as part of the mass dispensing goal for meeting the 48 hour dispensing requirement. This applies to all CRI entities except Fresno. The US Postal Service has identified representatives for California CRI entities to contact. Fresno is excluded from contacting the US Postal Service, but may still plan for using this modality if it becomes available.

For 2006/07, all LHDs are required to develop a CRI Postal plan by the dates stated below.

CRI Counties	Dec 31, 2006 CRI Postal Plan due	Aug 30, 2007 CRI Postal Plan Due
San Francisco	X	
San Diego	X	
Alameda		X
Marin		X
Contra Costa		X
Orange		X
San Mateo		X

CRI Counties	Dec 31, 2006 CRI Postal Plan due	Aug 30, 2007 CRI Postal Plan Due
San Bernardino		X
Riverside		X
San Benito		X
Santa Clara		X
Sacramento		X
Yolo		X
El Dorado		X
Placer		X
Fresno	Exempt	Exempt

Opting out of using the US Postal Service is only allowed with an approved waiver from federal Department of Health and Human Services that assures the entities' capability to provide prophylaxis within 48 hours of a decision to do so. If LHDs wish to request exemption, a letter must be submitted to CDHS by November 15, 2006, which CDHS will transmit to the Secretary of Health and Human Services by November 30, 2006.

Priorities for Fiscal Year 2006/2007

CRI entities should continue to coordinate planning and program implementation activities to ensure that state and local health departments, hospitals or other health care entities, and state and local public safety and emergency management agencies are able to mount a collective response for a seamless interaction in order to meet CRI goals. These include:

- Develop strategies to accomplish the CRI goal to begin mass prophylaxis to the entire population within 48 hours
- Develop and exercise SNS/CRI plans

Section III-Budget

For LHDs participating in CRI, CDHS will incorporate the budget materials submitted as part of the CRI application into the Comprehensive Agreement. Any LHD that would like to make a revision to their CRI budget should fill out the CRI portion of the budget, which is below the base and lab portions of the budget template. For detailed information on the specific procedures associated with the budget template, please refer to Chapter 1, Section III-Budget.

ANNEX 2-A
CRI Work Plan Template

Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
Table I CRI Entities		
Summarize progress on SNS activities over the last year and include updates on the items below		
Summarize the current status of plans for antibiotic distribution within the designated operational area – indicating the number of Points of Dispensing (PODs) that CRI entity is able to establish, the number of personnel (paid staff and volunteers) that are likely to be available for this purpose, and the estimated number of individuals to whom the PODs can provide antibiotic prophylaxis over a 48-hour period		
Describe actions that will be taken in 2006-07 to ensure that antibiotics can be dispensed to the entire jurisdiction over a 48-hour period. Included in these actions are non traditional PODs including the postal plan or other local option developed to meet the 48-hour deadline		
Describe actions that will be taken in 2006-07 to ensure that jurisdictions will have coordinated mass prophylaxis activities and health communication messaging		
Table II CRI Entity		
Identify the lead staff who is the point of contact for CRI		
Summarize the current status of plans for antibiotic distribution within the designated CRI entity. Indicate the number of Points of Dispensing (PODs) that the CRI entity is able to establish, the number of personnel (paid staff		

Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
and volunteers) that are likely to be available for this purpose, and the estimated number of individuals to whom the PODs can provide antibiotic prophylaxis over a 48-hour period		

Chapter 3 – CDC LABORATORY REQUIREMENTS

Section I-Introduction

Specific laboratory funds are reserved for 13 Laboratory Response Network (LRN) Reference labs. These funds are intended to support the following functions:

- Two continuing laboratory positions, a senior and a journey level microbiologist, to act as the Bioterrorism Response lead and the Bioterrorism Training lead, respectively.
- Maintenance contracts for LRN required equipment including the RT-PCR, TRF, and Bioplex instruments purchased as a part of the LRN Bioterrorism program and no longer under warranty.
- Support of in-state travel only, including the required LRN methods training for staff performing LRN assays. Unspent travel dollars must be directed towards emergency response training.
- Support for the purchase of supplies including supplies to be reserved for emergency surge testing activities.

These reserved CDC funds are not available to support laboratory renovations, equipment purchases or maintenance or support of laboratory information systems. Funds from the LHD base allocation, however, may be directed toward these activities, with prior CDHS approval.

Sentinel laboratories are funded through the base CDC Public Health Emergency Preparedness grant allocations to LHDs. LHDs can additionally propose to direct funds to correct deficiencies in laboratory safety and security to meet minimum Select Agents Act requirements as identified by CDHS. Laboratories currently registered under the Select Agents Act do not qualify for re-directed support for remediation of deficiencies, since registration presumes that the requirements have been met.

The allocation spreadsheet shows approximately $1.2 million has not been allocated to individual LHDs but is reserved for the following purposes:

- Continued development and maintenance of the LRN. The emphasis in this grant year will be on training and emergency response plan and protocol development as well as participation in drills and exercises.

- $660,000 is available for "Public Health Microbiologist (PHM) Training Awards" for both Reference and Sentinel labs. This amount is earmarked for 22 individual training stipends of $30,000 each to be awarded primarily for support of PHM trainees and defrayment of limited costs for training supplies to LHDs with CDHS Laboratory Field Services (LFS)-approved PHM training programs. Awards will require individual applications for each trainee.

The trainee must be chosen from a pre-established list of persons whose credentials have been reviewed by LFS and approved for PHM training as documented by a letter of approval sent to the candidate by LFS. A copy of the candidate's LFS approval letter must be included with the application. The LHD must also provide a training plan with a start date no later than Feb 15, 2007 and completion date no later than August 30, 2007. These stipends will be awarded competitively, on a first-come, first served basis. For assistance contact Kathy Williams, CDHS Lab Field Services, (510) 620-3838, or e-mail KWillia8@dhs.ca.gov; or David Cottam, CDHS Viral and Rickettsial Disease Lab, (510)307-8585, or e-mail DCottam@dhs.ca.gov.

- Sentinel labs may apply for one of four grants of $15,500 to assist with PHM certification training. Awards will only go to Sentinel labs that have also submitted requests for at least one stipend to support a PHM trainee and have agreed to participate in a consortium of laboratories that will cooperate to provide training to two or more students. Funds may be used to hire temporary help to backfill or assist with training and purchase additional supplies to facilitate training activities. Applications will be competitive on a first-come-first-served basis.

- $500,000 is identified for "Laboratory Emergency Response Planning and Protocol Development and Testing." The funds will be directly administered by CDHS and used to support a consultant to continue development and improvement of a model emergency response plan and protocols for Reference and Sentinel labs. General oversight of this process and work scope development will be directed by a joint State-Local planning workgroup, with representatives from CDHS Labs, EPO, a LHD Reference laboratory representative, a LHD Sentinel lab representative, a representative from CDHS Laboratory Science and other members who bring needed expertise to the table.

LHDs with a laboratory that wish to apply for training dollars should use the yellow shaded area of the Budget spreadsheet to enter the proposed laboratory budget. Please follow the same guidelines for filling in the worksheets by category of expenditure. LHD Sentinel laboratory contact information and trainings conducted must be reported both to the Catchment LRN Reference lab and to the CDHS Microbial Diseases Lab (MDL) on the Excel spreadsheet provided by MDL for that purpose (Refer to CDC Guidance, Goal 3, Target Capability 3A, Section 1, Sub-section a). The approved spreadsheet, (Annex 3-A) is provided on the enclosed CD. Questions regarding the spreadsheet may be directed to djensen@dhs.ca.gov; additional copies of the file can also be obtained using this contact information. All Reference and Sentinel labs must update the spreadsheet at least twice yearly.

Additional Information for Laboratories:

- Sentinel labs are restricted to handling clinical specimens or microbial isolates from clinical sources, only.

- Clinical Sentinel laboratory training is available at www.btrain.learn.com. CEU credits are available. Trainees start at the first of each month and have 30 days to complete the training.
- Training for first responders and laboratory personnel on specimen collection, transport, personnel protection, etc. is available from Khansen3@dhs.ca.gov.
- Laboratory protocols must be up to date. Reference labs will find new protocols on the CDC LRN website. Sentinel labs will find protocols at www.asm.org/policy/
- All public health and clinical labs must meet Select Agents Act requirements for safe storage of critical agents (materials forwarded for confirmatory testing of possible select agents) regardless of registration under the Select Agents Act. All LHD public health labs are expected to contact their clinical partners to provide training and materials concerning safe storage of critical agents. Please contact Djensen@dhs.ca.gov for materials and information on this requirement.

- Sentinel labs are not required to register under the Select Agents Act, but are required to maintain sentinel level training and the applicable hazard-specific, safety, security, and reporting requirements of the Act. Reference labs are required to register under the Act. All California Public Health Reference and Sentinel labs registered under the Act are required to send a copy of their current registration certificate and USDA APHIS transport permit to CDHS annually to be kept by MDL. **Copies of the registration certificate and transport permit must be included with this application.**

Section II-Instructions For Completing The Work Plan Narrative

There is not a separate Work Plan Template for laboratories. LHDs with laboratories are to complete all relevant Critical Tasks and performance measures related to laboratories in the CDC Emergency Preparedness Work Plan Template provided in Chapter 1-CDC Public Health Emergency Preparedness.

Section III-Budget

The LHD allocations for laboratories are shown in Chapter 1, Annex 1-A-CDC Public Health Allocation Table. Instructions for completing the Budget Templates (provided on the enclosed CD) are provided in Chapter 1, Section III-Budget.

Annex 3-A
Lab Contact Spreadsheet

LHD / Catchment County	Calif Registration Number	CLIA Provider #	Laboratory Name	Laboratory Webite (if available)	Contact Person	Position/Title
Del Norte County		05D0000000	X County Public Health Laboatory	http://www.oompaloompa.ca.gov/	John Q. Public	Laboratory Director

Annex 3-A
Lab Contact Spreadsheet

E-mail Address	Street Address	City	Zip	Mailing Address (if different)	Phone	Fax	Pager	Cell Phone	24Hour Number	Home Phone
John.Public@co.oompaloompa.ca.us	1234 Your Street	Eureka	95501		(707) 898-0000	(707) 898-0001	(707) 898-0002	(707) 898-0002	(707) 898-0002	(707) 898-0002

LHD / Catchment County	LRN Reference Lab (Level B/C)	Other Reference Labs used	Select Agent Register		Select Agent Registration Number
			Yes	No	
Del Norte County			X		C-20041000-0000
='Contact Info'!A4					
='Contact Info'!A5					
='Contact Info'!A6					
='Contact Info'!A7					
='Contact Info'!A8					
='Contact Info'!A9					
='Contact Info'!A10					
='Contact Info'!A11					
='Contact Info'!A12					
='Contact Info'!A13					
='Contact Info'!A14					
='Contact Info'!A15					
='Contact Info'!A16					
='Contact Info'!A17					
='Contact Info'!A18					
='Contact Info'!A19					
='Contact Info'!A20					

Select Agent Registration Expiration Date	USDA APHIS Permit #	USDA APHIS Permit Expiration Date	Biosafety Level	LRN Role	CAHAN account?		HAN account?		CAPs LPS Survey	
					Yes	No	Yes	No	Yes	No
12/15/2006		3/4/2006								

Chapter 4 – PANDEMIC INFLUENZA PREPAREDNESS

Section I-Introduction

This Chapter provides guidance, instructions and materials necessary for completion of the LHD application for continuing funds to support public health pandemic influenza emergency preparedness. In 2006/07 CDHS will allocate to LHDs, following receipt of a complete application, $16.5 million dollars from the following sources: $4.5 million dollars in federal Pandemic Influenza Phase I funds, and $11.5 million dollars in state GF dollars provided by the California Budget Act of 2006/07 for pandemic preparedness.

In FY 2005/06 California LHDs received an allocation of $4.5 million dollars from GF appropriated pandemic emergency preparedness funds. LHDs are obligated to complete the work supported by the GF appropriated funds, in addition to all work activities, Critical Tasks, and Performance Measures that LHDs support in this agreement.

All 61 California LHDs will receive a proportionate share of the $11.5 million dollar GF appropriated pandemic emergency preparedness funds. Los Angeles, Long Beach, and Pasadena receive direct funding from the CDC; therefore, these three LHDs will not receive CDC Pandemic Influenza Emergency Preparedness funds from CDHS. The 58 remaining LHDs will receive supplemental CDC funds for their Pandemic Influenza planning efforts in addition to the GF allocation.

Section II-Instructions For Completing The Work Plan Narrative

Priorities:
Pandemic Influenza specific priority Target Capabilities have been established by CDC in 2006/07: Pandemic Planning, Mass Prophylaxis, Isolation and Quarantine, Medical Surge and Planning for Alternate Care Sites, and Communication. LHDs should direct their efforts to the Critical Tasks associated with these Target Capabilities. However, a LHD can direct their work efforts to other tasks after prioritizing local preparedness levels.

Completing the Application Narrative:
For each Required Critical Task and Performance Measure on the Work Plan Template, space is available in the center column, *Approach to Completing Critical Tasks*, for the LHD to describe how it will accomplish the activity (or gather data on the Performance Measure). Specific guidance on how the activity should be achieved is provided in that same column.

Please include in the narrative a statement of the LHD's current ability to perform the specific Critical Task, the steps that will be taken in the 2006/07 grant year to complete the Task, and any products, such as procedures or call down lists that will result from completing the Task. Please indicate the date each Critical Task will be completed.

It is not expected that all Critical Tasks will be completed in the 2006/07 grant year. For Critical Tasks that will be completed in later grant years, please indicate the specific steps

that will be accomplished in the 2006/07 grant year, and a projected completion date in the future grant years.

For Critical Tasks that have already been completed in prior grant years, please indicate when the Task was completed, and the products, such as procedures, that resulted from completing the Task.

Section III-Budget

LHD allocations for pandemic influenza emergency preparedness are identified In Annex 4-A, Local Health Department Allocations. Included are both the $4.5 million in CDC pandemic influenza funds, as well as the $11.5 million dollars in GF appropriated pandemic emergency preparedness funds. There is also an allocation for an additional $2.66 million dollars from GF appropriated pandemic emergency preparedness funds for the months of July and August, 2007. The $11.5 million coupled with the $2.66 million GF dollars provide for funding for the state fiscal year, July 1, 2006 through June 30, 2007 and further extends the GF dollars to the allow for activities through the end of the CDC grant cycle, August 31, 2007, thereby eliminating the need for an agreement amendment in June to add the additional GF dollars.

The Budget template requires separate tracking of CDC and GF Pandemic Influenza dollars. CDHS is aware that the 58 LHDs receiving both allocations from CDHS will be using a combination of these funds to support Pandemic Influenza related activities. For reimbursement of GF expenses, submission of separate invoices to CDHS which reflect actual expenditures are required.

Stipulations for use of these funds are as follow: Pandemic Influenza funds may not be used for the purchase of vehicles or construction. Vaccines may only be purchased in conjunction with facilitation of drills and exercises.

Directions for completing the Budget template, found on the enclosed CD, are the same as the directions provided for the CDC Public Health Emergency Preparedness budget in Chapter 1.

Annex 4-A
LOCAL HEALTH DEPARTMENT PANDEMIC INFLUENZA ALLOCATIONS

PROJECT PERIOD 2006-2007

Period: July 1, 2006 through August 30, 2007

	No Base	$125,000 Base	$20,833 Base (2/12 of $125,000)	
LHD	**Federal Fund Pan Flu 2006/07 $4,506,245**	**7/1/06 - 6/30/07 General Fund Pan Flu 2006/07 $11,494,000**	**7/1/07 - 8/30/07 General Fund Pan Flu 2007/08 $2,666,667**	**TOTAL 2006/07**
ALAMEDA	$235,118	$271,229	$73,589	$579,937
ALPINE	$208	$125,129	$20,880	$146,216
AMADOR	$6,382	$128,969	$22,265	$157,616
BERKELEY	$17,637	$135,969	$24,790	$178,396
BUTTE	$36,351	$147,608	$28,989	$212,948
CALAVERAS	$7,650	$129,758	$22,550	$159,957
COLUSA	$3,600	$127,239	$21,641	$152,480
CONTRA COSTA	$172,270	$232,141	$59,487	$463,899
DEL NORTE	$4,886	$128,039	$21,929	$154,854
EL DORADO	$29,488	$143,340	$27,450	$200,278
FRESNO	$150,537	$218,625	$54,611	$423,773
GLENN	$4,795	$127,982	$21,909	$154,686
HUMBOLDT	$22,179	$138,794	$25,810	$186,782
IMPERIAL	$27,879	$142,339	$27,088	$197,306
INYO	$3,099	$126,927	$21,528	$151,554
KERN	$130,514	$206,172	$50,118	$386,804
KINGS	$24,723	$140,376	$26,380	$191,480
LAKE	$10,728	$131,672	$23,240	$165,641
LASSEN	$5,933	$128,690	$22,164	$156,787
LONG BEACH	N/A	$176,018	$39,239	$215,258
LOS ANGELES	N/A	$1,125,168	$381,673	$1,506,841
MADERA	$24,165	$140,029	$26,255	$190,450
MARIN	$42,398	$151,369	$30,346	$224,113
MARIPOSA	$3,049	$126,896	$21,517	$151,462
MENDOCINO	$15,136	$134,414	$24,229	$173,779
MERCED	$41,295	$150,683	$30,099	$222,076

MODOC	$1,646	$126,024	$21,202	$148,872
MONO	$2,276	$126,415	$21,344	$150,034
MONTEREY	$71,099	$169,219	$36,786	$277,104
NAPA	$22,500	$138,993	$25,882	$187,375
NEVADA	$16,746	$135,415	$24,591	$176,752
ORANGE	$514,167	$444,780	$136,203	$1,095,150
PASADENA	N/A	$140,211	$26,321	$166,531
PLACER	$52,969	$157,943	$32,718	$243,630
PLUMAS	$3,589	$127,232	$21,638	$152,459
RIVERSIDE	$326,897	$328,310	$94,183	$749,390
SACRAMENTO	$231,887	$269,219	$72,864	$573,970
SAN BENITO	$9,644	$130,998	$22,997	$163,639
SAN BERNARDINO	$333,340	$332,317	$95,629	$761,286
SAN DIEGO	$513,244	$444,206	$135,996	$1,093,446
SAN FRANCISCO	$133,662	$208,130	$50,824	$392,616
SAN JOAQUIN	$111,837	$194,555	$45,927	$352,319
SAN LUIS OBISPO	$44,055	$152,399	$30,718	$227,172
SAN MATEO	$121,182	$200,367	$48,024	$369,573
SANTA BARBARA	$70,561	$168,884	$36,666	$276,110
SANTA CLARA	$296,762	$309,567	$87,421	$693,750
SANTA CRUZ	$43,905	$152,306	$30,685	$226,897
SHASTA	$30,372	$143,889	$27,648	$201,909
SIERRA	$586	$125,364	$20,964	$146,915
SISKIYOU	$7,723	$129,803	$22,566	$160,092
SOLANO	$70,765	$169,012	$36,711	$276,488
SONOMA	$80,318	$174,953	$38,855	$294,126
STANISLAUS	$86,082	$178,538	$40,148	$304,768
SUTTER	$15,305	$134,518	$24,267	$174,090
TEHAMA	$10,298	$131,405	$23,144	$164,846
TRINITY	$2,347	$126,460	$21,360	$150,166
TULARE	$70,392	$168,780	$36,628	$275,800
TUOLUMNE	$9,745	$131,061	$23,020	$163,826
VENTURA	$136,786	$210,072	$51,525	$398,384
YOLO	$31,855	$144,812	$27,981	$204,647
YUBA	$11,686	$132,268	$23,455	$167,409
TOTALS	**$4,506,245**	**$11,494,000**	**$2,666,667**	**$18,666,912**

Annex 4-B
Pandemic Influenza Emergency Preparedness 2006/07 Work Plan Template

Goal 1: PREVENT
Increase the use and development of clinical, non-pharmaceutical, and risk communications interventions known to minimize the spread of influenza.

Target Capability 1A: Planning

Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
Designate a Public Health Pandemic Influenza Coordinator to serve as LHD lead responsible for coordination of public health efforts associated with pandemic preparedness.	Identify LHD Public Health Pandemic Influenza Coordinator, provide updated contact information.	
1. Develop, exercise and improve operational plans for pandemic influenza at the state and local level. Plans must: a) be compliant with NIMS/SEMS and include Incident Command System (ICS) b) delineate accountability and responsibility for key local authorities and stakeholders engaged in planning and executing specific components of the operational plan (e.g., identification, isolation, quarantine, movement restriction, healthcare services, emergency care, mutual aid and school closure) c) link plan activities to WHO Pandemic Influenza Phases d) [*STATE ACTIVITY*] *Identify which plan activities will occur at state, local, or coordinated level* f) address integration of state, local, tribal, territorial, and regional plans across jurisdictional boundaries	Complete the LHD pandemic influenza emergency response plan following CDHS Pandemic Influenza Preparedness and Response Plan guidance for LHDs. The plan must address each of the issues identified in the left hand column. As relates to special populations, the LHD pandemic influenza plan must indicate the local entity responsible for managing the needs of special populations during a pandemic and any specific activities that will be performed by the LHD. Continue to support and facilitate a local Pandemic Influenza Coordinating Committee.	

Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
g) address the provision of psychosocial support services for the community, including parents and their families, and those affected by community containment procedures h) be sufficiently flexible to adapt to the magnitude and severity of the pandemic and to available resources i) identify how public health, hospitals and healthcare systems will establish systems for healthcare facility level infection control while allowing necessary personnel access to the facility j) Address the needs of vulnerable/special populations k) Identify and manage alternate care sites		
2. Formalize agreements that address communication, mutual aid, and other cross-jurisdictional needs with neighboring domestic and/or international jurisdictions sharing an international border with Mexico (e.g., city-state-tribal collaboration arrangements or city-state-province/state collaboration arrangements)	Complete agreements necessary to support the pandemic response.	
3. Assess and map local community; identify and build social networks; and develop community outreach information networks, pre-event, to a) define, locate and reach special, at-risk and vulnerable populations and b) maximize capacity to effectively disseminate public information during a pandemic	Provide guidance to the local emergency manager on the potential impact of a pandemic on special/vulnerable populations. Provide assistance to local emergency planners on development of messages and public information for special/vulnerable populations.	
4.Clarify and communicate to all stakeholders the process for requesting, coordinating, and approving requests for resources to state and federal agencies	Include requesting resources in a drill or exercise using the SEMS structure. Write an AAR and implement a corrective actions plan.	

Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
5. Ensure that legal authorities for executing the operational plan, especially those relevant to case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid, are transparent to all stakeholders	Include legal authorities for executing the operational plan, especially those relevant to case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid in the LHD pandemic influenza plan.	
6. Develop and document schemes to activate non-pharmacological interventions, including home isolation of patients and quarantine of household contacts, social distancing measures such as closure of schools and workplaces, reduced public transport, cancellation of mass gatherings and public education on hygiene measures such as hand and respiratory hygiene. The scheme should clearly outline how and when decisions are made to implement the interventions	Include in the pandemic influenza plan the approach to activate non-pharmacological interventions, including home isolation of patients and quarantine of household contacts, social distancing measures such as closure of schools and workplaces, reduced public transport, cancellation of mass gatherings and public education on hygiene measures such as hand and respiratory hygiene.	
7. Identify and communicate to all stakeholders the authority responsibility for declaring a public health emergency at the local and tribal levels and for officially activating the pandemic influenza response plan	Identify in the pandemic influenza plan the authority for declaring a public health emergency at the local levels. Include the authority for activating the plan. Determine from tribal entities who will be declaring a public health emergency for residents of tribal lands.	
8. Identify local and tribal law enforcement personnel who will maintain public order and help implement control measures	Identify in the plan the source of law enforcement personnel who will maintain public order and help implement control measures.	
9.STATE ACTIVITY Exercise operational plan in cooperation with animal health sectors (including but not limited to industry, and veterinary diagnostic laboratories), to prevent, detect and respond to reports of disease in animals as a early warning of threat to human health including: *a) education of and risk communication to the poultry owning public, poultry farmers and vendors, especially small operations*		

Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
b) a plan for surveillance in birds *c) disease reporting and data sharing* *d) triggers for action to contain disease within the animal sector* *e) triggers to perform heightened surveillance to detect human illness*		
10. Train to and exercise the operational elements of the jurisdictional plan including plan activation, incident command, integration with partner agencies; integration with and assistance to hospitals and healthcare systems particularly regarding surge capacity, assisting persons with special needs, coordination with schools	Conduct a drill or exercise to include plan activation, incident command, integration with partner agencies; integration with and assistance to hospitals and healthcare systems particularly regarding surge capacity, assisting persons with special needs, coordination with schools. Write an AAR and implement a corrective action plan.	
11. *STATE ACTIVITY Conduct at least one exercise per year jointly with federal Health and Human Services and Department of Homeland Security funded pandemic influenza responders through exercises, drills, tabletop exercises, etc.*		
12. Assign responsibilities and resources to complete, update and execute the plan. Assure that the plan includes timelines and Outcomes to be achieved as well as back-up systems for each part of the plan	Complete the pandemic influenza plan. Conduct the drills and exercises that are identified throughout this Work Plan.	
Performance Measures:		
1. Public health agency has primary and secondary staff identified for core functional roles delineated in the Incident Command System (ICS) for public health	Provide a list of the primary and secondary staff identified for core functional roles delineated in SEMS/NIMS.	
2. *STATE ACTIVITY. CDHS will develop a guidance for recommending school closures based on case counts and other information, as appropriate. Public health officials recommend school closure when pandemic influenza case counts reach pre-determined levels*		

Goal 3: DETECT AND REPORT
Decrease the time needed to detect and report an influenza outbreak with pandemic potential.

3A: Epidemiological Surveillance and Investigation
(Links to HHS State and Local Pandemic Influenza Planning Checklist, Surveillance)

Required Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1. *STATE ACTIVITY Recruit and maintain a group of healthcare providers that report influenza-like illness (ILI) regularly, year-round, to the influenza sentinel provider surveillance network*		
2. Develop the ability to rapidly provide healthcare providers, clinics, and hospitals with updated information on case definitions and sample collection requests and protocols	Provide plan for expanding the use of CAHAN to healthcare providers, clinics, and hospitals for alerting and notification, and information sharing on case definitions and sample collection requests and protocols.	
3. Establish a system for healthcare providers to contact public health authorities about suspect cases or outbreaks	Briefly indicate the approach used by the LHD.	
4. *STATE ACTIVITY Develop an electronic system for rapid reporting of deaths and contributing causes of death (i.e. pneumonia and influenza-related) occurring in the state*		
5. *STATE ACTIVITY Improve capacity for rapid identification of unusual influenza strains by working with federal partners to enhance laboratory-based monitoring of seasonal influenza subtypes*		
6. Ensure that tribal entities such as local Service Units, tribal health facilities and Area IHS review mechanism for influenza case reporting and identify local surveillance coordinators, thereby assuring linkage of local surveillance activities with federal, state and local systems	Coordinate with tribal entities in reporting influenza cases. Identify local Tribal surveillance coordinators.	

Required Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
7. Inventory and maintain tribal and Indian Health Services (HIS) supplies of influenza rapid diagnostic tests	Meet with American Indian clinics to determine their capacity to perform influenza rapid diagnostic tests.	
8. Coordinate protocols for influenza testing with tribal entities and establish means of transportation for respiratory specimens to State public health laboratories when necessary	Work with tribal entities on the transport of samples to public health laboratories when necessary.	
9. Develop protocols to enhance surveillance activities for early detection of influenza-like illness (ILI) among patients and health care workers at Tribal/IHS facilities	Coordinate with American Indian clinics in the development of procedures for enhancing surveillance activities for early detection of influenza-like illness (ILI) among patients and health care workers at Tribal/IHS facilities.	
Performance Measure:		
1. Time for state public health agency to notify local public health agency, or local to notify state, following receipt of a call about an event that may be of urgent public health consequence	Conduct a drill to determine the time for the LHD to notify CDHS, following receipt of a call about an event that may be of urgent public health consequence. Write an AAR and implement a corrective actions plan.	

Goal 4: DETECT AND REPORT

Improve the timeliness and accuracy of communications regarding the threat posed by an influenza outbreak with pandemic.

4A: Communications

(Links to HHS State and Local Pandemic Influenza Planning Checklist, Public Health Communications.)

Required Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1. Support exchange of essential information before and during an influenza pandemic. Coordinate procurement and placement of technology communication systems that, based on a gap analysis of requirements versus existing capabilities, are compliant with PHIN	Provide plan for expanding the use of CAHAN to healthcare providers, clinics, and hospitals for alerting and notification, and information sharing on case definitions and sample collection requests and protocols.	

Required Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
Preparedness Functional Area *Partner Communication and Alerting*		
2. STATE ACTIVITY Have or have access to interoperable information systems that support the initial identification and that provide situational awareness of possible pandemic influenza outbreak in compliance with PHIN Preparedness Functional Area Early Event Detection. *a) Receive, triage and send case or suspect case disease reports 24/7/365.* *b) Receive health related data from multiple data sources to monitor, quantify and localize aberrations to normal data patterns (e.g., veterinary systems, school absenteeism reports, hospital utilization data, nurse call lines, over-the-counter drug sales, poison control center reports)*		

Goal 5: INVESTIGATE
Decrease the time to understand modes of transmission, risk groups and risk factors, and appropriate interventions.

5A: Epidemiological Surveillance and Investigation
(Links to HHS State and Local Pandemic Influenza Planning Checklist, Surveillance)

Required Critical Tasks	County Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1**.** Conduct year-round surveillance for seasonal influenza (e.g. virologic, outpatient visits, hospitalization, and mortality) preferably through the use of electronic reporting	Describe how the LHD will achieve year round surveillance of seasonal influenza, integrated with CDHS surveillance.	

2. Assure capacity to implement enhanced surveillance once a pandemic is detected, to ensure recognition of the first cases of pandemic virus infection in time to initiate appropriate containment protocols	Describe how the LHD will increase the capacity to implement enhanced surveillance once a pandemic is detected, to ensure recognition of the first cases of pandemic virus infection in time to initiate appropriate containment protocols.	
3. *STATE ACTIVITY Link animal and human health surveillance systems and routinely share information*		
4. Develop systems to obtain and track numbers and rates of these Outcomes daily during an influenza pandemic on: a) the numbers of newly hospitalized persons with influenza or pneumonia b) the numbers of newly isolated and quarantined persons, and c) hospitals with pandemic influenza cases d) the number of pneumonia or influenza-associated deaths	Develop a procedure for coordinating with clinics and hospitals on obtaining and tracking: a) the numbers of newly hospitalized persons with influenza or pneumonia b) the numbers of newly isolated and quarantined persons, and c) hospitals with pandemic influenza cases d) the number of pneumonia or influenza-associated deaths.	
Performance Measure:		
Time for local to notify State, following receipt of a call about an event that may be of urgent public health consequence	Conduct an alerting and notification drill and determine the time to notify the state. Write an AAR and implement a corrective actions plan.	

Goal 6: CONTROL

Decrease the time needed to implement rapid outbreak response actions and provide other countermeasures, including personnel, risk communications, and health interventions and guidance to those at risk of pandemic influenza

6A: Medical Surge

(Link to HHS State and Local Pandemic Influenza Planning Checklist, Healthcare and Public Health Partners)

Required Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1. Before March 31, 2007, coordinate with the HRSA Bioterrorism coordinator to detail the gaps identified in the HRSA NBHPP program Pandemic Influenza Scenario and a plan for	• Develop procedures for coordination with hospitals and clinics in all aspects of pandemic response.	

Required Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
how funds from this Supplement would be used to augment funding provided by the HRSA NBHPP program. a) In concert with public health partners, ensure that healthcare entities (primary care, community health centers, rural health programs, and hospitals) are a key component in the exercising of state, local and tribal plans that address: i. maintenance of essential hospital support functions ii. severe shortages of health care workers iii. adequate personnel and staffing needs based on CDC's FluSurge software iv. use of the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) to obtain volunteer health care workers v. ensuring real-time situational awareness of patient visits, hospital bed and intensive care needs, medical supply needs and medical staffing needs. vi. the purchase and storage of beds, equipment, supplies, pharmaceuticals needed to treat influenza patients vii. mass fatalities and maximizing morgue capabilities b) Exercise communication systems, plans and procedures to ensure that hospitals, health care systems and public health inform the community about the operating status of hospitals and the triggers for sending a person to the hospital c) Exercise vaccination and prophylaxis plans to cover healthcare staff and patients d) Exercise triage and admission plans that	• Encourage registration of volunteers using ESAR VHP in preparation for use of the system during a pandemic. • Coordinate with the hospitals and clinics in the development of procedures for release of public information regarding operating status of hospitals and clinics, and triggers for sending a person to the hospital. • Coordinate with hospitals and clinics in maintenance of key hospital support functions. • Develop a procedure for gathering data on patient visits, hospital bed and intensive care needs, medcial supply needs, and staffing needs, and communicating those data/needs through SEMS to support requests for additional resources. • Coordinate with hospitals and clinics in management of mass fatalities. • Identify and plan for operation of Alternate Care Sites • Jointly, with hospitals and clinics, develop procedures for set up and operation of alternate care sites. • Work with hospitals and clinics in the joint exercising of vaccination and prophylaxis plans and procedures, and triage and admission plans. • Develop AARs and implement corrective action plans following participation in drills, exercises, and actual events.	

Required Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
would serve to minimize stress on the hospital system and maintain control of the situation e) Hospitals and health care systems in conjunction with public health partners identify the location, set-up, staffing and operation of alternate care sites during a pandemic. Focus for sites should be within metropolitan areas with plans that can support the sub-state region in which the metropolitan area is contained. States should make firm logistical arrangements for the selection, set-up (beds, medical supplies and equipment, personal protective equipment, pharmaceuticals, etc) staffing and operation (to include food, fuel and water) of alternate care facilities to meet the needs during the peak period of a pandemic wave (2-3 weeks). f) Identify how public health, hospitals and healthcare systems will establish systems for healthcare facility level infection control while allowing necessary personnel access to the facility		

6B: Isolation and Quarantine

(Link to HHS State and Local Pandemic Influenza planning Checklist, Infection Control and Clinical Guidelines, and Community Disease Control and Prevention)

Required Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1. Develop and exercise an operational plan for community mitigation of pandemic influenza using non-pharmacological,	Develop an operational plan for community mitigation of pandemic influenza using non-pharmacological, including home isolation of	

Required Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
including home isolation of patients and quarantine of household contacts, social distancing measures such as closure of schools and workplaces, reduced public transport, and cancellation of mass gatherings, and public education on hygiene measures such as hand and respiratory hygiene	patients and quarantine of household contacts, social distancing measures such as closure of schools and workplaces, reduced public transport, and cancellation of mass gatherings, and public education on hygiene measures such as hand and respiratory hygiene. Test the plan in a drill or exercise. Write an AAR and implement corrective action plans.	
2. Conduct multiple tabletop exercises regarding the decision processes associated with school closure and the use of other non-pharmacologic interventions	Develop procedures for making decisions associated with school closure and the use of other non-pharmacologic interventions. Conduct exercises to test the procedures. Write AARs and implement corrective actions plans.	
3. Develop and exercise a plan to communicate to healthcare providers about infection control guidelines and for communication about containment measures at the local and tribal level	Develop and exercise a plan to communicate to healthcare providers about infection control guidelines and for communication about containment measures at the local and tribal level.	
4. Exercise and improve the ability to implement infection control guidelines and public health measures at the local and tribal levels	Conduct exercises on the implementation of infection control guidelines. Write AARs and implement corrective action plans.	
5. Disseminate information from public health sources on: a) routine infection control (e.g., hand hygiene, cough/sneeze etiquette) b) pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) c) personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members)	Review LHD Risk Communication Plan to ensure it includes: a) routine infection control (e.g., hand hygiene, cough/sneeze etiquette) b) pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) c) personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members).	

Required Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
6. Develop and exercise an operational plan for isolation and quarantine that delineates the following: a) the criteria for isolation and quarantine b) the procedures and legal authorities for implementing and enforcing these containment measures, and c) the methods that will be used to support, service, and monitor those affected by these containment measures in healthcare facilities, other residential facilities, homes, community facilities, and other settings Write AARs and implement corrective action plans	Develop and exercise an operational plan for isolation and quarantine that delineates the following: a) the criteria for isolation and quarantine b) the procedures and legal authorities for implementing and enforcing these containment measures, and c) the methods that will be used to support, service, and monitor those affected by these containment measures in healthcare facilities, other residential facilities, homes, community facilities, and other settings. Write AARs and implement corrective actions plans.	
8. Inform citizens in advance what community mitigation measures may be used in the jurisdiction (e.g. tabletop exercises)	Develop public information messages to inform citizens in advance what community mitigation measures may be used in the jurisdiction. Include the public information in the Risk Communication plan.	
7. Develop and exercise an operational plan to implement various levels of movement restrictions within, to, and from the jurisdiction	Develop and exercise an operational plan to implement various levels of movement restrictions within, to, and from the jurisdiction. Write AARs and implement corrective action plans.	
9. Develop and exercise an operational plan for implementing social distancing measures in a jurisdiction that addresses school and workplace closures and cancellation of public gatherings	Develop and exercise an operational plan for implementing social distancing measures in a jurisdiction that addresses school and workplace closures and cancellation of public gatherings. Write AARs and implement corrective actions plans.	
10. Implementation in sub-populations where non-pharmacological interventions may pose particular challenges	Develop strategies to deal with sub-populations where the implementation of non-pharmacological interventions is likely to pose particular challenges.	

Required Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
11. Providing support and services to help counteract the secondary impact of such measures	Develop procedures for providing support and services to help counteract the secondary impact of such measures.	
12. monitoring compliance with non-pharmacological interventions including tracking persons in quarantine	Develop procedures for tracking compliance with non-pharmacological intervention orders.	
Performance Measures:		
1. The time to issue an isolation or quarantine order	Conduct a drill to determine the time necessary to issue isolation or quarantine order. Write an AAR and implement corrective actions plans.	
2. Time an individual is retained for medical evaluation while determining need for Isolation	Conduct a drill to determine the amount of time an individual is retained for medical evaluation while determining need for Isolation. Write an AAR and implement corrective action plans.	
3. Public health officials recommend school closure when pandemic influenza case counts reach pre-determined levels	Conduct a drill to determine amount of time for public health officials to recommend school closure when pandemic influenza case counts reach pre-determined levels. Write an AAR and implement corrective action plans.	

6C: Mass Prophylaxis

(Link to HHS State and Local Pandemic Influenza Planning Checklist, Vaccine Distribution and Use, and Antiviral Drug Distribution and Use)

Required Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1. Describe the receipt, distribution, storage, security, monitoring and administration of pandemic influenza vaccines including plans for limited vaccine availability and prioritization of population groups. Take into account	Review and adapt SNS plans for the receipt and storage of vaccine. Develop a procedure for mass vaccination.	

potential for administration of vaccines subject to Investigational New Drug (IND) or Emergency Use Authorization (EUA)		
2. Collaborate in mass prophylaxis planning and exercising with community-wide partners, bordering jurisdictions, IHS and tribal nations	Adapt SNS plans for the receipt and storage of vaccine. Conduct an exercise with community-wide partners, bordering jurisdictions, IHS and tribal nations. Write an AAR and implement corrective action plans.	
Performance Measures:		
1. Adequacy of local plans to receive and dispense medical countermeasures as demonstrated through assessment by the Strategic National Stockpile/Cities Readiness Initiative (CRI)	Conduct SNS drills/exercises on medical countermeasures. Write an AAR and implement corrective action plans.	
2. Percent of estimated patient throughput actually achieved for each shift during mass vaccination clinic	Conduct SNS drills/exercises to determine patient throughput capability. One exercise should be conducted outside regular business hours. Write an AAR and implement corrective action plans.	

6D: Emergency Public Information and Warning

(Links to HHS State and Local Pandemic Influenza Planning Checklist, Public Health Communications.)

Required Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1. Exercise communication plans with an emphasis on: a) coordination with response partners and tribal nations b) rapid provision of public health risk information and recommendations c) addressing stigmatization, rumors and misperceptions in real time d) surge capacity for public information, media operations and spokespersons e) procedures to secure resources to activate the public information and media operation	Exercise communication plans with an emphasis on: a) coordination with response partners and tribal nations b) rapid provision of public health risk information and recommendations c) addressing stigmatization, rumors and misperceptions in real time d) surge capacity for public information, media operations and spokespersons e) procedures to secure resources to activate the public information and media operation	

Required Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
during a public health emergency around the clock if needed for a minimum of 10 days	during a public health emergency around the clock if needed for a minimum of 10 days. Write an AAR and implement corrective actions plans.	
2. Prepare supporting materials for public health issues that are unique to an influenza pandemic such as issues of isolation, social distancing, and public health law	Prepare or obtain from CDHS or CDC supporting materials for public health issues that are unique to an influenza pandemic such as issues of isolation, social distancing, and public health law. Include the materials in the LHD Risk Communication Plan.	
3. Establish a contact list of additional spokespersons and persons outside the state health department who can be available as subject matter experts on pandemic health issues to respond as surge capacity to meet demands for speakers or interviewees from the media, civic organizations and others	Maintain a list of local subject matter experts.	
4. Identify additional and nontraditional vehicles of information dissemination to the public, partners and stakeholders	Identify additional and nontraditional vehicles of information dissemination to the public, partners and stakeholders. Include the information in the LHD Risk Communication Plan.	
Performance Measure:		
Time to issue critical health message to the public about an event that may be of urgent public health consequence	Conduct a timed drill or exercise to determine the time to issue critical health message to the public about an event that may be of urgent public health consequence. (Action taken during an actual event counts toward the requirement for this drill.) Write an AAR and implement corrective actions plans.	

6F: Community Preparedness and Participation

(Link HHS State and Local Pandemic Influenza Planning Checklist, Workforce Support: Psychosocial Considerations and Information Needs)

Required Critical Tasks	LHD Approach for Completing Critical Tasks (with Completion Dates)	CDHS/EPO Comments
1. Develop and exercise a continuity of operations plan for essential department services that includes: a) contingency planning for increasing public health workforce in response to absenteeism among health department staff and stakeholder groups that have key responsibilities under a community's response plan b) ensuring availability of psychosocial support services (including educational and training materials) for employees who participate in or provide support for the response to public health emergencies such as influenza pandemics	Develop and exercise a continuity of operations plan for essential LHD services that includes: a) contingency planning for increasing public health workforce in response to absenteeism among health department staff and stakeholder groups that have key responsibilities under a community's response plan b) ensuring availability of psychosocial support services (including educational and training materials) for employees who participate in or provide support for the response to public health emergencies such as influenza pandemics	

LHD: **ANNEX 4-C** Date Submitted: ___

PANDEMIC INFLUENZA BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Summary)

	Budget Category	Base Funding Source	Total
Pandemic Influenza (Federal Fund)			
Financial Assistance			
	Personnel	$0.00	$0.00
	Fringe	$0.00	$0.00
	Travel	$0.00	$0.00
	Equipment	$0.00	$0.00
	Supplies	$0.00	$0.00
	Contractual	$0.00	$0.00
	Other	$0.00	$0.00
	Total Direct FA	*$0.00*	*$0.00*
	Indirect	$0.00	$0.00
Total Financial Assistance		**$0.00**	**$0.00**
Pandemic Influenza (General Fund) State FY 06/07			
Financial Assistance			
	Personnel	$0.00	$0.00
	Fringe	$0.00	$0.00
	Travel	$0.00	$0.00
	Equipment	$0.00	$0.00
	Supplies	$0.00	$0.00
	Contractual	$0.00	$0.00
	Other	$0.00	$0.00
	Total Direct FA	*$0.00*	*$0.00*
	Indirect	$0.00	$0.00
Total Financial Assistance		**$0.00**	**$0.00**
Pandemic Influenza (General Fund) July and August 2007 (State FY 07/08)			
Financial Assistance			
	Personnel	$0.00	$0.00
	Fringe	$0.00	$0.00
	Travel	$0.00	$0.00
	Equipment	$0.00	$0.00
	Supplies	$0.00	$0.00
	Contractual	$0.00	$0.00
	Other	$0.00	$0.00
	Total Direct FA	*$0.00*	*$0.00*
	Indirect	$0.00	$0.00
Total Financial Assistance		**$0.00**	**$0.00**
Grand Total		**$0.00**	**$0.00**

LHD: _____

Date Submitted: _____

PANDEMIC INFLUENZA BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Personnel)

Position/ Title	Name	Annual Salary	%FTE	Months	Fringe %	$ Fringe	Total Fringe	$ Request	Budget Justification
									PROVIDE JUSTIFICATION LANGUAGE
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
						Total	**$0.00**	**$0.00**	
Pandemic Influenza (General Fund) State FY 06/07									
								$0.00	
								$0.00	
								$0.00	
								$0.00	
								$0.00	
						Total	**$0.00**	**$0.00**	
Pandemic Influenza (General Fund) July and August 2007 (State FY 07/08)									
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
							$0.00	$0.00	
						Total	**$0.00**	**$0.00**	

LHD: _____

PANDEMIC INFLUENZA BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Personnel)

Date Submitted: _____

	GOALS: FILL IN % AS APPROPRIATE															
Detail	Prevent			Detect/Report		Investigate	Control						Recover		Improve	Total
	All Hazards Planning	Information Collection and threat Recognition	Hazard and Vulnerability Analysis	Laboratory Testing	Health Intelligence Integration and Analysis	Public health Epidemiological Investigation	Emergency Response Communications	Emergency Public Information	Worker Health Safety	Isolation and Quarantine	Mass Prophylaxis and Vaccination	Medical and Public Health Surge	Economic and Community Recovery	Recover	Improve	Must equal 100%
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
				100.00%												100.00%
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error

LHD: _____

Date Submitted: _____

PANDEMIC INFLUENZA BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Travel)

Location	Travel	Trips	People	Days	Nights	Miles	$ Airfare	$Lodging	$ Per Day	$ Other	$ Total	Budget Justification
	(Either **'Out of State'** *or* **'In State'***)*											***PROVIDE JUSTIFICATION LANGUAGE***
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
										Total	**$0.00**	
Pandemic Influenza (General Fund) State FY 06/07												
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
										Total	**$0.00**	
Pandemic Influenza (General Fund) July and August 2007 (State FY 07/08)												
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
											$0.00	
										Total	**$0.00**	

LHD: _____

Date Submitted: _____

PANDEMIC INFLUENZA BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Travel)

	GOALS: FILL IN % AS APPROPRIATE															
Detail	Prevent			Detect/Report		Investigate	Control						Recover		Improve	Total
	All Hazards Planning	Information Collection and threat Recognition	Hazard and Vulnerability Analysis	Laboratory Testing	Health Intelligence Integration and Analysis	Public health Epidemiological Investigation	Emergency Response Communications	Emergency Public Information	Worker Health Safety	Isolation and Quarantine	Mass Prophylaxis and Vaccination	Medical and Public Health Surge	Economic and Community Recovery	Recover	Improve	Must equal 100%
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error

LHD: _____

Date Submitted: _____

PANDEMIC INFLUENZA BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Equipment)

Item Description	Quantity	Unit Cost	$ Request	Budget Justification
				PROVIDE JUSTIFICATION LANGUAGE
			$0.00	
		Totals:	**$0.00**	
Pandemic Influenza (General Fund) State FY 06/07				
			$0.00	
		Totals:	**$0.00**	
Pandemic Influenza (General Fund) July and August 2007 (State FY 07/08)				
			$0.00	
		Totals:	**$0.00**	

LHD: _____

PANDEMIC INFLUENZA BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Equipment)

Date Submitted: _____

	GOALS: FILL IN % AS APPROPRIATE															
Detail	***Prevent***			***Detect/Report***		***Investigate***	***Control***						***Recover***		***Improve***	***Total***
	All Hazards Planning	Information Collection and threat Recognition	Hazard and Vulnerability Analysis	Laboratory Testing	Health Intelligence Integration and Analysis	Public health Epidemiological Investigation	Emergency Response Communications	Emergency Public Information	Worker Health Safety	Isolation and Quarantine	Mass Prophylaxis and Vaccination	Medical and Public Health Surge	Economic and Community Recovery	Recover	Improve	Must equal 100%
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error

LHD: _____

Date Submitted: _____

PANDEMIC INFLUENZA BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Supplies)

Item Description	Quantity	Unit Cost	$ Request	Budget Justification
				PROVIDE JUSTIFICATION LANGUAGE
			$0.00	
			0.00	
		Totals:	**$0.00**	
Pandemic Influenza (General Fund) State FY 06/07				
		Totals:	**$0.00**	
Pandemic Influenza (General Fund) July and August 2007 (State FY 07/08)				
		Totals:	**$0.00**	

LHD: _____

Date Submitted: _____

PANDEMIC INFLUENZA BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Supplies)

	GOALS: FILL IN % AS APPROPRIATE															
Detail	***Prevent***			***Detect/Report***		***Investigate***	***Control***						***Recover***		***Improve***	***Total***
	All Hazards Planning	Information Collection and threat Recognition	Hazard and Vulnerability Analysis	Laboratory Testing	Health Intelligence Integration and Analysis	Public health Epidemiological Investigation	Emergency Response Communications	Emergency Public Information	Worker Health Safety	Isolation and Quarantine	Mass Prophylaxis and Vaccination	Medical and Public Health Surge	Economic and Community Recovery	Recover	Improve	Must equal 100%
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error

LHD: _____

Date Submitted: _____

PANDEMIC INFLUENZA BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Contractual)

Contractor	Selection	Type	Starts on	Ends on	Accountability	$ Request	Budget Justification
	Either **'Bid"** or **'Sole Source"**	Either **'Local Health'** or **'Commercial'** or **'Other Public Entity'**			Either **'Quarterly Report'** or **'Semi Annual Report'** or **'Annual Report'** or **'Site Visit'**		***PROVIDE JUSTIFICATION LANGUAGE***
					Total	**$0.00**	
Pandemic Influenza (General Fund) State FY 06/07							
					Total	**$0.00**	
Pandemic Influenza (General Fund) July and August 2007 (State FY 07/08)							
					Total	**$0.00**	

LHD: _____

PANDEMIC INFLUENZA BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Contractual)

Date Submitted: _____

	GOALS: FILL IN % AS APPROPRIATE															
Detail	***Prevent***			***Detect/Report***		***Investigate***	***Control***						***Recover***		***Improve***	***Total***
	All Hazards Planning	Information Collection and threat Recognition	Hazard and Vulnerability Analysis	Laboratory Testing	Health Intelligence Integration and Analysis	Public health Epidemiological Investigation	Emergency Response Communications	Emergency Public Information	Worker Health Safety	Isolation and Quarantine	Mass Prophylaxis and Vaccination	Medical and Public Health Surge	Economic and Community Recovery	Recover	Improve	Must equal 100%
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error

LHD: _____

Date Submitted: _____

PANDEMIC INFLUENZA BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Other)

Item Description	$ Request	Budget Justification
		PROVIDE JUSTIFICATION LANGUAGE
Totals:	**$0.00**	
Pandemic Influenza (General Fund) State FY 06/07		
Totals:	**$0.00**	
Pandemic Influenza (General Fund) July and August 2007 (State FY 07/08)		
Totals:	**$0.00**	

LHD: _____

PANDEMIC INFLUENZA BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Other)

Date Submitted: _____

	GOALS: FILL IN % AS APPROPRIATE															
Detail	***Prevent***			***Detect/Report***		***Investigate***	***Control***						***Recover***		***Improve***	***Total***
	All Hazards Planning	Information Collection and threat Recognition	Hazard and Vulnerability Analysis	Laboratory Testing	Health Intelligence Integration and Analysis	Public health Epidemiological Investigation	Emergency Response Communications	Emergency Public Information	Worker Health Safety	Isolation and Quarantine	Mass Prophylaxis and Vaccination	Medical and Public Health Surge	Economic and Community Recovery	Recover	Improve	Must equal 100%
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error

LHD: _____

Date Submitted: _____

PANDEMIC INFLUENZA BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Indirect)

Item Text	$ Request	Budget Justification
		PROVIDE JUSTIFICATION LANGUAGE
Totals:	**$0.00**	
Pandemic Influenza (General Fund) State FY 06/07		
Totals:	**$0.00**	
Pandemic Influenza (General Fund) July and August 2007 (State FY 07/08)		
Totals:	**$0.00**	

LHD: _____

PANDEMIC INFLUENZA BUDGET for 2006/07
(August 31, 2006 through August 30, 2007)
(Indirect)

Date Submitted: _____

	GOALS: FILL IN % AS APPROPRIATE															
Detail	***Prevent***			***Detect/Report***		***Investigate***	***Control***						***Recover***		***Improve***	***Total***
	All Hazards Planning	Information Collection and threat Recognition	Hazard and Vulnerability Analysis	Laboratory Testing	Health Intelligence Integration and Analysis	Public health Epidemiological Investigation	Emergency Response Communications	Emergency Public Information	Worker Health Safety	Isolation and Quarantine	Mass Prophylaxis and Vaccination	Medical and Public Health Surge	Economic and Community Recovery	Recover	Improve	Must equal 100%
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error
																Error

Chapter 5 – HRSA NATIONAL BIOTERRORISM HOSPITAL PREPAREDNESS (NBHPP)

Section I - Introduction

This Chapter provides guidance, instructions, and materials necessary for completion of the HRSA local entity application for HRSA funds to support hospitals, clinics, local health departments, and local emergency medical services agencies (LEMSA) in emergency preparedness.

In 2006/07, the HRSA NBHPP has been restructured toward performance goals and is set out in the form of target capabilities and a tiered response structure. The NBHPP is transitioning from Critical Benchmarks and Minimal Levels of Readiness to capabilities-based planning at the core of which are five Target Capability elements: 1) personnel; 2) planning; organizational leadership; 3) equipment and systems; 4) training; and 5)exercises, evaluations, and corrective actions. The federal HRSA target capabilities are listed in the chart below.

HRSA Target Capability Elements
Personnel
a) ESAR-VHP/Medical Reserve Corps. – Recruit volunteers for statewide volunteer registry and support of MRCs.
b) Local HRSA Coordinator – provide contact information on HRSA Local Entity and Hospital Emergency Preparedness Coordinator.
Planning
a) Alternate Care Sites: Must have ability to surge outside of hospital setting, awardees must articulate how many sites have been identified, what types and numbers of patients can be accommodated, staffing plans, supply and re-supply of facilities, security of the sites, plans for moving patients from sites to more definitive care sites.
b) Mobile Medical Facilities (MMF): Awardees must describe ability to surge outside of hospitals, awardees do not need to purchase MMFs but these are viable options for large population centers.
Equipment and Systems
a) Bed Availability Tracking System: Development and enhancement of bed tracking systems.
b) Interoperable Communications Systems: Integrated interoperable communication system that links hospitals, EMS, and other healthcare entities with public health at a minimum and other first response partners.
c) Hospital Laboratories: Expand on efforts of the previous year and, in addition to these activities, hospital labs need to be prepared to handle the increase in diagnostics that need to be reported to local health departments and labs within the Laboratory Response Network (LRN) on a 24-7-365 basis. HRSA requires 90 percent of the hospitals in California to meet this target capability.
Training

a) NIMS Compliance: Training should focus on NIMS/HICS compliance as well as role based training for the functions to be served during an emergency.
b) Targeted competencies are to be carefully selected based upon expected function during an emergency.
c) Identify the number of personnel targeted for training by professional groups and the estimated funding required for accomplishing these tasks.
Exercises, Evaluations and Corrective Actions
Hospitals as well as other healthcare entities must be full and present partners in planning, conducting, participating in and evaluating preparedness exercises and drills that occur at sub-State regional and State Levels. After action reports must be reviewed for lessons learned and those lessons used as corrective actions to further enhance current facility based emergency operations plans and local emergency operations plans that have healthcare entities at the core.

To maximize overall medical surge capacity and capability, HRSA requires that efforts extend beyond optimizing internal operations of healthcare facilities and focus on integrating individual healthcare facilities with each other and with non-medical organizations within each jurisdiction or operational area. In order to respond effectively, hospitals, community-based health centers, and other healthcare provider organizations must be able to work both within their own organization and collaboratively as a cohesive local team during an emergency. HRSA emphasizes building regional emergency preparedness by requiring that activities increase the capacity to respond to an emergency by following the tiered response structure as depicted in the table below.

Six Tier Structure	
Tier 1	Management of Individual Healthcare Assets (facility)
Tier 2	Management of Healthcare Coalition (county)
Tier 3	Jurisdiction Incident Management (integration of healthcare facilities with fire/EMS, law enforcement, emergency management, public health, public works and other traditional response agencies. (region)
Tier 4	Management of State Response and Coordination of Intrastate Jurisdictions (state)
Tier 5	Interstate Regional Management Coordination
Tier 6	Federal Management Coordination

Local Grant Requirements

1) Funding allocation

Funding for HRSA local entities for the grant period of September 1, 2006 through August 31, 2007 is comprised of $10.28 million in Year 5 HRSA funds and $8 million in Year 4 HRSA funds. HRSA has approved an extension of the Year 4 funds until

August 31, 2007. (See HRSA 2006-07 Allocation Table for individual local entity allocations).

In addition, $14 million in HRSA Year 5 funds have been allocated to the purchase of N95 respirators, ventilators, and Alternate Care Site supplies and equipment for local surge capacity. These supplies will be stocked in five regional locations throughout the state. CDHS will work with LHDs and HRSA local entities to develop policies and procedures for the deployment of these assets.

2) Maintenance of the half time Local HRSA Coordinator

The base allocation for each local HRSA entity remains at $135,000 in FY 2006. This includes $50,000 provided to each local entity to hire a half time *Local HRSA Coordinator* to aid with the implementation, integration and coordination of activities among participating hospitals, clinics, and other health care facilities. Specific responsibilities for the Local HRSA Coordinator include:

- Collect data from participating hospitals, clinics, and other health care providers as required by CDHS
- Develop mutual aid agreements, MOAs, etc.
- Coordinate the development and implementation of training and exercises
- Serve as a liaison between the healthcare facilities and CDHS
- Develop needed plans, policies, and procedures for surge capacity, including plans for the use of pharmaceutical caches

CDHS encourages local entities to form coalitions and pool their allocations, including their half-time equivalent positions. In addition, any local entity which funds seven or more participating hospitals and receives $500,000 or more in HRSA funds may opt to use part of its base allocation to fund a full time position for aid in implementation of the HRSA grant. Local HRSA Coordinator positions should be budgeted under the appropriate target capabilities.

3) Regional HRSA Coordinators (CDHS)

In FY 2006, CDHS will hire six *Regional HRSA Coordinators* (corresponding to the State's six mutual aid regions, see Appendix II) to assist in regionalization activities. The State's *Regional HRSA Coordinators* will work cooperatively with the Regional Hospital Coordinators and Local HRSA Coordinators to strengthen sub-regional (more than one county) and regional (OES Mutual Aid Region) efforts.

Specific responsibilities of the Regional HRSA Coordinator include:

- Facilitate sub-regional and regional healthcare exercises and training
- Facilitate regional healthcare meetings to share best practices, lessons learned, etc.
- Develop plans for the distribution and utilization of HRSA resources

- Coordinate with Regional Hospital Coordinators
- Coordinate with Local HRSA Coordinators
- Collation of data elements from all local entities falling in the Mutual Aid Region

4) Regional Hospital Coordinator Positions

CDHS will contract with the California Hospital Association through the California Health Foundation and Trust to work directly with HRSA participating hospitals in their assigned regions to develop, implement, and exercise hospital surge plans. These regional association staff will work with the Regional Project Officers, Regional Disaster Medical Health Specialists, HRSA Regional Coordinators and HRSA local entities in the respective regions. The coordinators will participate in all applicable meetings and provide quarterly progress reports.

5) HRSA Local Entities and Local Planning Group

HRSA local entities have the option of forming coalitions and pooling their allocations across jurisdictions. Coalitions which promote regionalization of emergency preparedness activities are encouraged.

HRSA local entities or coalitions of entities must convene a planning group to develop and submit an application to CDHS outlining how the local entity or coalition plans to spend the allocated funds. HRSA local entities forming a coalition shall submit a single application for their pooled allocation.

The LHD has the first right of refusal to be both the convener of the local planning group and the HRSA local entity for receiving and administering local funding.

The convener of the local planning group will:

- Set meeting dates, times, and locations
- Set agendas
- Invite, at a minimum, 1) a LHD representative, 2) at least one hospital representative, 3) at least one clinic representative, 4) a local emergency medical services agency (LEMSA) representative, and 5) other interested parties to participate in the planning group. (Please note that these representatives will be responsible for signing a Certificate of Collaboration form to be submitted with the application.)
- Chair the meetings
- Establish and implement procedures for the collection of data elements from each participating hospital, clinic or other health care facility

The HRSA local entity will:

- Accept funds on behalf of the jurisdiction and the participating healthcare facilities.

- Disburse funds to hospitals, clinics, EMS, and other eligible recipients via contracts or memoranda of understanding.

- Track and report expenditures by target capability and type of entity receiving funds (hospitals, emergency departments, EMS systems, poison control centers, community health centers, rural health clinics, federally qualified health centers, tribally-owned health care facilities, and other outpatient facilities).
- Oversee development and implementation of local surge plan
- Monitor implementation of training and exercise programs within healthcare facilities

A letter of support from the LHD and LEMSA and at least one hospital and clinic must be submitted with the application. The local planning group will decide which individuals will represent each required signatory. Hospitals, LEMSAs, clinics, and other healthcare facilities (or "outpatient facilities") should work with the local planning group to request funding through this program. According to the federal cooperative agreement guidance, "outpatient facilities" include community health centers, rural health clinics, federally qualified health centers, tribally-owned health care facilities serving American Indians and Alaska Natives, and other outpatient facilities that serve as vital points of entry into the health care system. For the purpose of this application, local entities or coalitions should give preference to funding clinics licensed by CDHS prior to considering other types of clinics or outpatient facilities.

CDHS encourages broad membership on the planning group that prepares the application. In addition to the four required signatories, planning groups should consider including representatives of the following entities, if feasible and appropriate to local circumstances:

- First responders, including law enforcement, fire, public and private ambulance providers, metropolitan medical response system (MMRS), hazmat teams
- Healthcare facilities, including hospitals, clinics, long term care facilities
- Local emergency management systems
- LHD Public Health Emergency Preparedness Coordinators
- Regional Disaster Medical Health Specialists (RDMHS)
- Pandemic Councils
- Mental health programs
- Private sector health care professionals
- Poison control
- Regional and county hospital councils/associations
- Regional clinic associations
- Maternal and child health programs
- Universities
- County medical societies
- Tribal entities
- Veterans Health Administration

Section II – Instructions For Completing The Work Plan Narrative

For 2006-07, CDHS, in conjunction with HRSA, has established the following priorities:

Surge Planning and Regionalization: Over the past several years, HRSA funds have been primarily used to purchase surge supplies and equipment. For 2006-07, HRSA has indicated that planning is the top priority.

Planning must occur at the individual facility level and must also include community surge planning to build surge capacity outside the walls of hospitals in alternate care sites. This endeavor will require a strong partnership with LHDs, HRSA local entities, healthcare facilities, and the broader community.

The 2006/07 State budget provided funding for CDHS to contract with a consulting firm to develop State standards and guidelines on the licensing flexibility, liability protection, reimbursement, standards of care, and other issues that may affect hospitals and local health departments during a moderate or catastrophic event response. The guidance will include hospital surge plan templates, and standardized training curricula and exercises for surge response. Strong stakeholder input will be needed throughout the development process.

Training – NIMS Compliance: CDHS has received numerous requests for clarification on the requirements associated with National Incident Management System (NIMS) training and certification at the local level.

- HRSA guidance requires all personnel who are likely to assume an incident command position described in the hospital's emergency management plan to complete the following courses: IS 700, IS 800, ICS 100, and ICS 200.
- The Standardized Emergency Management System (SEMS) training courses incorporate the key components included in these required courses.
- The Hospital Incident Command System (HICS) includes the core components included in SEMS/NIMS training courses.
- The federal NIMS Integration Center recognizes state, local, and tribal agency training, and acknowledges that the aforementioned trainings do not have to be provided through a federal source.

Local HRSA entities must ensure the four training courses, listed above, are provided for the personnel identified who are likely to assume an incident command position described in the hospital's emergency management plan. HICS incorporates many of the key components of NIMS relative to health care facilities. CDHS strongly encourages local HRSA entities to support utilization of HICS in the health care facilities located within their jurisdiction.

Drills and Exercises: HRSA requires that healthcare facilities participate in drills and exercises and take part in the planning and definition of objectives for the exercises. In 2006-07, each healthcare facility shall participate in at least one statewide or regional exercise that tests interoperable communications with other hospitals, healthcare facilities, LEMSAs, and the LHD.

Available Bed Reporting: HRSA will require near time reporting of available hospital beds during an emergency. CDHS requires local entities to establish a process to collect this information from participating healthcare facilities to tabulate availability in the jurisdiction. Drills and exercises must be conducted to test this capability.

Performance Measures: HRSA requires reporting on performance measures. These measures are currently in draft form, with HRSA expecting to release the final measures in the near future. HRSA has moved away from the more quantitative critical benchmarks toward measuring performance through drills and exercises. Draft performance measures are available on the CD and CDHS will provide final performance measures when they become available. CDHS will provide a template for reporting this information.

The Work Plan is structured around the five HRSA target capabilities listed below. Responsibilities of the HRSA local entity and participating healthcare facilities are listed under each target capability. For each Work Plan activity, space is available in the center column for local HRSA entities to provide information on how the activity will be accomplished and measured. HRSA local entities shall include a statement of the current ability to perform each specific activity and the steps that will be taken in the 2006/07 grant period to complete the activity. Please indicate the estimated date for completion of each activity. Required activities are summarized below:

HRSA Target Capability Element #1: Personnel

The HRSA Local Entity shall continue to support a half-time Local HRSA Coordinator. Responsibilities of this position include coordinating surge survey reporting; reporting on aggregate bed availability data when needed; collecting and collating healthcare facility performance measure data and reporting the data to CDHS; and providing an updated call list to CDHS each quarter.

Each local participating healthcare facility shall designate an emergency contact person; provide a call-down list to the Local HRSA Entity, participating healthcare facilities and other entities involved in surge planning; update the call list on a quarterly basis; and provide the HRSA local entity with needed information for the performance measures required by HRSA in the format determined by CDHS. The HRSA local entity shall recruit volunteers for ESAR-VHP and support Medical Reserve Corps (MRC) activities.

HRSA Target Capability Element #2: Planning

Healthcare facilities shall ensure that an Emergency Management Plan is in place, including interoperable communications, and ensure the plan includes surge components (i.e., staffing, supplies and equipment, surge bed availability, and roles in community surge plan).

The HRSA local entity shall coordinate and conduct community-wide surge planning meetings. The outcome of these meeting will be community plan objectives. In addition, the HRSA local entity shall develop a work plan for drafting a community surge plan as a part of the Operational Area Emergency Response Plan. Hospitals and other healthcare facilities are required to attend these meetings, and will play an active role in community planning and identifying and readying alternate care sites.

The healthcare facility shall develop a facility work plan for meeting the facility's role within the Operational Area Emergency Response Plan and provide a status for each activity planned at the mid-year and end-year progress reports.

HRSA Target Capability Element #3: Equipment and Systems

The HRSA local entity shall establish a process to report aggregate bed availability information, as required by HRSA, to CDHS upon request. CDHS will conduct drills to collect data twice during the later part of the grant period.

Over the next year, CDHS will complete a feasibility study report examining existing systems such as E-Team and HAvBed for providing an interface to the existing systems, such as Reddinet and EMSystems, to electronically aggregate required data statewide. Until the State develops an electronic interface for collecting this information, local HRSA entities will be responsible for establishing an interim mechanism for collecting required data from the participating healthcare facilities using current systems such as Reddinet and EMSystems. Healthcare facilities are responsible for reporting this information near real time during drills and exercises and actual emergencies.

The HRSA local entity will also ensure interoperable communications between the LHD and healthcare facilities. HRSA local entities and participating healthcare facilities must test their communications capabilities through drills and exercises.

CDHS continues to work on laboratory connectivity and will be conducting pilot projects connecting hospital laboratories and local public health laboratories to the state system. Some hospitals and LHDs will be contacted to participate in these pilot projects. Following these initial pilot projects, CDHS will work over the next years to expand this effort to include all hospital and LHD laboratories.

HRSA Target Capability Element #4: Training

Healthcare facilities shall develop a matrix of staff training needs based on emergency response roles, including at a minimum SEMS/NIMS/HICS, PPE, and Decontamination training. Each facility is required to identify the training courses and schedule of staff trainings planned; provide a list of trainings attended to the HRSA local entity; and ensure the facility meets HRSA NIMS training requirements.

Healthcare facility staff shall provide to the HRSA local entity summary data for all staff participation in training. Report should include training taken, course title, date, staff name, and title.

HRSA Target Capability Element #5: Exercises, Evaluations and Corrective Actions

The HRSA local entity shall plan and conduct a minimum of one countywide/regionwide surge exercise to test interoperable communications and surge capacity. The HRSA local entity shall also maintain a list of all exercises that hospitals have conducted and/or participated in during the grant period.

Each healthcare facility shall conduct quarterly drills on its communication system, including a call down list; plan and conduct a minimum of one tabletop and one functional exercise at the facility; participate in HRSA local entity county or regional exercise; and provide the HRSA local entity with a list of all exercises it participated in or conducted as well as a list of staff participating.

Section III - Budget

This section contains the instructions for filling out the budget forms. The actual budget forms are contained on the CD provided as part of this package.

General Comments

- The budget is organized by the five target capabilities – Personnel, Planning, Equipment and Systems, Training, and Exercise Evaluations and Corrective Actions. A separate spreadsheet is provided for each target capability.

- Each budget spreadsheet for the five target capabilities has four categories – Contractual, CDHS-Purchased Equipment and Supplies, Non-CDHS Purchased Equipment and Supplies, and Personnel.

- The CDHS-Purchased Equipment and Supplies are equipment that CDHS will purchase through a State-selected vendor. Although part of the total allocation, these funds are not advanced to the HRSA local entity. Invoices for these purchases are submitted directly to CDHS by the vendor.

- The Non-CDHS Purchased Equipment and Supplies are equipment that the local entity will purchase through a vendor it selects. Along with the Contractual, Personnel, and Fiscal Agent Cost, these funds are advanced to the local entity for local entity purchases.

- HRSA allows 15% of total costs to be charged for administrative activities. Please note these costs under each target capability.

Budget Summary

- Please go into the header and enter your local entity name and the date submitted.

- This sheet will be self-calculated by information that is entered into the individual target capability spreadsheets.

HRSA Target Capability Spreadsheets, Elements #1 Through #5

- Fill in the item description under the appropriate category.

- Fill in the entity's name along the top of the table entitled (Type entity name here).

- Fill in the quantity of each item under the appropriate column for each entity purchasing the item.

- Fill in the unit price for each item. The total for each item will self-calculate.

- The fiscal agent cost is calculated automatically at 15 percent of the subtotal of the four categories in the budget.

- The target capability total will automatically be calculated.

Annex 5-A
HRSA ALLOCATION TABLE

LHD	Population (Estimate 1/1/06 Per DOF)	$135 K Base	Above the Base (Per Capita Formula)	TOTAL Allocation HRSA 2006-07 Application	Pop. Based Share of $8 million (2005/2007 Funds)	TOTAL FUNDING
ALAMEDA	1,510,303	$135,000	$144,993	$279,993	$448,720	$728,712
ALPINE	1,241	$135,000	$119	$135,119	$369	$135,488
AMADOR	38,133	$135,000	$3,661	$138,661	$11,330	$149,990
BUTTE	217,209	$135,000	$20,853	$155,853	$64,534	$220,387
CALAVERAS	45,711	$135,000	$4,388	$139,388	$13,581	$152,969
COLUSA	21,512	$135,000	$2,065	$137,065	$6,391	$143,457
CONTRA COSTA	1,029,377	$135,000	$98,823	$233,823	$305,834	$539,656
DEL NORTE	29,196	$135,000	$2,803	$137,803	$8,674	$146,477
EL DORADO	176,204	$135,000	$16,916	$151,916	$52,351	$204,267
FRESNO	899,514	$135,000	$86,355	$221,355	$267,251	$488,606
GLENN	28,651	$135,000	$2,751	$137,751	$8,512	$146,263
HUMBOLDT	132,526	$135,000	$12,723	$147,723	$39,374	$187,097
IMPERIAL	166,585	$135,000	$15,993	$150,993	$49,493	$200,486
INYO	18,515	$135,000	$1,777	$136,777	$5,501	$142,278
KERN	779,869	$135,000	$74,869	$209,869	$231,704	$441,573
KINGS	147,729	$135,000	$14,182	$149,182	$43,891	$193,073
LAKE	64,105	$135,000	$6,154	$141,154	$19,046	$160,200
LASSEN	35,452	$135,000	$3,403	$138,403	$10,533	$148,936
MADERA	144,396	$135,000	$13,862	$148,862	$42,901	$191,763
MARIN	253,341	$135,000	$24,321	$159,321	$75,269	$234,590
MARIPOSA	18,216	$135,000	$1,749	$136,749	$5,412	$142,161
MENDOCINO	90,445	$135,000	$8,683	$143,683	$26,872	$170,555
MERCED	246,751	$135,000	$23,689	$158,689	$73,311	$232,000
MODOC	9,836	$135,000	$944	$135,944	$2,922	$138,867
MONO	13,597	$135,000	$1,305	$136,305	$4,040	$140,345
MONTEREY	424,842	$135,000	$40,786	$175,786	$126,223	$302,009
NAPA	134,444	$135,000	$12,907	$147,907	$39,944	$187,851
NEVADA	100,066	$135,000	$9,607	$144,607	$29,730	$174,337
ORANGE	3,072,336	$135,000	$294,951	$429,951	$912,809	$1,342,760
PLACER	316,508	$135,000	$30,385	$165,385	$94,036	$259,422
PLUMAS	21,444	$135,000	$2,059	$137,059	$6,371	$143,430
RIVERSIDE	1,953,330	$135,000	$187,524	$322,524	$580,345	$902,870
SACRAMENTO	1,385,607	$135,000	$133,021	$268,021	$411,672	$679,693
SAN BENITO	57,627	$135,000	$5,532	$140,532	$17,121	$157,654

SAN BERNARDINO	1,991,829	$135,000	$191,220	$326,220	$591,784	$918,004
SAN DIEGO	3,066,820	$135,000	$294,422	$429,422	$911,170	$1,340,591
SAN FRANCISCO	798,680	$135,000	$76,675	$211,675	$237,292	$448,967
SAN JOAQUIN	668,265	$135,000	$64,155	$199,155	$198,545	$397,700
SAN LUIS OBISPO	263,242	$135,000	$25,272	$160,272	$78,211	$238,483
SAN MATEO	724,104	$135,000	$69,516	$204,516	$215,135	$419,651
SANTA BARBARA	421,625	$135,000	$40,477	$175,477	$125,267	$300,744
SANTA CLARA	1,773,258	$135,000	$170,237	$305,237	$526,845	$832,082
SANTA CRUZ	262,351	$135,000	$25,186	$160,186	$77,946	$238,132
SHASTA	181,483	$135,000	$17,423	$152,423	$53,920	$206,342
SIERRA	3,501	$135,000	$336	$135,336	$1,040	$136,376
SISKIYOU	46,146	$135,000	$4,430	$139,430	$13,710	$153,140
SOLANO	422,848	$135,000	$40,594	$175,594	$125,631	$301,225
SONOMA	479,929	$135,000	$46,074	$181,074	$142,590	$323,664
STANISLAUS	514,370	$135,000	$49,381	$184,381	$152,822	$337,203
SUTTER	91,450	$135,000	$8,779	$143,779	$27,170	$170,950
TEHAMA	61,533	$135,000	$5,907	$140,907	$18,282	$159,189
TRINITY	14,024	$135,000	$1,346	$136,346	$4,167	$140,513
TULARE	420,619	$135,000	$40,380	$175,380	$124,968	$300,349
TUOLUMNE	58,231	$135,000	$5,590	$140,590	$17,301	$157,891
VENTURA	817,346	$135,000	$78,467	$213,467	$242,838	$456,305
YOLO	190,344	$135,000	$18,273	$153,273	$56,552	$209,826
YUBA	69,827	$135,000	$6,704	$141,704	$20,746	$162,450
TOTALS	**26,926,443**	**$7,695,000**	**$2,585,000**	**$10,280,000**	$8,000,000	$18,280,000

ANNEX 5-B
2006/07 Work Plan for HRSA National Bioterrorism Hospital Preparedness Funds

Target Capability: Medical Surge

Target Capability Element #1: Personnel

Target Capability Elements	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)	CDHS/EPO Comments
1. Continue Local HRSA Coordinator-Local Entity will identify and continue to fund HRSA Coordinator position. Activities of Coordinator are: a) Coordinate surge survey reporting b) Aggregate bed availability data c) Collect performance measure data d) Function as a point of contact for participating health care facilities e) Maintain a current list of designated health care facility (HCF) emergency contact individuals for each facility f) Maintain call list provided to LHD, HCFs, and others involved in surge planning (must be updated quarterly. g) Coordinate and support functions as directed by the Local Entity	• Identify the HRSA Local Coordinator and provide updated contact information and indicate the percent of work time dedicated to HRSA activities. • Provide the names of all participating healthcare facilities and a contact person with contact information for each facility. • Maintain 24/7 contact information for key contact in each participating facility. • Identify any additional HRSA responsibilities of the Coordinator not listed here.	
2. Continue in Development of ESAR-VHP and Volunteer Corp.(required of all awardees) – All States have received supplemental awards to begin building State-based volunteer registries. As was witnessed in the hurricanes of 2005, volunteer	• Identify strategies for developing a corp of medical volunteers, including volunteers for the Medical Reserve Corp. • Identify activities that will be performed to enhance the medical volunteer base, including activities to encourage medical	

Target Capability Elements	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)	CDHS/EPO Comments
registration systems with advance credential verification are indispensable in quickly identifying and providing qualified healthcare personnel to respond in various areas of the country. Awardees must continue to build and (test) these State systems to ensure their effective intra- and inter-State operability.	volunteers to enroll in ESAR- VHP. • Identify activities that will be performed to finalize MOUs and compacts to increase professional surge capacity.	

Target Capability Element #2: Planning

Target Capability Elements	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)	CDHS/EPO Comments
1. Alternate Care Sites (ACS) (required of all awardees) – Awardees must have the ability to provide surge capacity outside of the hospital setting as has been demonstrated through recent public health emergencies. Under Pandemic Influenza guidance, responsibility for identifying and planning for Alternate Care Sites is assigned to local health departments. Under the HRSA grant, local HRSA entities are responsible for convening community surge plan meetings. Participating health care facilities (HCF) are required to participate in these meetings.	• Identify the types of facilities being considered as ACS sites. • Identify who will operate these sites. • Identify what the facilities can accommodate in terms of the number of patients and level of care (i.e., triage, basic care and stabilization, trauma level type care, patients transferred from hospitals, medical needs shelters etc). • Identify what staffing plans have been developed for these facilities. • Identify what the plans are for supply and re-supply of the facilities. • Identify what the plans are for the security of the site. • Identify what the plans are for patient	

Target Capability Elements	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)	CDHS/EPO Comments
	movement to the sites and from the sites to more definitive care sites either within or outside of California.	
2. Surge Capacity Planning (Community-wide) - Local entities will continue medical surge preparedness planning.	• Conduct local surge preparedness meetings, including tribal entities, healthcare facilities (hospitals, clinics, long term care facilities), LEMSAs, RDMHSs, Pandemic Councils, and local emergency managers including police and fire. • Provide local surge preparedness meeting minutes, agenda, and attendance sheets. • Establish surge planning activities and workplan for the grant year. • Develop a workplan for drafting a community surge plan consistent with the Operational Area Emergency Response Plan. • Draft a surge emergency response plan that integrates with local emergency response plans.	
3. Surge Capacity Planning (HCFs) - Local entities will coordinate with participating HCF activities.	Healthcare Facilities are required to: • Update facility Emergency Management Plans to include surge planning, ensuring that the following surge components are included: staffing, supplies and equipment, surge bed availability, and roles in community surge plan. • Participate in training, drills, and	

Target Capability Elements	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)	CDHS/EPO Comments
	exercises and develop after action reports (AAR) and implementation of corrective action plans. • Gather information on forthcoming HRSA Performance Measures and report the information in the format provided by CDHS.	

Target Capability Element #3: Equipment and Systems

Target Capability Elements	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)	CDHS/EPO Comments
1. <u>Bed Availability Tracking System (required of all awardees)</u> – Development and enhancement of bed tracking systems are a required activity for all awardees. Bed categories have been outlined that all systems must contain, whether or not bed tracking currently exists.	HRSA local entity must: • Identify if bed tracking systems currently exist at the local level and whether the systems are capable of reporting on the bed types. • Ensure the establishment of a process for reporting in near "real-time" bed availability during emergencies. • Conduct drills and exercises on this process. • Identify how the tracking system is implemented during an event, how many times a day reports are asked for, and the chain of reporting to Local HRSA Entity and CDHS. • Test the bed tracking system within the jurisdiction.	

Target Capability Elements	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)	CDHS/EPO Comments
	Healthcare Facilities: • Establish process for reporting bed availability and report information during drills, exercises, and actual emergency events.	
2. Interoperable Communication Systems (required of all awardees) - Interoperable communications are a priority for 2006-07. Interoperable communications are dependent on improvement of basic, redundant operable communications, as well as interoperable communication between the LHD and the participating healthcare facilities.	HRSA local entity must work with healthcare facilities to address the following: • Ensure redundancy in communications systems to ensure communication during an event when power is lost and facilities possibly become isolated from other entities. • Develop training/education on the equipment and further development of protocols which takes place for personnel involved with a response to include efforts incorporating communication plans in tabletop or operational exercises. • Identify the means for establishing and exchanging voice communications among participating hospitals and healthcare organizations in any given region/State (i.e., dedicated radio frequency and radios, VOIP, satellite phones). • Identify the means for establishing and exchanging data information among participating hospitals and healthcare system in any given region/State.	

Target Capability Elements	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)	CDHS/EPO Comments
3. Hospital Laboratories (required of all awardees) – Hospital labs need to be ready to handle the increase in diagnostics that will need to be reported to local health departments and labs within the Laboratory Response Network (LRN) on a 24-7-365 basis.	HRSA local entity must work with healthcare facilities to address the following: • Identify activities related to expanding lab capacity and/or electronic connectivity to the Laboratory Response Network (LRN). • Identify systems currently in place to ensure hospital labs have the capability to report and receive reports 24-7 with local health departments and LRN sites. • Identify how lab personnel are incorporated into drills and exercises on emergency preparedness. • Discuss the numbers of laboratories and the Biological Safety Levels (BSL) of them in your county/operational area (OA) and how these laboratories will interface with hospitals.	

Target Capability Element #4: Training

Required Critical Tasks	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates	CDHS/EPO Comments
1. SEMS/NIMS/HICS Related Training - FY 2006 training requirements will necessitate compliance with NIMS Integration Center (NIC) requirements as found on: http://www.fema.gov/txt/nims/TrainingGdlMatrix.txt For 2006-07 HRSA requires the following: IC 100, IC 200, IS 700 and IS 800. Awardees should work to document compliance with these requirements through a mechanism deemed efficient and practical. The Hospital Incident Command System (HICS) is currently undergoing significant updates and revisions and is due to be released in the Spring 2006; training efforts for 2006 should focus on incorporating both NIMS and HICS training elements into training plans. Further guidance and recommendations will be provided by CDHS.	HRSA local entity must work with healthcare facilities to address the following: • Provide a HCF staff training matrix based on emergency response roles and required SEMS/NIMS/HICS training. • Collect information from each HCF on SEMS/NIMS/HICS training provided and staff that attended.	
2. Competency Based Training (required of all awardees) – Training should include all areas required for emergency surge response and should	HRSA local entity must address the following: • Ensure training is tied to or determined by the desired	

be based on the anticipated staff roles during an event. All training that is supported through cooperative agreement dollars and delivered through the NBHPP must be competency based. Examples of training activities that may be used and/or combined in competency based training include: Oral presentations, Simulation activities, Project work, Group activities, Demonstrations, Shadowing/coaching, Distance/on line learning or other forms of asynchronous learning, Role plays, Practical placements. Entities must describe the capabilities and competencies that will be focused on with training dollars, the training and evaluation methodology to be used, and linkages with drills or exercises. In addition, entities should identify the number of personnel targeted for training by professional group and the estimated funding required for accomplishing these tasks. Further, entities should include in their application the name and contact information for the person "responsible" for overseeing training coordination and programming.	competencies based upon expected functions during an emergency. • Ensure targeted competencies are carefully selected based upon expected function during an emergency, matched to learner need and clearly communicated prior to the offering. • Ensure that what constitutes "achievement" is clearly communicated and tied to actual performance. • Ensure the information/theory disseminated is directly and clearly linked to the competency addressed and available in a variety of formats. • Ensure opportunities for practice are evident with the process, rationale, and benefits clearly presented to participants. Such practice opportunities match the specific competencies, context of training and anticipated outcomes. • Ensure participative learning is evident. • Ensure opportunities for the exchange of constructive feedback are evident in the course of the offering. • Ensure delivery methods are appropriate given the targeted competencies, the characteristics of the participants, and availability of equipment/resources.	

Target Capability Element # 5: Exercises, Evaluations and Corrective Actions

Required Critical Tasks	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates	CDHS/EPO Comments
1. Terrorism Preparedness Exercises (required of all awardees) – Hospitals as well as other healthcare entities must be full and present partners in planning, conducting, participating in and evaluating preparedness exercises and drills that occur at mutual aid and State levels. After action reports must be reviewed for lessons learned and those lessons used to further enhance current facility based emergency operations plans and local emergency operations plans that have healthcare entities at the core.	HRSA local entity must engage healthcare facilities in drills and exercises and must address the following: • Integrate participation of health facilities into LHD drills and exercises, ensuring health facilities participate in at least one table top exercise or functional exercise with LHD. • Ensure health facilities conduct quarterly alerting and notification drills using existing communications systems. • Develop an exercise plan to be submitted as part of the application. (Include HCF and HRSA local entity planned activities.) • Participate in drills related to collection of bed availability information. • Maintain a comprehensive list of health facility drills and exercises, AAR findings, and corrective actions. **In creating an exercise plan Local Entities should report on the following:** • Which hospitals, rural health facilities, health centers, and other health care entities will participate in drills and exercises. • What the exercises and drills will focus on (pandemic influenza, biologic	

Required Critical Tasks	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates	CDHS/EPO Comments
	agents, chemicals, explosive scenarios etc). • The role that healthcare facilities play in development, participation, evaluation and after action reports of these exercises. • How the local entity will ensure that lessons learned from after action reports and corrective action plans are shared back to the healthcare facilities and that the emergency operations plans of those facilities are then modified.	

ANNEX 5-C

Local Entity Name
Date Submitted

HRSA Budget Template

HRSA Bioterrorism Hospital Preparedness Program - California
Cooperative Agreement CFDA: 93.889
September 1, 2006 - August 31, 2007

Summary: Target Capabilities # 1 through 5
Do Not Complete - Sums Automatically

A.	Contractual	$0.00
B.	CDHS-Purchased Equipment and Supplies (E&S)	$0.00
C.	Non-CDHS-Purchased Equipment and Supplies (E&S)	$0.00
D.	Implementation Costs	$0.00
E.	Fiscal Agent Costs (15% of Contractual Costs, CDHS and Non-CDHS Purchased E&S)	$0.00
F.	TOTAL COSTS (Must Not Exceed Total Allocation)	$0.00
G.	Total Allocation (Enter Amount From Annex 5-A)	$0.00

HRSA Bioterrorism Hospital Preparedness Program - California
Cooperative Agreement CFDA: 93.889
September 1, 2006 - August 31, 2007

Target Capability #1: Personnel
ESAR-VHP / MRC

Description of Purchases for Target Capability #1: Personnel	Catalog Product Number/Vendor Name	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Qty	Unit Price	Total
A. Contractual			**Enter requested quantity for each hospital or clinic above**									
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**Contractual Total:**	**$0.00**
B. DHS-Purchased Equipment & Supplies (E&S)												
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**DHS E&S Subtotal:**	**$0.00**
C. Non-DHS Purchased Equipment & Supplies (E&S)												
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**Non-DHS E&S Subtotal:**	**$0.00**
D. Personnel (Implementation)												
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**Personnel Subtotal:**	**$0.00**
											E&S Total:	**$0.00**
											D. Fiscal Agent Cost (cannot exceed 15% of Contractual, DHS E&S, Non-DHS E&S, and Personnel Implementation Costs):	**$0.00**
											E. Benchmark Total:	**$0.00**

HRSA Bioterrorism Hospital Preparedness Program - California
Cooperative Agreement CFDA: 93.889
September 1, 2006 - August 31, 2007

Target Capability #2: Planning
Surge Planning / Alternate Care Sites

Description of Purchases for Target Capability #2: Planning	Catalog Product Number/Vendor Name	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Qty	Unit Price	Total
A. Contractual			**Enter requested quantity for each hospital or clinic above**									
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**Contractual Total:**	**$0.00**
B. DHS-Purchased Equipment & Supplies (E&S)												
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**DHS E&S Subtotal:**	**$0.00**
C. Non-DHS Purchased Equipment & Supplies (E&S)												
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**Non-DHS E&S Subtotal:**	**$0.00**
D. Personnel (Implementation)												
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**Personnel Subtotal:**	**$0.00**
											E&S Total:	**$0.00**
											D. Fiscal Agent Cost (cannot exceed 15% of Contractual, DHS E&S, Non-DHS E&S, and Personnel Implementation Costs):	**$0.00**
											E. Benchmark Total:	**$0.00**

HRSA Bioterrorism Hospital Preparedness Program - California
Cooperative Agreement CFDA: 93.889
September 1, 2006 - August 31, 2007

Target Capability #3: Equipment & Systems
Bed Availability Tracking System, Interoperable Communication Systems, Hospital Laboratories

Description of Purchases for Target Capability #3: Equipment & Systems	Catalog Product Number/Vendor Name	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Qty	Unit Price	Total
A. Contractual			**Enter requested quantity for each hospital or clinic above**									
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**Contractual Total:**	**$0.00**
B. DHS-Purchased Equipment & Supplies (E&S)												
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**DHS E&S Subtotal:**	**$0.00**
C. Non-DHS Purchased Equipment & Supplies (E&S)												
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**Non-DHS E&S Subtotal:**	**$0.00**
D. Personnel (Implementation)												
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**Personnel Subtotal:**	**$0.00**
											E&S Total:	**$0.00**
											D. Fiscal Agent Cost (cannot exceed 15% of Contractual, DHS E&S, Non-DHS E&S, and Personnel Implementation Costs):	**$0.00**
											E. Benchmark Total:	**$0.00**

HRSA Bioterrorism Hospital Preparedness Program - California
Cooperative Agreement CFDA: 93.889
September 1, 2006 - August 31, 2007

Target Capability #4: Training

Description of Purchases for Target Capability #4: Training	Catalog Product Number/Vendor Name	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Qty	Unit Price	Total
A. Contractual			**Enter requested quantity for each hospital or clinic above**									
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**Contractual Total:**	**$0.00**
B. DHS-Purchased Equipment & Supplies (E&S)												
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**DHS E&S Subtotal:**	**$0.00**
C. Non-DHS Purchased Equipment & Supplies (E&S)												
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**Non-DHS E&S Subtotal:**	**$0.00**
D. Personnel (Implementation)												
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**Personnel Subtotal:**	**$0.00**
											E&S Total:	**$0.00**
											D. Fiscal Agent Cost (cannot exceed 15% of Contractual, DHS E&S, Non-DHS E&S, and Personnel Implementation Costs):	**$0.00**
											E. Benchmark Total:	**$0.00**

HRSA Bioterrorism Hospital Preparedness Program - California
Cooperative Agreement CFDA: 93.889
September 1, 2006 - August 31, 2007

Target Capabililty #5: Exercise Evaluations & Corrective Actions

Description of Purchases for Target Capability #5: Exercise Evaluations & Corrective Actions	Catalog Product Number/Vendor Name	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Type entity name here	Qty	Unit Price	Total
A. Contractual		**Enter requested quantity for each hospital or clinic above**										
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**Contractual Total:**	**$0.00**
B. DHS-Purchased Equipment & Supplies (E&S)												
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**DHS E&S Subtotal:**	**$0.00**
C. Non-DHS Purchased Equipment & Supplies (E&S)												
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**Non-DHS E&S Subtotal:**	**$0.00**
D. Personnel (Implementation)												
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
										0		$0.00
									Total Quantity:	0	**Personnel Subtotal:**	**$0.00**
											E&S Total:	**$0.00**
											D. Fiscal Agent Cost (cannot exceed 15% of Contractual, DHS E&S, Non-DHS E&S, and Personnel Implementation Costs):	**$0.00**
											E. Benchmark Total:	**$0.00**

Chapter 6 – COMPREHENSIVE AGREEMENT

CDHS will provide the following customized documents for each LHD or Local HRSA Entity:

- Signature Sheet
- Statement of Work
- Budget Detail Form
- Criteria for Payments
- Additional Provisions
- Terms and Conditions
- Certification Form

The following pages are provided for example only. Customized documents will be forwarded via e-mail to each LHD or local entity shortly after receipt of this package. CDHS will be modifying these documents to reflect each individual LHD or local entity's specific allocations, along with CDHS Regional Project Officer information. It is important that the customized documents be used as any errors in allocation amounts will prevent CDHS from awarding the allocated amount to local entities.

Upon receipt of the e-mail containing the customized agreement, the LHD or local entity will modify the files to add their contact information and return signed documents to CDHS, via mail or courier.

Mailing Address:

California Department of Health Services
Emergency Preparedness Office
CDC/HRSA Local Assistance Unit
Attn: CDC/HRSA Application 2006/07
P.O. Box 997413 MS 7002
Sacramento, CA 95899-7413

Physical Address:

California Department of Health Services
Emergency Preparedness Office
CDC/HRSA Local Assistance Unit
Attn: CDC/HRSA Application 2006/07
1615 Capitol Ave. MS 7002, Suite 73.373
Sacramento, CA 95814

DRAFT ONLY - DO NOT COMPLETE
CDHS will provide a county specific agreement.

« LHD/HRSA Entity »
Agreement No. XX

PUBLIC HEALTH EMERGENCY PREPAREDNESS
COMPREHENSIVE AGREEMENT

1. This Agreement is entered into between the California Department of Health Services, herein after referred to as "CDHS" and the «LHD/HRSA Entity», herein after referred to as "LHD" or "local entity" for the non-health department contracts in the HRSA program.

2. The term of this agreement is:

- August 31, 2006 through August 30, 2007 (Centers for Disease Control and Prevention [CDC] funding)
- September 1, 2006 through August 31, 2007 (Health Resources and Services Administration [HRSA] funding)
- July 1, 2006 through August 30, 2007 (State Budget Act 2006/07 and 2007/08 funding)

3. The maximum amount payable under this Agreement is $«Allocation», and is allocated as follows:

- $«Allocation», CDC Base Allocation.
- $«Allocation», Cities Readiness Initiative Funds.
- $«Allocation», Laboratory Funding.
- $«Allocation», CDC Pandemic Influenza Funds (Federal Funds).
- $«Allocation», California State Pandemic Influenza Funds (July 1, 2006 – June 30, 2007).
- $«Allocation», California State Pandemic Influenza Funds (July 1, 2007 – August 30, 2007).
- $«Allocation», HRSA Allocation.

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of this Agreement.

Exhibit A — Scope of Work	03 Pages
Exhibit B — Budget Detail and Budget Provisions	04 Pages
Exhibit B, Attachment 1, Criteria for Payments	01 Page
Exhibit C — Additional Provisions	02 Pages
Exhibit D(F) — Special Terms and Conditions (Federal) Notwithstanding provisions 3, 4, 5(a), 6, 12, 13, 17, 22, 23, 27, and 31 which do not apply to this agreement.	26 Pages
Exhibit E – Non-Supplantation Certification Form	01 Page

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR	
CONRACTOR'S NAME «LHD/HRSA Entity»	
BY *(Authorized Signature)*	DATE SIGNED (Do not type -signor must date)
PRINTED NAME AND TITLE OF PERSON SIGNING	
ADDRESS «Address»	
STATE OF CALIFORNIA	
AGENCY NAME California Department of Health Services	
BY *(Authorized Signature)*	DATE SIGNED
ADDRESS 1615 Capitol Avenue, MS 7002, P.O. Box 997413, Sacramento, CA 95899-7413	

EXHIBIT A
PUBLIC HEALTH EMERGENCY PREPAREDNESS COMPREHENSIVE AGREEMENT

Scope of Work

1. Service Overview

This Agreement is entered into between the California Department of Health Services, hereinafter referred to as "CDHS" and the «LHD/HRSA Entity», hereinafter referred to as the "LHD" or "local entity" for those HRSA contracts administered by non-health departments. LHD or local entity agrees to provide to CDHS the services described herein.

Activities must be in accordance with the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) 2006-2007 Program Guidance, Public Health and Healthcare Preparedness Comprehensive Agreement Application 2006-2007.

2. Service Location

The services shall be performed at applicable facilities in the «LHD/HRSA Entity».

3. Service Hours

The services shall be provided during normal LHD or local entity working hours and days, as well as other hours and days the LHD or local entity deems appropriate.

4. Project Representatives

A. The project representatives during the term of this agreement will be:

Department of Health Services	**«LHD/HRSA Entity».**
CDC EPO Project Officer «Name» Telephone: (916) 650-XXXX Fax: (916) 650-6420 Email: **HRSA** HRSA Regional Coordinator «Name» Telephone: (916) 650-XXXX Fax: (916) 650-6420 Email: «Email_Address»	**CDC** «Name» Telephone: «Telephone» Fax: «Fax» Email: «Email_Address» HRSA «Name» Telephone: «Telephone» Fax: «Fax» Email: «Email_Address»

B. Direct all inquiries to:

Department of Health Services Emergency Preparedness Office Attention: LHD/HRSA BT Grant Award Program MS 7002 P.O. Box 997413 Sacramento, CA 95899-7413 Telephone: (916) 650-6416 Fax: (916) 650-6420	«LHD/HRSA Entity» CDC «Department» «Address» Telephone: «Telephone» Fax: «Fax» **HRSA** Department Address Telephone: «Telephone» Fax: «Fax»

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

5. Services to be Performed

LHD or local entity shall perform services as outlined in accordance with the Public Health and Healthcare Preparedness Cooperative Agreement application, workplans, and budgets.

Allowable Informal Scope of Work Changes

A. The LHD, local entity or the CDHS may propose informal changes or revisions to the activities, tasks, deliverables and/or performance time frames specified in the Scope of Work (SOW), provided such changes do not alter the overall goals and basic purpose of the agreement.

B. Informal SOW changes may include the substitution of specified activities or tasks; the alteration or substitution of agreement deliverables and modifications to anticipated completion/target dates.

C. Informal SOW changes processed hereunder, shall not require a formal agreement amendment, provided the LHD's or local entity's annual budget does not increase or decrease as a result of the informal SOW change.

D. Unless otherwise stipulated in this agreement, all informal SOW changes and revisions are subject to prior written approval by the CDHS.

E. In implementing this provision, CDHS may provide a format for the LHD's or local entity's use to request informal SOW changes. If no format is provided by the CDHS, the LHD or local entity may devise its own format for this purpose.

Reporting Requirements

A. Semi-annual written progress reports and expenditure reports must be submitted according to the schedule shown below. The purpose of the progress reports and expenditure reports are to document activities and expenditure of funds.

09/01/06 through 02/28/07	March 30, 2007
03/01/07 through 08/31/07	September 30, 2007

B. Each progress report shall include, but not be limited to, data and information required by statute and information needed to satisfy federal reporting and CDHS monitoring requirements. The reports shall be submitted in accordance with procedures and a format required by CDHS.

Expenditure and Program Requirements

A. In accordance with the LHD or local entity signed Certification Against Supplanting (see attached), funds shall not be used to supplant funding for existing levels of services and will only be used for the purposes designated herein.

B. In executing this Agreement, the LHD or local entity assures that it will comply with the LHD Comprehensive Agreement Application, plan and budget approved by CDHS.

C. Funds made available are limited to activities approved in the work plan and budget. Any changes to the work plan or budget needs prior approval from CDHS before implementing.

Exhibit B
Budget Detail and Payment Provisions

1. Payment Provisions

A. CDHS will make payments to the LHD or local entity as authorized in State statute and in accordance with the annual expenditure authority granted to CDHS in the California Budget Act. Payments shall be made in accordance with Exhibit B, Attachment 1. Payment beyond the first quarter shall be contingent upon the approval of the LHD's or local entity's funding application, plan, and budget and satisfactory progress in implementing the provisions of the plan, as determined by CDHS. Final payment is contingent upon receiving an acceptable progress and expenditure report submitted in accordance with timelines, formats and specifications to be provided by CDHS.

B. Reconciliation with the payments shall be through a semi-annual expenditure report and an annual reconciliation report. These reports shall be submitted in accordance with timelines, formats and specifications to be provided by CDHS. The expenditure reports and annual reconciliation report should be directed to:

California Department of Health Services
Emergency Preparedness Office
Attn: LHD/HRSA BT Grant Award Program
MS 7002
P.O. Box 997413
Sacramento, CA 95899-7413

C. The LHD or local entity shall deposit advance federal fund payments received from CDHS into a Local Public Health Preparedness Trust Fund (hereafter called Federal Fund), established solely for the purposes of implementing the activities described in the LHD's or local entity's approved Plan and Budget and Agreement before transferring or expending the funds for any of the uses allowed. State funds should be deposited into a separate account. It is at the LHD's or local entity's discretion whether the State funds are to be deposited into a Trust Fund.

D. The LHD or local entity agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the LHD or local entity under this agreement shall be deposited into the Federal Fund established solely for the purposes of implementing the activities described in the LHD's or local entity's approved Plan and Budget and Agreement before transferring or expending the funds for any of the uses allowed.

E. The interest earned on moneys in the Fund shall accrue to the benefit of the Fund and shall be expended for the same purposes as other moneys in the Fund.

F. Any refunds, rebates, credits, or other amounts in the Fund shall accrue to the benefit of the Fund and shall be expended for the same purposes as other moneys in the Fund.

G. Trust Fund reports will require the LHD/Local HRSA Entity/City Auditor Controller's or other authorized signature, certifying each report's accuracy and availability of supporting documentation for the State's or the federal government's review.

2. Budget Contingency Clause

A. It is mutually agreed that if the Budget Act and/or other state statute of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, CDHS shall have no liability to pay any funds whatsoever to LHD or local entity or to furnish any other considerations under this Agreement and LHD or local entity shall not be obligated to perform any provisions of this Agreement except as to periods for which funding has been provided.

B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, CDHS shall have the option to either cancel this Agreement with no liability occurring to CDHS, or offer an agreement amendment to LHD or local entity to reflect the reduced amount.

3. Amounts Payable

A. The amount payable under this Agreement shall not exceed:

1. $«Allocation», for CDC Base Allocation.
2. $«Allocation», for Cities Readiness Initiative.
3. $«Allocation», for Laboratory Funding.
4. $«Allocation», for CDC Pandemic Influenza Funds (Federal Funds).
5. $«Allocation», California State Pandemic Influenza Funds (July 1, 2006 – June 30, 2007).
6. $«Allocation», California State Pandemic Influenza Funds (July 1, 2007 – August 30, 2007).
7. $«Allocation», for HRSA Allocation.

B. For HRSA, equipment and supplies itemized in the HRSA local funding application, plan, and budget as approved by CDHS that are available via CDHS' prime vendor contract will be purchased directly by CDHS and delivered to the LHD (or local entity) named in the plan. The approved budget for such purchases is identified as "CDHS Direct Purchases." All other goods and services not purchased directly by CDHS will be the responsibility of the LHD (or local entity).

C. HRSA funds allocated under this agreement must be obligated by August 31, 2007 and liquidated as required by HRSA within 15 months of the end of the agreement period.

4. Redirection of Funds

Any redirection of funds requires prior approval by CDHS.

5. Federal Cooperative Agreement Funds

A. It is mutually understood between the parties that this Agreement may have been written before ascertaining the availability of Congressional appropriation of funds, for the mutual benefit of both parties, in order to avoid program and fiscal delays which would occur if the Agreement were executed after that determination was made.

B. The Agreement is valid and enforceable only if sufficient funds are made available to CDHS by the United States Government for the fiscal years covered by the term of this Agreement. In addition, this Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or any statute enacted by the Congress, which may affect the provisions, terms or funding of this Agreement in any manner.

C. It is mutually agreed that if Congress does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.

6. Accountability Requirements

A. CDHS may recoup funds that are not spent for allowable purposes as specified in State statute and determined by CDHS. CDHS will meet with the LHD or local entity prior to recouping such funds.

B. CDHS may withhold payments if the LHD or local entity is not in compliance with the terms and conditions of this Agreement or the approved local funding application, plan and budget. CDHS may withhold payments if the LHD or local entity cannot demonstrate progress toward protecting the jurisdiction from the threat of a bioterrorist attack, infectious disease outbreak or other public health threat or emergency as described in its progress and expenditure reports. CDHS may withhold or reduce payments if the LHD's or local entity's expenditure reports indicate that quarterly payments remain unspent. CDHS will meet with local health officials prior to withholding or reducing such payments.

C. The LHD or local entity shall return unexpended funds unless carry over of such funds is approved by CDHS and CDC/HRSA or the grant period is extended.

D. The LHD or local entity shall maintain the supporting documentation that substantiates all expenditure reports for a minimum of seven years.

7. Unobligated Balances

At any time during the term of this Agreement, CDHS may request LHDs or local entities to identify unobligated funds. The presentation of this information shall be in a manner prescribed by CDHS to include identification of unobligated funds by budget category, target capability elements and line item.

CDC – HRSA, EXHIBIT B, ATTACHMENT 1, CRITERIA FOR PAYMENTS

		CDC	HRSA	CDC Pandemic Influenza (Federal Fund)	State Pandemic Influenza (General Fund)
1st Payment	**Criteria***	EPO must receive following signed documents: - Agreement Page - Non Supplantation Certification Form - Certification Regarding Lobbying	EPO must receive following signed documents: - Agreement Page - Non Supplantation Certification Form - Certification Regarding Lobbying **AND:** Four (4) Letters of Support	EPO must receive following signed documents: - Agreement Page - Non Supplantation Certification Form - Certification Regarding Lobbying	EPO must receive following signed documents: - Agreement Page - Non Supplantation Certification Form - Certification Regarding Lobbying
	Payment	25% of Allocation plus total lab allocation (not including lab trainees)	25% of Allocation	25% of Allocation	25% of Allocation
2nd Payment	**Criteria***	1st Payment Criteria must be met **AND** the Workplan and Budget must be approved	1st Payment Criteria must be met **AND** local entity must submit a work plan, budget, and invoice which shows current expenditures.	1st Payment Criteria must be met **AND** the Workplan and Budget must be approved	1st Payment Criteria must be met **AND** the Workplan and Budget must be approved, **AND** LHD must submit an invoice which shows current expenditures.
	Payment	25% of Allocation plus any approved lab trainee funding	EPO will pay the local entity for actual expenditures above the 25% advance (i.e. - if a local entity submits and invoice for 35%, EPO will pay them 10% because the local entity already received 25%).	25% of Allocation	EPO will pay LHD for actual expenditures above the 25% advance (i.e. - if a LHD submits and invoice for 35%, EPO will pay them 10% because the LHD already received 25%).
3rd Payment	**Criteria***	1st & 2nd Payment Criteria must be met **AND** prior year-end progress report must be submitted	1st & 2nd payment criteria must be met **AND** Local entity must submit a progress report	1st & 2nd Payment Criteria must be met **AND** year-end progress report must be submitted	1st & 2nd payment criteria must be met **AND** LHD must submit and invoice and progress report
	Payment	25% of Allocation	EPO will pay the local entity for actual expenditures (above the 2nd quarter payment)	25% of Allocation	EPO will pay the LHD for actual expenditures (above the 2nd quarter payment)
Final Payment	**Criteria***	1st, 2nd & 3rd Payment Criteria must be met **AND** current mid-year progress report must be submitted	1st, 2nd & 3rd payment criteria must be met **AND** Local entity must submit their final invoice	1st, 2nd & 3rd Payment Criteria must be met **AND** mid-year progress report must be submitted	1st, 2nd & 3rd payment criteria must be met **AND** LHD must submit their final invoice
	Payment	25% of Allocation or remaining balance	EPO will pay the local entity for actual expenditures (above the 3rd quarter payment)	25% of Allocation or remaining balance	EPO will pay the LHD for actual expenditures (above the 3rd quarter payment)

* (Must be met before payment sent to LHD or local entity)

Quarterly Invoices due no later than:

February 15, 2007	**For 2nd Payment**
June 15, 2007	**For 3rd Payment**
September 15, 2007	**For Final Payment**

Exhibit C
Additional Provisions

1. Additional Incorporated Exhibits

The following documents and any subsequent updates are not attached, but are incorporated herein and made a part hereof by this reference. These documents may be updated periodically by CDHS, as required by program directives. CDHS shall provide the LHD or local entity with copies of said documents and any periodic updates thereto, under separate cover. CDHS will maintain on file, all documents referenced herein and any subsequent updates.

A. Department of Health and Human Services, Centers for Disease Control and Prevention, Public Health Emergency Preparedness FY 2006-2007 Guidance.

B. U.S. Department of Health and Human Services, Health Resources and Services Administration, National Bioterrorism Hospital Preparedness Program, Program Guidance, FY 2006-2007.

C. CDHS Guidance to LHDs or local entities for Public Health Emergency Preparedness Funds.

D. LHD's or local entity's Public Health and Healthcare Preparedness Cooperative Agreement Application, Plan, and Budget and all attachments (refer to the CDHS Guidance to LHDs and local entites for all the attachments).

2. Contract Amendments

Should either party, during the term of this agreement, desire a change or amendment to the terms of this Agreement, such changes or amendments shall be proposed in writing to the other party, who will respond in writing as to whether the proposed changes/amendments are accepted or rejected. If accepted and after negotiations are concluded, the agreed upon changes shall be made through the State's official agreement amendment process. No amendment will be considered binding on either party until it is formally approved by the State.

3. Cancellation / Termination

A. This agreement may be cancelled or terminated without cause by either party by giving thirty (30) calendar days advance written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment/ invoicing instructions/requirements

B. Upon receipt of a notice of termination or cancellation from CDHS, LHD or local entity shall take immediate steps to stop performance and to cancel or reduce subsequent contract costs.

C. LHD or local entity shall be entitled to payment for all allowable costs authorized under this agreement, including authorized non-cancelable obligations incurred up to the date of termination or cancellation, provided such expenses do not exceed the stated maximum amounts payable.

D. Agreement termination or cancellation shall be effective as of the date indicated in CDHS' notification to LHD or local entity. The notice shall stipulate any final performance, invoicing or payment requirements.

E. In the event of early termination or cancellation, LHD or local entity shall be entitled to compensation for services performed satisfactorily under this Agreement and expenses incurred up to the date of cancellation and any non-cancelable obligations incurred in support of this Agreement.

4. Dispute Resolution Process

A. This provision supplements provision 15 of Exhibit D(F).

B. CDHS may recoup from a LHD or local entity any funds allocated pursuant to this article that are unspent or that are not expended for purposes specified in subdivision (d).

C. CDHS may also recoup funds expended by the LHD or local entity in violation of subdivision (d) of Section 101315 of the California Health and Safety Code.

D. CDHS may withhold quarterly payments of funds to a LHD or local entity if the LHD or local entity is not in compliance with this article or the terms of that LHD's or local entity's plan as approved by CDHS.

E. Before any funds are recouped or withheld from a LHD or local entity, CDHS shall meet with local health officials to discuss the status of the unspent moneys or the disputed use of the funds, or both.

Special Terms and Conditions

(For federally funded service contracts and grant awards)

The use of headings or titles throughout this exhibit is for convenience only and shall not be used to interpret or to govern the meaning of any specific term or condition. The terms "contract", "Contractor" and "Subcontractor" shall also mean, "grant", "Grantee" and "Subgrantee" respectively.

This exhibit contains provisions that require strict adherence to various contracting laws and policies. Some provisions herein are conditional and only apply if specified conditions exist (i.e., agreement total exceeds a certain amount, agreement is federally funded, etc.). The provisions herein apply to this agreement unless the provisions are removed by reference on the face of the agreement, the provisions are superseded by an alternate provision appearing elsewhere in the agreement, or the applicable conditions do not exist.

Index of Special Terms and Conditions

1. Federal Equal Employment Opportunity Requirements
2. Travel and Per Diem Reimbursement
3. Procurement Rules
4. Equipment Ownership / Inventory / Disposition
5. Subcontract Requirements
6. Income Restrictions
7. Audit and Record Retention
8. Site Inspection
9. Federal Contract Funds
10. Intellectual Property Rights
11. Air or Water Pollution Requirements
12. Prior Approval of Training Seminars, Workshops or Conferences
13. Confidentiality of Information
14. Documents, Publications, and Written Reports
15. Dispute Resolution Process
16. Financial and Compliance Audit Requirements
17. Human Subjects Use Requirements
18. Novation Requirements
19. Debarment and Suspension Certification
20. Smoke-Free Workplace Certification
21. Covenant Against Contingent Fees
22. Payment Withholds
23. Performance Evaluation
24. Officials Not to Benefit
25. Four-Digit Date Compliance
26. Prohibited Use of State Funds for Software
27. Use of Small, Minority Owned and Women's Businesses
28. Alien Ineligibility Certification
29. Union Organizing
30. Contract Uniformity (Fringe Benefit Allowability)
31. Lobbying Restrictions and Disclosure Certification

1. Federal Equal Opportunity Requirements

(Applicable to all federally funded agreements entered into by the California Department of Health Services (CDHS).)

a. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. The Contractor will take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and career development opportunities and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Federal Government or CDHS, setting forth the provisions of the Equal Opportunity clause, Section 503 of the Rehabilitation Act of 1973 and the affirmative action clause required by the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212). Such notices shall state the Contractor's obligation under the law to take affirmative action to employ and advance in employment qualified applicants without discrimination based on their race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era and the rights of applicants and employees.

b. The Contractor will, in all solicitations or advancements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era.

c. The Contractor will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding a notice, to be provided by the Federal Government or the State, advising the labor union or workers' representative of the Contractor's commitments under the provisions herein and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

d. The Contractor will comply with all provisions of and furnish all information and reports required by Section 503 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212) and of the Federal Executive Order No. 11246 as amended, including by Executive Order 11375, ‘Amending Executive Order 11246 Relating to Equal Employment Opportunity,‘ and as supplemented by regulation at 41 CFR part 60, “Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor,” and of the rules, regulations, and relevant orders of the Secretary of Labor.

e. The Contractor will furnish all information and reports required by Federal Executive Order No. 11246 as amended, including by Executive Order 11375, ‘Amending Executive Order 11246 Relating to Equal Employment Opportunity,‘ and as supplemented by regulation at 41 CFR part 60, “Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor,” and the Rehabilitation Act of 1973, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to its books, records, and accounts by the State and its designated representatives and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

f. In the event of the Contractor's noncompliance with the requirements of the provisions herein or with any federal rules, regulations, or orders which are referenced herein, this agreement may be cancelled, terminated, or suspended in whole or in part and the Contractor may be declared ineligible for further federal and state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and such other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, including by Executive Order 11375, ‘Amending Executive Order

11246 Relating to Equal Employment Opportunity,‘ and as supplemented by regulation at 41 CFR part 60, “Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor,” or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

g. The Contractor will include the provisions of Paragraphs a through g in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Federal Executive Order No. 11246 as amended, including by Executive Order 11375, ‘Amending Executive Order 11246 Relating to Equal Employment Opportunity,‘ and as supplemented by regulation at 41 CFR part 60, “Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor,” or Section 503 of the Rehabilitation Act of 1973 or (38 U.S.C. 4212) of the Vietnam Era Veteran's Readjustment Assistance Act, so that such provisions will be binding upon each subcontractor or vendor. The Contractor will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs or CDHS may direct as a means of enforcing such provisions including sanctions for noncompliance provided, however, that in the event the Contractor becomes involved in, or is threatened with litigation by a subcontractor or vendor as a result of such direction by CDHS, the Contractor may request in writing to CDHS, who, in turn, may request the United States to enter into such litigation to protect the interests of the State and of the United States.

2. Travel and Per Diem Reimbursement

(Applicable if travel and/or per diem expenses are reimbursed with contract funds.)

Reimbursement for travel and per diem expenses from CDHS under this agreement shall, unless otherwise specified in this agreement, be at the rates currently in effect, as established by the California Department of Personnel Administration (DPA), for nonrepresented state employees as stipulated in CDHS’ Travel Reimbursement Information Exhibit.
If the DPA rates change during the term of the agreement, the new rates shall apply upon their effective date and no amendment to this agreement shall be necessary. Exceptions to DPA rates may be approved by CDHS upon the submission of a statement by the Contractor indicating that such rates are not available to the Contractor. No travel outside the State of California shall be reimbursed without prior authorization from CDHS. Verbal authorization should be confirmed in writing. Written authorization may be in a form including fax or email confirmation.

3. Procurement Rules

(Applicable to all agreements in which equipment, miscellaneous property, commodities and/or supplies are furnished by CDHS or expenses for said items are reimbursed with state or federal funds.)

a. **Equipment definitions**

Wherever the term equipment and/or miscellaneous property is used, the following definitions shall apply:

(1) **Major equipment**: A tangible or intangible item having a base unit cost of **$5,000 or more** with a life expectancy of one (1) year or more and is either furnished by CDHS or the cost is reimbursed through this agreement. Software and videos are examples of intangible items that meet this definition.

(2) **Minor equipment**: A tangible item having a base unit cost of **less than $5,000** with a life expectancy of one (1) year or more that is listed on the CDHS Asset Management Unit’s Minor Equipment List and is either furnished by CDHS or the cost is reimbursed through this agreement. Contractors may obtain a copy of the Minor Equipment List by making a request through the CDHS program contract manager.

(3) **Miscellaneous property**: A specific tangible item with a life expectancy of one (1) year or more that is either furnished by CDHS or the cost is reimbursed through this agreement. Examples include, but are not limited to: furniture (excluding modular furniture), cabinets, typewriters, desktop calculators, portable dictators, non-digital cameras, etc.

b. **Government and public entities** (including state colleges/universities and auxiliary organizations), whether acting as a contractor and/or subcontractor, may secure all commodities, supplies, equipment and services related to such purchases that are required in performance of this agreement. Said procurements are subject to Paragraphs d through h of Provision 3. Paragraph c of Provision 3 shall also apply, if equipment purchases are delegated to subcontractors that are nonprofit organizations or commercial businesses.

c. **Nonprofit organizations and commercial businesses**, whether acting as a contractor and/or subcontractor, may secure commodities, supplies, equipment and services related to such purchases for performance under this agreement.

(1) Equipment purchases shall not exceed $50,000 annually.

To secure equipment above the annual maximum limit of $50,000, the Contractor shall make arrangements through the appropriate CDHS program contract manager, to have all remaining equipment purchased through CDHS' Purchasing Unit. The cost of equipment purchased by or through CDHS shall be deducted from the funds available in this agreement. Contractor shall submit to the CDHS program contract manager a list of equipment specifications for those items that the State must procure. The State may pay the vendor directly for such arranged equipment purchases and title to the equipment will remain with CDHS. The equipment will be delivered to the Contractor's address, as stated on the face of the agreement, unless the Contractor notifies the CDHS program contract manager, in writing, of an alternate delivery address.

(2) All equipment purchases are subject to Paragraphs d through h of Provision 3. Paragraph b of Provision 3 shall also apply, if equipment purchases are delegated to subcontractors that are either a government or public entity.

(3) Nonprofit organizations and commercial businesses, shall use a procurement system that meets the following standards:

(a) Maintain a code or standard of conduct that shall govern the performance of its officers, employees, or agents engaged in awarding procurement contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a procurement contract in which, to his or her knowledge, he or she has a financial interest.

(b) Procurements shall be conducted in a manner that provides, to the maximum extent practical, open, and free competition.

(c) Procurements shall be conducted in a manner that provides for all of the following:

[1] Avoid purchasing unnecessary or duplicate items.

[2] Equipment solicitations shall be based upon a clear and accurate description of the technical requirements of the goods to be procured.

[3] Take positive steps to utilize small and veteran owned businesses.

d. Unless waived or otherwise stipulated in writing by CDHS, prior written authorization from the appropriate CDHS program contract manager will be required before the Contractor will be reimbursed for any purchase of $5,000 or more for commodities, supplies, equipment, and services related to such purchases. The Contractor must provide in its request for authorization all particulars necessary, as specified by CDHS, for evaluating the necessity or desirability of incurring such costs. The term "purchase" excludes the purchase of services from a subcontractor and public utility services at rates established for uniform applicability to the general public.

e. In special circumstances, determined by CDHS (e.g., when CDHS has a need to monitor certain purchases, etc.), CDHS may require prior written authorization and/or the submission of paid vendor receipts for any

purchase, regardless of dollar amount. CDHS reserves the right to either deny claims for reimbursement or to request repayment for any Contractor and/or subcontractor purchase that CDHS determines to be unnecessary in carrying out performance under this agreement.

f. The Contractor and/or subcontractor must maintain a copy or narrative description of the procurement system, guidelines, rules, or regulations that will be used to make purchases under this agreement. The State reserves the right to request a copy of these documents and to inspect the purchasing practices of the Contractor and/or subcontractor at any time.

g. For all purchases, the Contractor and/or subcontractor must maintain copies of all paid vendor invoices, documents, bids and other information used in vendor selection, for inspection or audit. Justifications supporting the absence of bidding (i.e., sole source purchases) shall also be maintained on file by the Contractor and/or subcontractor for inspection or audit.

h. CDHS may, with cause (e.g., with reasonable suspicion of unnecessary purchases or use of inappropriate purchase practices, etc.), withhold, cancel, modify, or retract the delegated purchase authority granted under Paragraphs b and/or c of Provision 3 by giving the Contractor no less than 30 calendar days written notice.

4. Equipment Ownership / Inventory / Disposition

(Applicable to agreements in which equipment and/or miscellaneous property is furnished by CDHS and/or when said items are purchased or reimbursed with state or federal funds.)

a. Wherever the term equipment and/or miscellaneous property is used in Provision 4, the definitions in Provision 3, Paragraph a shall apply.

Unless otherwise stipulated in this agreement, all equipment and/or miscellaneous property that are purchased/reimbursed with agreement funds or furnished by CDHS under the terms of this agreement shall be considered state equipment and the property of CDHS.

(1) CDHS requires the reporting, tagging and annual inventorying of all equipment and/or miscellaneous property that is furnished by CDHS or purchased/reimbursed with funds provided through this agreement.

Upon receipt of equipment and/or miscellaneous property, the Contractor shall report the receipt to the CDHS program contract manager. To report the receipt of said items and to receive property tags, Contractor shall use a form or format designated by CDHS' Asset Management Unit. If the appropriate form (i.e., Contractor Equipment Purchased with CDHS Funds) does not accompany this agreement, Contractor shall request a copy from the CDHS program contract manager.

(2) If the Contractor enters into an agreement with a term of more than twelve months, the Contractor shall submit an annual inventory of state equipment and/or miscellaneous property to the CDHS program contract manager using a form or format designated by CDHS' Asset Management Unit. If an inventory report form (i.e., Inventory/Disposition of CDHS-Funded Equipment) does not accompany this agreement, Contractor shall request a copy from the CDHS program contract manager. Contractor shall:

(a) Include in the inventory report, equipment and/or miscellaneous property in the Contractor's possession and/or in the possession of a subcontractor (including independent consultants).

(b) Submit the inventory report to CDHS according to the instructions appearing on the inventory form or issued by the CDHS program contract manager.

(c) Contact the CDHS program contract manager to learn how to remove, trade-in, sell, transfer or survey off, from the inventory report, expired equipment and/or miscellaneous property that is no longer wanted, usable or has passed its life expectancy. Instructions will be supplied by CDHS' Asset Management Unit.

b. Title to state equipment and/or miscellaneous property shall not be affected by its incorporation or attachment to any property not owned by the State.

c. Unless otherwise stipulated, CDHS shall be under no obligation to pay the cost of restoration, or rehabilitation of the Contractor's and/or Subcontractor's facility which may be affected by the removal of any state equipment and/or miscellaneous property.

d. The Contractor and/or Subcontractor shall maintain and administer a sound business program for ensuring the proper use, maintenance, repair, protection, insurance and preservation of state equipment and/or miscellaneous property.

(1) In administering this provision, CDHS may require the Contractor and/or Subcontractor to repair or replace, to CDHS' satisfaction, any damaged, lost or stolen state equipment and/or miscellaneous property. Contractor and/or Subcontractor shall immediately file a theft report with the appropriate police agency or the California Highway Patrol and Contractor shall promptly submit one copy of the theft report to the CDHS program contract manager.

e. Unless otherwise stipulated by the program funding this agreement, equipment and/or miscellaneous property purchased/reimbursed with agreement funds or furnished by CDHS under the terms of this agreement, shall only be used for performance of this agreement or another CDHS agreement.

f. Within sixty (60) calendar days prior to the termination or end of this agreement, the Contractor shall provide a final inventory report of equipment and/or miscellaneous property to the CDHS program contract manager and shall, at that time, query CDHS as to the requirements, including the manner and method, of returning state equipment and/or miscellaneous property to CDHS. Final disposition of equipment and/or miscellaneous property shall be at CDHS expense and according to CDHS instructions. Equipment and/or miscellaneous property disposition instructions shall be issued by CDHS immediately after receipt of the final inventory report. At the termination or conclusion of this agreement, CDHS may at its discretion, authorize the continued use of state equipment and/or miscellaneous property for performance of work under a different CDHS agreement.

g. **Motor Vehicles**

(Applicable only if motor vehicles are purchased/reimbursed with agreement funds or furnished by CDHS under this agreement.)

(1) If motor vehicles are purchased/reimbursed with agreement funds or furnished by CDHS under the terms of this agreement, within thirty (30) calendar days prior to the termination or end of this agreement, the Contractor and/or Subcontractor shall return such vehicles to CDHS and shall deliver all necessary documents of title or registration to enable the proper transfer of a marketable title to CDHS.

(2) If motor vehicles are purchased/reimbursed with agreement funds or furnished by CDHS under the terms of this agreement, the State of California shall be the legal owner of said motor vehicles and the Contractor shall be the registered owner. The Contractor and/or a subcontractor may only use said vehicles for performance and under the terms of this agreement.

(3) The Contractor and/or Subcontractor agree that all operators of motor vehicles, purchased/reimbursed with agreement funds or furnished by CDHS under the terms of this agreement, shall hold a valid State of California driver's license. In the event that ten or more passengers are to be transported in any one vehicle, the operator shall also hold a State of California Class B driver's license.

(4) If any motor vehicle is purchased/reimbursed with agreement funds or furnished by CDHS under the terms of this agreement, the Contractor and/or Subcontractor, as applicable, shall provide, maintain, and certify that, at a minimum, the following type and amount of automobile liability insurance is in effect during the term of this agreement or any period of contract extension during which any vehicle remains in the Contractor's and/or Subcontractor's possession:

Automobile Liability Insurance

(a) The Contractor, by signing this agreement, hereby certifies that it possesses or will obtain automobile liability insurance in the amount of $1,000,000 per occurrence for bodily injury and property damage combined. Said insurance must be obtained and made effective upon the delivery date of any motor vehicle, purchased/reimbursed with agreement funds or furnished by CDHS under the terms of this agreement, to the Contractor and/or Subcontractor.

(b) The Contractor and/or Subcontractor shall, as soon as practical, furnish a copy of the certificate of insurance to the CDHS program contract manager.

(c) The Contractor and/or Subcontractor agree that bodily injury and property damage liability insurance, as required herein, shall remain in effect at all times during the term of this agreement or until such time as the motor vehicle is returned to CDHS.

(d) The Contractor and/or Subcontractor agree to provide, at least thirty (30) days prior to the expiration date of said insurance coverage, a copy of a new certificate of insurance evidencing continued coverage, as indicated herein, for not less than the remainder of the term of this agreement, the term of any extension or continuation thereof, or for a period of not less than one (1) year.

(e) The Contractor and/or Subcontractor, if not a self-insured government and/or public entity, must provide evidence, that any required certificates of insurance contain the following provisions:

[1] The insurer will not cancel the insured's coverage without giving thirty (30) calendar days prior written notice to the State (California Department of Health Services).

[2] The State of California, its officers, agents, employees, and servants are included as additional insureds, but only with respect to work performed for the State under this agreement and any extension or continuation of this agreement.

[3] The insurance carrier shall notify the California Department of Health Services (CDHS), in writing, of the Contractor's failure to pay premiums; its cancellation of such policies; or any other substantial change, including, but not limited to, the status, coverage, or scope of the required insurance. Such notices shall contain a reference to the agreement number for which the insurance was obtained.

(f) The Contractor and/or Subcontractor is hereby advised that copies of certificates of insurance may be subject to review and approval by the Department of General Services (DGS), Office of Risk and Insurance Management. The Contractor shall be notified by CDHS, in writing, if this provision is applicable to this agreement. If DGS approval of the certificate of insurance is required, the Contractor agrees that no work or services shall be performed prior to obtaining said approval.

(g) In the event the Contractor and/or Subcontractor fails to keep insurance coverage, as required herein, in effect at all times during vehicle possession, CDHS may, in addition to any other remedies it may have, terminate this agreement upon the occurrence of such event.

5. Subcontract Requirements

(Applicable to agreements under which services are to be performed by subcontractors including independent consultants.)

a. Prior written authorization will be required before the Contractor enters into or is reimbursed for any subcontract for services costing $5,000 or more. Except as indicated in Paragraph a(3) herein, when securing subcontracts for services exceeding $5,000, the Contractor shall obtain at least three bids or justify a sole source award.

(1) The Contractor must provide in its request for authorization, all information necessary for evaluating the necessity or desirability of incurring such cost.

(2) The State may identify the information needed to fulfill this requirement.

(3) Subcontracts performed by the following entities or for the service types listed below are exempt from the bidding and sole source justification requirements:

(a) A local governmental entity or the federal government,
(b) A State college or university from any State,
(c) A Joint Powers Authority,
(d) An auxiliary organization of a California State University or a California community college,
(e) A foundation organized to support the Board of Governors of the California Community Colleges,
(f) An auxiliary organization of the Student Aid Commission established under Education Code § 69522,
(g) Entities of any type that will provide subvention aid or direct services to the public,
(h) Entities and/or service types identified as exempt from advertising in State Administrative Manual Section 1233 subsection 3. View this publication at the following Internet address: http://sam.dgs.ca.gov.

b. CDHS reserves the right to approve or disapprove the selection of subcontractors and with advance written notice, require the substitution of subcontractors and require the Contractor to terminate subcontracts entered into in support of this agreement.

(1) Upon receipt of a written notice from CDHS requiring the substitution and/or termination of a subcontract, the Contractor shall take steps to ensure the completion of any work in progress and select a replacement, if applicable, within 30 calendar days, unless a longer period is agreed to by CDHS.

c. Actual subcontracts (i.e., written agreement between the Contractor and a subcontractor) of $5,000 or more are subject to the prior review and written approval of CDHS. CDHS may, at its discretion, elect to waive this right. All such waivers shall be confirmed in writing by CDHS.

d. Contractor shall maintain a copy of each subcontract entered into in support of this agreement and shall, upon request by CDHS, make copies available for approval, inspection, or audit.

e. CDHS assumes no responsibility for the payment of subcontractors used in the performance of the agreement. Contractor accepts sole responsibility for the payment of subcontractors used in the performance of this agreement.

f. The Contractor is responsible for all performance requirements under this agreement even though performance may be carried out through a subcontract.

g. The Contractor shall ensure that all subcontracts for services include provision(s) requiring compliance with applicable terms and conditions specified in this agreement.

h. The Contractor agrees to include the following clause, relevant to record retention, in all subcontracts for services:

"(*Subcontractor Name*) agrees to maintain and preserve, until three years after termination of (*Agreement Number*) and final payment from CDHS to the Contractor, to permit CDHS or any duly authorized representative, to have access to, examine or audit any pertinent books, documents, papers and records related to this subcontract and to allow interviews of any employees who might reasonably have information related to such records."

i. Unless otherwise stipulated in writing by CDHS, the Contractor shall be the subcontractor's sole point of contact for all matters related to performance and payment under this agreement.

j. Contractor shall, as applicable, advise all subcontractors of their obligations pursuant to the following numbered provisions of this Exhibit: 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 17, 19, 20, 24, and 32.

6. Income Restrictions

Unless otherwise stipulated in this agreement, the Contractor agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Contractor under this agreement shall be paid by the Contractor to CDHS, to the extent that they are properly allocable to costs for which the Contractor has been reimbursed by CDHS under this agreement.

7. Audit and Record Retention

(Applicable to agreements in excess of $10,000.)

a. The Contractor and/or Subcontractor shall maintain books, records, documents, and other evidence, accounting procedures and practices, sufficient to properly reflect all direct and indirect costs of whatever nature claimed to have been incurred in the performance of this agreement, including any matching costs and expenses. The foregoing constitutes "records" for the purpose of this provision.

b. The Contractor's and/or subcontractor's facility or office or such part thereof as may be engaged in the performance of this agreement and his/her records shall be subject at all reasonable times to inspection, audit, and reproduction.

c. Contractor agrees that CDHS, the Department of General Services, the Bureau of State Audits, or their designated representatives including the Comptroller General of the United States shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this agreement. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, the Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this agreement. (GC 8546.7, CCR Title 2, Section 1896).

d. The Contractor and/or Subcontractor shall preserve and make available his/her records (1) for a period of three years from the date of final payment under this agreement, and (2) for such longer period, if any, as is required by applicable statute, by any other provision of this agreement, or by subparagraphs (1) or (2) below.

(1) If this agreement is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of three years from the date of any resulting final settlement.

(2) If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the three-year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three-year period, whichever is later.

e. The Contractor and/or Subcontractor shall comply with the above requirements and be aware of the penalties for violations of fraud and for obstruction of investigation as set forth in Public Contract Code § 10115.10, if applicable.

f. The Contractor and/or Subcontractor may, at its discretion, following receipt of final payment under this agreement, reduce its accounts, books and records related to this agreement to microfilm, computer disk, CD ROM, or other data storage medium. Upon request by an authorized representative to inspect, audit or obtain copies of said records, the Contractor and/or Subcontractor must supply or make available applicable devices, hardware, and/or software necessary to view, copy and/or print said records. Applicable devices may include, but are not limited to, microfilm readers and microfilm printers, etc.

8. Site Inspection

The State, through any authorized representatives, has the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed hereunder including subcontract supported activities and the premises in which it is being performed. If any inspection or evaluation is made of the premises of the Contractor or Subcontractor, the Contractor shall provide and shall require Subcontractors to provide all reasonable facilities and assistance for the safety and convenience of the authorized representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work.

9. Federal Contract Funds

(Applicable only to that portion of an agreement funded in part or whole with federal funds.)

a. It is mutually understood between the parties that this agreement may have been written before ascertaining the availability of congressional appropriation of funds, for the mutual benefit of both parties, in order to avoid program and fiscal delays which would occur if the agreement were executed after that determination was made.

b. This agreement is valid and enforceable only if sufficient funds are made available to the State by the United States Government for the fiscal years covered by the term of this agreement. In addition, this agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or any statute enacted by the Congress which may affect the provisions, terms or funding of this agreement in any manner.

c. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this agreement shall be amended to reflect any reduction in funds.

d. CDHS has the option to invalidate or cancel the agreement with 30-days advance written notice or to amend the agreement to reflect any reduction in funds.

10. Intellectual Property Rights

a. Ownership

(1) Except where CDHS has agreed in a signed writing to accept a license, CDHS shall be and remain, without additional compensation, the sole owner of any and all rights, title and interest in all Intellectual Property, from the moment of creation, whether or not jointly conceived, that are made, conceived, derived from, or reduced to practice by Contractor or CDHS and which result directly or indirectly from this agreement.

(2) For the purposes of this agreement, Intellectual Property means recognized protectable rights and interest such as: patents, (whether or not issued) copyrights, trademarks, service marks, applications for any of the foregoing, inventions, trade secrets, trade dress, logos, insignia, color combinations, slogans, moral rights, right of publicity, author's rights, contract and licensing rights, works, mask works, industrial design rights, rights of priority, know how, design flows, methodologies, devices, business processes, developments, innovations, good will and all other legal rights protecting intangible proprietary information as may exist now and/or here after come into existence, and all renewals and extensions,

regardless of whether those rights arise under the laws of the United States, or any other state, country or jurisdiction.

(a) For the purposes of the definition of Intellectual Property, "works" means all literary works, writings and printed matter including the medium by which they are recorded or reproduced, photographs, art work, pictorial and graphic representations and works of a similar nature, film, motion pictures, digital images, animation cells, and other audiovisual works including positives and negatives thereof, sound recordings, tapes, educational materials, interactive videos and any other materials or products created, produced, conceptualized and fixed in a tangible medium of expression. It includes preliminary and final products and any materials and information developed for the purposes of producing those final products. Works does not include articles submitted to peer review or reference journals or independent research projects.

(3) In the performance of this agreement, Contractor will exercise and utilize certain of its Intellectual Property in existence prior to the effective date of this agreement. In addition, under this agreement, Contractor may access and utilize certain of CDHS' Intellectual Property in existence prior to the effective date of this agreement. Except as otherwise set forth herein, Contractor shall not use any of CDHS' Intellectual Property now existing or hereafter existing for any purposes without the prior written permission of CDHS.
Except as otherwise set forth herein, neither the Contractor nor CDHS shall give any ownership interest in or rights to its Intellectual Property to the other Party. If during the term of this agreement, Contractor accesses any third-party Intellectual Property that is licensed to CDHS, Contractor agrees to abide by all license and confidentiality restrictions applicable to CDHS in the third-party's license agreement.

(4) Contractor agrees to cooperate with CDHS in establishing or maintaining CDHS' exclusive rights in the Intellectual Property, and in assuring CDHS' sole rights against third parties with respect to the Intellectual Property. If the Contractor enters into any agreements or subcontracts with other parties in order to perform this agreement, Contractor shall require the terms of the agreement(s) to include all Intellectual Property provisions. Such terms must include, but are not limited to, the subcontractor assigning and agreeing to assign to CDHS all rights, title and interest in Intellectual Property made, conceived, derived from, or reduced to practice by the subcontractor, Contractor or CDHS and which result directly or indirectly from this agreement or any subcontract.

(5) Contractor further agrees to assist and cooperate with CDHS in all reasonable respects, and execute all documents and, subject to reasonable availability, give testimony and take all further acts reasonably necessary to acquire, transfer, maintain, and enforce CDHS' Intellectual Property rights and interests.

b. Retained Rights / License Rights

(1) Except for Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or CDHS and which result directly or indirectly from this agreement, Contractor shall retain title to all of its Intellectual Property to the extent such Intellectual Property is in existence prior to the effective date of this agreement. Contractor hereby grants to CDHS, without additional compensation, a permanent, non-exclusive, royalty free, paid-up, worldwide, irrevocable, perpetual, non-terminable license to use, reproduce, manufacture, sell, offer to sell, import, export, modify, publicly and privately display/perform, distribute, and dispose Contractor's Intellectual Property with the right to sublicense through multiple layers, for any purpose whatsoever, to the extent it is incorporated in the Intellectual Property resulting from this agreement, unless Contractor assigns all rights, title and interest in the Intellectual Property as set forth herein.

(2) Nothing in this provision shall restrict, limit, or otherwise prevent Contractor from using any ideas, concepts, know-how, methodology or techniques related to its performance under this agreement, provided that Contractor's use does not infringe the patent, copyright, trademark rights, license or other Intellectual Property rights of CDHS or third party, or result in a breach or default of any provisions of this Exhibit or result in a breach of any provisions of law relating to confidentiality.

c. Copyright

(1) Contractor agrees that for purposes of copyright law, all works [as defined in Section a, subparagraph (2)(a) of this provision] of authorship made by or on behalf of Contractor in connection with Contractor's performance of this agreement shall be deemed "works made for hire". Contractor further agrees that the work of each person utilized by Contractor in connection with the performance of this agreement will be a "work made for hire," whether that person is an employee of Contractor or that person has entered into an agreement with Contractor to perform the work. Contractor shall enter into a written agreement with any such person that: (i) all work performed for Contractor shall be deemed a "work made for hire" under the Copyright Act and (ii) that person shall assign all right, title, and interest to CDHS to any work product made, conceived, derived from, or reduced to practice by Contractor or CDHS and which result directly or indirectly from this agreement.

(2) All materials, including, but not limited to, visual works or text, reproduced or distributed pursuant to this agreement that include Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or CDHS and which result directly or indirectly from this agreement, shall include CDHS' notice of copyright, which shall read in 3mm or larger typeface: "© *[Enter Current Year e.g., 2006, etc.]*, California Department of Health Services. This material may not be reproduced or disseminated without prior written permission from the California Department of Health Services." This notice should be placed prominently on the materials and set apart from other matter on the page where it appears. Audio productions shall contain a similar audio notice of copyright.

d. Patent Rights

With respect to inventions made by Contractor in the performance of this agreement, which did not result from research and development specifically included in the agreement's scope of work, Contractor hereby grants to CDHS a license as described under Section b of this provision for devices or material incorporating, or made through the use of such inventions. If such inventions result from research and development work specifically included within the agreement's scope of work, then Contractor agrees to assign to CDHS, without additional compensation, all its right, title and interest in and to such inventions and to assist CDHS in securing United States and foreign patents with respect thereto.

e. Third-Party Intellectual Property

Except as provided herein, Contractor agrees that its performance of this agreement shall not be dependent upon or include any Intellectual Property of Contractor or third party without first: (i) obtaining CDHS' prior written approval; and (ii) granting to or obtaining for CDHS, without additional compensation, a license, as described in Section b of this provision, for any of Contractor's or third-party's Intellectual Property in existence prior to the effective date of this agreement.
If such a license upon the these terms is unattainable, and CDHS determines that the Intellectual Property should be included in or is required for Contractor's performance of this agreement, Contractor shall obtain a license under terms acceptable to CDHS.

f. Warranties

(1) Contractor represents and warrants that:

(a) It is free to enter into and fully perform this agreement.

(b) It has secured and will secure all rights and licenses necessary for its performance of this agreement.

(c) Neither Contractor's performance of this agreement, nor the exercise by either Party of the rights granted in this agreement, nor any use, reproduction, manufacture, sale, offer to sell, import, export, modification, public and private display/performance, distribution, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or CDHS and which result directly or indirectly from this agreement will infringe upon or violate any Intellectual Property right, non-disclosure obligation, or other proprietary right or interest of any third-party or entity now existing under the laws of, or hereafter existing or issued by, any state, the United States, or any foreign country. There is currently no actual or threatened claim by any such third party based on an alleged violation of any such right by Contractor.

(d) Neither Contractor's performance nor any part of its performance will violate the right of privacy of, or constitute a libel or slander against any person or entity.

(e) It has secured and will secure all rights and licenses necessary for Intellectual Property including, but not limited to, consents, waivers or releases from all authors of music or performances used, and talent (radio, television and motion picture talent), owners of any interest in and to real estate, sites, locations, property or props that may be used or shown.

(f) It has not granted and shall not grant to any person or entity any right that would or might derogate, encumber, or interfere with any of the rights granted to CDHS in this agreement.

(g) It has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this agreement for the acquisition, operation or maintenance of computer software in violation of copyright laws.

(h) It has no knowledge of any outstanding claims, licenses or other charges, liens, or encumbrances of any kind or nature whatsoever that could affect in any way Contractor's performance of this agreement.

(2) CDHS MAKES NO WARRANTY THAT THE INTELLECTUAL PROPERTY RESULTING FROM THIS AGREEMENT DOES NOT INFRINGE UPON ANY PATENT, TRADEMARK, COPYRIGHT OR THE LIKE, NOW EXISTING OR SUBSEQUENTLY ISSUED.

g. Intellectual Property Indemnity

(1) Contractor shall indemnify, defend and hold harmless CDHS and its licensees and assignees, and its officers, directors, employees, agents, representatives, successors, and users of its products, ("Indemnitees") from and against all claims, actions, damages, losses, liabilities (or actions or proceedings with respect to any thereof), whether or not rightful, arising from any and all actions or claims by any third party or expenses related thereto (including, but not limited to, all legal expenses, court costs, and attorney's fees incurred in investigating, preparing, serving as a witness in, or defending against, any such claim, action, or proceeding, commenced or threatened) to which any of the Indemnitees may be subject, whether or not Contractor is a party to any pending or threatened litigation, which arise out of or are related to (i) the incorrectness or breach of any of the representations, warranties, covenants or agreements of Contractor pertaining to Intellectual Property; or (ii) any Intellectual Property infringement, or any other type of actual or alleged infringement claim, arising out of CDHS' use, reproduction, manufacture, sale, offer to sell, distribution, import, export, modification, public and private performance/display, license, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or CDHS and which result directly or indirectly from this agreement. This indemnity obligation shall apply irrespective of whether the infringement claim is based on a patent, trademark or copyright registration that issued after the effective date of this agreement. CDHS reserves the right to participate in and/or control, at Contractor's expense, any such infringement action brought against CDHS.

(2) Should any Intellectual Property licensed by the Contractor to CDHS under this agreement become the subject of an Intellectual Property infringement claim, Contractor will exercise its authority reasonably and in good faith to preserve CDHS' right to use the licensed Intellectual Property in accordance with this agreement at no expense to CDHS. CDHS shall have the right to monitor and appear through its own counsel (at Contractor's expense) in any such claim or action. In the defense or settlement of the claim, Contractor may obtain the right for CDHS to continue using the licensed Intellectual Property; or, replace or modify the licensed Intellectual Property so that the replaced or modified Intellectual Property becomes non-infringing provided that such replacement or modification is functionally equivalent to the original licensed Intellectual Property. If such remedies are not reasonably available, CDHS shall be entitled to a refund of all monies paid under this agreement, without restriction or limitation of any other rights and remedies available at law or in equity.

(3) Contractor agrees that damages alone would be inadequate to compensate CDHS for breach of any term of this Intellectual Property Exhibit by Contractor. Contractor acknowledges CDHS would suffer irreparable harm in the event of such breach and agrees CDHS shall be entitled to obtain equitable

relief, including without limitation an injunction, from a court of competent jurisdiction, without restriction or limitation of any other rights and remedies available at law or in equity.

h. Federal Funding

In any agreement funded in whole or in part by the federal government, CDHS may acquire and maintain the Intellectual Property rights, title, and ownership, which results directly or indirectly from the agreement; except as provided in 37 Code of Federal Regulations part 401.14; however, the federal government shall have a non-exclusive, nontransferable, irrevocable, paid-up license throughout the world to use, duplicate, or dispose of such Intellectual Property throughout the world in any manner for governmental purposes and to have and permit others to do so.

i. Survival

The provisions set forth herein shall survive any termination or expiration of this agreement or any project schedule.

11. Air or Water Pollution Requirements

Any federally funded agreement and/or subcontract in excess of $100,000 must comply with the following provisions unless said agreement is exempt under 40 CFR 15.5.

a. Government contractors agree to comply with all applicable standards, orders, or requirements issued under section 306 of the Clean Air Act [42 U.S.C. 1857(h)], section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR part 15).

b. Institutions of higher education, hospitals, nonprofit organizations and commercial businesses agree to comply with all applicable standards, orders, or requirements issued under the Clean Air Act (42 U.S.C. 7401 et seq.), as amended, and the Federal Water Pollution Control Act (33 U.S.C. 1251 et seq.), as amended.

12. Prior Approval of Training Seminars, Workshops or Conferences

Contractor shall obtain prior CDHS approval of the location, costs, dates, agenda, instructors, instructional materials, and attendees at any reimbursable training seminar, workshop, or conference conducted pursuant to this contract and of any reimbursable publicity or educational materials to be made available for distribution. The Contractor shall acknowledge the support of the State whenever publicizing the work under this agreement in any media. This provision does not apply to necessary staff meetings or training sessions held for the staff of the Contractor or Subcontractor to conduct routine business matters.

13. Confidentiality of Information

a. The Contractor and its employees, agents, or subcontractors shall protect from unauthorized disclosure names and other identifying information concerning persons either receiving services pursuant to this agreement or persons whose names or identifying information become available or are disclosed to the Contractor, its employees, agents, or subcontractors as a result of services performed under this agreement, except for statistical information not identifying any such person.

b. The Contractor and its employees, agents, or subcontractors shall not use such identifying information for any purpose other than carrying out the Contractor's obligations under this agreement.

c. The Contractor and its employees, agents, or subcontractors shall promptly transmit to the CDHS program contract manager all requests for disclosure of such identifying information not emanating from the client or person.

d. The Contractor shall not disclose, except as otherwise specifically permitted by this agreement or authorized by the client, any such identifying information to anyone other than CDHS without prior written authorization from the CDHS program contract manager, except if disclosure is required by State or Federal law.

e. For purposes of this provision, identity shall include, but not be limited to name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or a photograph.

14. Documents, Publications and Written Reports

(Applicable to agreements over $5,000 under which publications, written reports and documents are developed or produced. Government Code Section 7550.)

Any document, publication or written report (excluding progress reports, financial reports and normal contract communications) prepared as a requirement of this agreement shall contain, in a separate section preceding the main body of the document, the number and dollar amounts of all contracts and subcontracts relating to the preparation of such document or report, if the total cost for work by nonemployees of the State exceeds $5,000.

15. Dispute Resolution Process

a. A Contractor grievance exists whenever there is a dispute arising from CDHS' action in the administration of an agreement. If there is a dispute or grievance between the Contractor and CDHS, the Contractor must seek resolution using the procedure outlined below.

(1) The Contractor should first informally discuss the problem with the CDHS program contract manager. If the problem cannot be resolved informally, the Contractor shall direct its grievance together with any evidence, in writing, to the program Branch Chief. The grievance shall state the issues in dispute, the legal authority or other basis for the Contractor's position and the remedy sought. The Branch Chief shall render a decision within ten (10) working days after receipt of the written grievance from the Contractor. The Branch Chief shall respond in writing to the Contractor indicating the decision and reasons therefore. If the Contractor disagrees with the Branch Chief's decision, the Contractor may appeal to the second level.

(2) When appealing to the second level, the Contractor must prepare an appeal indicating the reasons for disagreement with Branch Chief's decision. The Contractor shall include with the appeal a copy of the Contractor's original statement of dispute along with any supporting evidence and a copy of the Branch Chief's decision. The appeal shall be addressed to the Deputy Director of the division in which the branch is organized within ten (10) working days from receipt of the Branch Chief's decision. The Deputy Director of the division in which the branch is organized or his/her designee shall meet with the Contractor to review the issues raised. A written decision signed by the Deputy Director of the division in which the branch is organized or his/her designee shall be directed to the Contractor within twenty (20) working days of receipt of the Contractor's second level appeal.

b. If the Contractor wishes to appeal the decision of the Deputy Director of the division in which the branch is organized or his/her designee, the Contractor shall follow the procedures set forth in Division 25.1 (commencing with Section 38050) of the Health and Safety Code and the regulations adopted thereunder. (Title 1, Subchapter 2.5, commencing with Section 251, California Code of Regulations

c. Disputes arising out of an audit, examination of an agreement or other action not covered by subdivision (a) of Section 20204, of Chapter 2.1, Title 22, of the California Code of Regulations, and for which no procedures for appeal are provided in statute, regulation or the agreement, shall be handled in accordance with the procedures identified in Sections 51016 through 51047, Title 22, California Code of Regulations.

d. Unless otherwise stipulated in writing by CDHS, all dispute, grievance and/or appeal correspondence shall be directed to the CDHS program contract manager.

e. There are organizational differences within CDHS' funding programs and the management levels identified in this dispute resolution provision may not apply in every contractual situation. When a grievance is

received and organizational differences exist, the Contractor shall be notified in writing by the CDHS program contract manager of the level, name, and/or title of the appropriate management official that is responsible for issuing a decision at a given level.

16. Financial and Compliance Audit Requirements

a. The definitions used in this provision are contained in Section 38040 of the Health and Safety Code, which by this reference is made a part hereof.

b. Direct service contract means a contract for services contained in local assistance or subvention programs or both (see Health and Safety [H&S] Code section 38020). Direct service contracts shall not include contracts, grants, or subventions to other governmental agencies or units of government nor contracts with regional centers or area agencies on aging (H&S Code section 38030).

c. The Contractor, as indicated below, agrees to obtain one of the following audits:

(1) If the Contractor is a nonprofit organization (as defined in H&S Code section 38040) and receives **$25,000 or more** from any State agency under a direct service contract; the Contractor agrees to obtain an annual single, organization wide, financial and compliance audit. Said audit shall be conducted according to Generally Accepted Auditing Standards. This audit does not fulfill the audit requirements of Paragraph c(3) below. The audit shall be completed by the 15th day of the fifth month following the end of the Contractor's fiscal year, **and/or**

(2) If the Contractor is a nonprofit organization (as defined in H&S Code section 38040) and receives **less than $25,000** per year from any State agency under a direct service contract, the Contractor agrees to obtain a biennial single, organization wide financial and compliance audit, unless there is evidence of fraud or other violation of state law in connection with this agreement. This audit does not fulfill the audit requirements of Paragraph c(3) below. The audit shall be completed by the 15th day of the fifth month following the end of the Contractor's fiscal year, **and/or**

(3) If the Contractor is a State or Local Government entity or Nonprofit organization (as defined by the Federal Office of Management and Budget [OMB] Circular A-133) and expends $500,000 or more in Federal awards, the Contractor agrees to obtain an annual single, organization wide, financial and compliance audit according to the requirements specified in OMB Circular A-133 entitled "Audits of States, Local Governments, and Non-Profit Organizations". An audit conducted pursuant to this provision will fulfill the audit requirements outlined in Paragraphs c(1) and c(2) above. The audit shall be completed by the end of the ninth month following the end of the audit period. The requirements of this provision apply if:

(a) The Contractor is a recipient expending Federal awards received directly from Federal awarding agencies, or

(b) The Contractor is a subrecipient expending Federal awards received from a pass-through entity such as the State, County or community based organization.

(4) If the Contractor submits to CDHS a report of an audit other than an OMB A-133 audit, the Contractor must also submit a certification indicating the Contractor has not expended $500,000 or more in federal funds for the year covered by the audit report.

d. Two copies of the audit report shall be delivered to the CDHS program funding this agreement. The audit report must identify the Contractor's legal name and the number assigned to this agreement. The audit report shall be due within 30 days after the completion of the audit. Upon receipt of said audit report, the CDHS program contract manager shall forward the audit report to CDHS' Audits and Investigations Unit if the audit report was submitted under Section 16.c(3), unless the audit report is from a City, County, or Special District within the State of California whereby the report will be retained by the funding program.

e. The cost of the audits described herein may be included in the funding for this agreement up to the proportionate amount this agreement represents of the Contractor's total revenue. The CDHS program funding this agreement must provide advance written approval of the specific amount allowed for said audit expenses.

f. The State or its authorized designee, including the Bureau of State Audits, is responsible for conducting agreement performance audits which are not financial and compliance audits. Performance audits are defined by Generally Accepted Government Auditing Standards.

g. Nothing in this agreement limits the State's responsibility or authority to enforce State law or regulations, procedures, or reporting requirements arising thereto.

h. Nothing in this provision limits the authority of the State to make audits of this agreement, provided however, that if independent audits arranged for by the Contractor meet Generally Accepted Governmental Auditing Standards, the State shall rely on those audits and any additional audit work and shall build upon the work already done.

i. The State may, at its option, direct its own auditors to perform either of the audits described above. The Contractor will be given advance written notification, if the State chooses to exercise its option to perform said audits.

j. The Contractor shall include a clause in any agreement the Contractor enters into with the audit firm doing the single organization wide audit to provide access by the State or Federal Government to the working papers of the independent auditor who prepares the single organization wide audit for the Contractor.

k. Federal or state auditors shall have "expanded scope auditing" authority to conduct specific program audits during the same period in which a single organization wide audit is being performed, but the audit report has not been issued. The federal or state auditors shall review and have access to the current audit work being conducted and will not apply any testing or review procedures which have not been satisfied by previous audit work that has been completed.

   The term "expanded scope auditing" is applied and defined in the U.S. General Accounting Office (GAO) issued Standards for *Audit of Government Organizations, Programs, Activities and Functions*, better known as the "yellow book".

17. Human Subjects Use Requirements

(Applicable only to federally funded agreements/grants in which performance, directly or through a subcontract/subaward, includes any tests or examination of materials derived from the human body.)

By signing this agreement, Contractor agrees that if any performance under this agreement or any subcontract or subagreement includes any tests or examination of materials derived from the human body for the purpose of providing information, diagnosis, prevention, treatment or assessment of disease, impairment, or health of a human being, all locations at which such examinations are performed shall meet the requirements of 42 U.S.C. Section 263a (CLIA) and the regulations thereunder.

18. Novation Requirements

If the Contractor proposes any novation agreement, CDHS shall act upon the proposal within 60 days after receipt of the written proposal. CDHS may review and consider the proposal, consult and negotiate with the Contractor, and accept or reject all or part of the proposal. Acceptance or rejection of the proposal may be made orally within the 60-day period and confirmed in writing within five days of said decision. Upon written acceptance of the proposal, CDHS will initiate an amendment to this agreement to formally implement the approved proposal.

19. Debarment and Suspension Certification

(Applicable to all agreements funded in part or whole with federal funds.)

a. By signing this agreement, the Contractor/Grantee agrees to comply with applicable federal suspension and debarment regulations including, but not limited to 7 CFR Part 3017, 45 CFR 76, 40 CFR 32 or 34 CFR 85.

b. By signing this agreement, the Contractor certifies to the best of its knowledge and belief, that it and its principals:

   (1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;

   (2) Have not within a three-year period preceding this application/proposal/agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

   (3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in Paragraph b(2) herein; and

   (4) Have not within a three-year period preceding this application/proposal/agreement had one or more public transactions (Federal, State or local) terminated for cause or default.

   (5) Shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under federal regulations (i.e., 48 CFR part 9, subpart 9.4), debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction, unless authorized by the State.

   (6) Will include a clause entitled, "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

c. If the Contractor is unable to certify to any of the statements in this certification, the Contractor shall submit

an explanation to the CDHS program funding this contract.

d. The terms and definitions herein have the meanings set out in the Definitions and Coverage sections of the rules implementing Federal Executive Order 12549.

e. If the Contractor knowingly violates this certification, in addition to other remedies available to the Federal Government, the CDHS may terminate this agreement for cause or default.

20. Smoke-Free Workplace Certification

(Applicable to federally funded agreements/grants and subcontracts/subawards, that provide health, day care, early childhood development services, education or library services to children under 18 directly or through local governments.)

a. Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed.

b. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible party.

c. By signing this agreement, Contractor or Grantee certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The prohibitions herein are effective December 26, 1994.

d. Contractor or Grantee further agrees that it will insert this certification into any subawards (subcontracts or subgrants) entered into that provide for children's services as described in the Act.

21. Covenant Against Contingent Fees

(Applicable only to federally funded agreements.)
The Contractor warrants that no person or selling agency has been employed or retained to solicit/secure this agreement upon an agreement of understanding for a commission, percentage, brokerage, or contingent fee, except *bona fide* employees or *bona fide* established commercial or selling agencies retained by the Contractor for the purpose of securing business. For breach or violation of this warranty, CDHS shall have the right to annul this agreement without liability or in its discretion to deduct from the agreement price or consideration, or otherwise recover, the full amount of such commission, percentage, and brokerage or contingent fee.

22. Payment Withholds

(Applicable only if a final report is required by this agreement. Not applicable to government entities.)
Unless waived or otherwise stipulated in this contract, CDHS may, at its discretion, withhold 10 percent (10%) of the face amount of the agreement, 50 percent (50%) of the final invoice, or $3,000 whichever is greater, until CDHS receives a final report that meets the terms, conditions and/or scope of work requirements of this agreement.

23. Officials Not to Benefit

No members of or delegate of Congress or the State Legislature shall be admitted to any share or part of this agreement, or to any benefit that may arise therefrom. This provision shall not be construed to extend to this agreement if made with a corporation for its general benefits.

24. Four-Digit Date Compliance

Contractor warrants that it will provide only Four-Digit Date Compliant (as defined below) Deliverables and/or services to the State. “Four Digit Date compliant” Deliverables and services can accurately process, calculate, compare, and sequence date data, including without limitation date data arising out of or relating to leap years and changes in centuries. This warranty and representation is subject to the warranty terms and conditions of this Contract and does not limit the generality of warranty obligations set forth elsewhere herein.

25. Prohibited Use of State Funds for Software

(Applicable to agreements in which computer software is used in performance of the work.)

Contractor certifies that it has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this agreement for the acquisition, operation or maintenance of computer software in violation of copyright laws.

26. Use of Small, Minority Owned and Women's Businesses

(Applicable to that portion of an agreement that is federally funded and entered into with institutions of higher education, hospitals, nonprofit organizations or commercial businesses.)

Positive efforts shall be made to use small businesses, minority-owned firms and women's business enterprises, whenever possible (i.e., procurement of goods and/or services). Contractors shall take all of the following steps to further this goal.

(1) Ensure that small businesses, minority-owned firms, and women's business enterprises are used to the fullest extent practicable.

(2) Make information on forthcoming purchasing and contracting opportunities available and arrange time frames for purchases and contracts to encourage and facilitate participation by small businesses, minority-owned firms, and women's business enterprises.

(3) Consider in the contract process whether firms competing for larger contracts intend to subcontract with small businesses, minority-owned firms, and women's business enterprises.

(4) Encourage contracting with consortiums of small businesses, minority-owned firms and women's business enterprises when a contract is too large for one of these firms to handle individually.

(5) Use the services and assistance, as appropriate, of such organizations as the Federal Small Business Administration and the U.S. Department of Commerce's Minority Business Development Agency in the solicitation and utilization of small businesses, minority-owned firms and women's business enterprises.

27. Alien Ineligibility Certification

(Applicable to sole proprietors entering federally funded agreements.)

By signing this agreement, the Contractor certifies that he/she is not an alien that is ineligible for state and local benefits, as defined in Subtitle B of the Personal Responsibility and Work Opportunity Act. (8 U.S.C. 1601, et seq.)

28. Union Organizing

(Applicable only to grant agreements.)

Grantee, by signing this agreement, hereby acknowledges the applicability of Government Code 16645 through 16649 to this agreement. Furthermore, Grantee, by signing this agreement, hereby certifies that:

a. No state funds disbursed by this grant will be used to assist, promote or deter union organizing.

b. Grantee shall account for state funds disbursed for a specific expenditure by this grant, to show those funds were allocated to that expenditure.

c. Grantee shall, where state funds are not designated as described in b herein, allocate, on a pro-rata basis, all disbursements that support the grant program.

d. If Grantee makes expenditures to assist, promote or deter union organizing, Grantee will maintain records sufficient to show that no state funds were used for those expenditures, and that Grantee shall provide those records to the Attorney General upon request.

29. Contract Uniformity (Fringe Benefit Allowability)

(Applicable only to nonprofit organizations.)

Pursuant to the provisions of Article 7 (commencing with Section 100525) of Chapter 3 of Part 1 of Division 101 of the Health and Safety Code, CDHS sets forth the following policies, procedures, and guidelines regarding the reimbursement of fringe benefits.

a. As used herein fringe benefits shall mean an employment benefit given by one's employer to an employee in addition to one's regular or normal wages or salary.

b. As used herein, fringe benefits do not include:

(1) Compensation for personal services paid currently or accrued by the Contractor for services of employees rendered during the term of this agreement, which is identified as regular or normal salaries and wages, annual leave, vacation, sick leave, holidays, jury duty and/or military leave/training.
(2) Director's and executive committee member's fees.
(3) Incentive awards and/or bonus incentive pay.
(4) Allowances for off-site pay.
(5) Location allowances.
(6) Hardship pay.
(7) Cost-of-living differentials

c. Specific allowable fringe benefits include:

(1) Fringe benefits in the form of employer contributions for the employer's portion of payroll taxes (i.e., FICA, SUI, SDI), employee health plans (i.e., health, dental and vision), unemployment insurance, worker's compensation insurance, and the employer's share of pension/retirement plans, provided they are granted in accordance with established written organization policies and meet all legal and Internal Revenue Service requirements.

d. To be an allowable fringe benefit, the cost must meet the following criteria:

(1) Be necessary and reasonable for the performance of the agreement.
(2) Be determined in accordance with generally accepted accounting principles.
(3) Be consistent with policies that apply uniformly to all activities of the Contractor.

e. Contractor agrees that all <u>fringe benefits</u> shall be at <u>actual cost</u>.

f. Earned/Accrued Compensation

(1) Compensation for vacation, sick leave and holidays is limited to that amount earned/accrued within the agreement term.
Unused vacation, sick leave and holidays earned from periods prior to the agreement term cannot be claimed as allowable costs. See Provision f (3)(a) for an example.

(2) For multiple year contracts, vacation and sick leave compensation, which is earned/accrued but not paid, due to employee(s) not taking time off may be carried over and claimed within the overall term of the multiple years of the agreement. Holidays cannot be carried over from one contract year to the next. See Provision f (3)(b) for an example.

(3) For single year agreements, vacation, sick leave and holiday compensation that is earned/accrued but not paid, due to employee(s) not taking time off within the term of the agreement, <u>cannot</u> be claimed as an allowable cost. See Provision f (3)(c) for an example.

(a) **Example No. 1:**

If an employee, John Doe, earns/accrues three weeks of vacation and twelve days of sick leave each year, then that is the maximum amount that may be claimed during a contract period of one year. If John Doe has five weeks of vacation and eighteen days of sick leave at the beginning of the agreement, the Contractor during a one-year agreement term may only claim up to three weeks of vacation and twelve days of sick leave actually used by the employee. Amounts earned/accrued in periods prior to the beginning of the agreement are not an allowable cost.

(b) **Example No. 2:**

If during a three-year (multiple year) agreement, John Doe does not use his three weeks of vacation in year one, or his three weeks in year two, but he does actually use nine weeks in year three; the Contractor would be allowed to claim all nine weeks paid for in year three. The total compensation over the three-year period cannot exceed 156 weeks (3 x 52 weeks).

(c) **Example No. 3:**

If during a single year agreement, John Doe works fifty weeks and used one week of vacation and one week of sick leave and all fifty-two weeks have been billed to CDHS, the remaining unused two weeks of vacation and seven days of sick leave may not be claimed as an allowable cost.

30. Lobbying Restrictions and Disclosure Certification

(Applicable to federally funded contracts in excess of $100,000 per Section 1352 of the 31, U.S.C.)

a. Certification and Disclosure Requirements

(1) Each person (or recipient) who requests or receives a contract, subcontract, grant, or subgrant, which is subject to Section 1352 of the 31, U.S.C., and which exceeds $100,000 at any tier, shall file a certification (in the form set forth in Attachment 1, consisting of one page, entitled "Certification Regarding Lobbying") that the recipient has not made, and will not make, any payment prohibited by Paragraph b of this provision.

(2) Each recipient shall file a disclosure (in the form set forth in Attachment 2, entitled "Standard Form-LLL 'disclosure of Lobbying Activities'") if such recipient has made or has agreed to make any payment using nonappropriated funds (to include profits from any covered federal action) in connection with a contract or grant or any extension or amendment of that contract or grant, which would be prohibited under Paragraph b of this provision if paid for with appropriated funds.

(3) Each recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affect the accuracy of the information contained in any disclosure form previously filed by such person under Paragraph a(2) herein. An event that materially affects the accuracy of the information reported includes:

(a) A cumulative increase of $25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action;

(b) A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or

(c) A change in the officer(s), employee(s), or member(s) contacted for the purpose of influencing or attempting to influence a covered federal action.

(4) Each person (or recipient) who requests or receives from a person referred to in Paragraph a(1) of this provision a contract, subcontract, grant or subgrant exceeding $100,000 at any tier under a contract or grant shall file a certification, and a disclosure form, if required, to the next tier above.

(5) All disclosure forms (but not certifications) shall be forwarded from tier to tier until received by the person referred to in Paragraph a(1) of this provision. That person shall forward all disclosure forms to CDHS program contract manager.

b. Prohibition

Section 1352 of Title 31, U.S.C., provides in part that no appropriated funds may be expended by the recipient of a federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered federal actions: the awarding of any federal contract, the making of any federal grant, the making of any federal loan, entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

Attachment 1

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making, awarding or entering into of this Federal contract, Federal grant, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of this Federal contract, grant, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency of the United States Government, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, “Disclosure of Lobbying Activities" in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontractors, subgrants, and contracts under grants and cooperative agreements) of $100,000 or more, and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C., any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Name of Contractor	Printed Name of Person Signing for Contractor
Contract / Grant Number	Signature of Person Signing for Contractor
Date	Title

After execution by or on behalf of Contractor, please return to:

California Department of Health Services
(Name of the CDHS program providing the funds)
(Program’s Street Address, Room Number, and
MS Code)
P.O. Box 997413
Sacramento, CA 95899-7413

Attachment 2

CERTIFICATION REGARDING LOBBYING

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

1. Type of Federal Action: a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: a. bid/offer/application b. initial award c. post-award	3. Report Type: a. initial filing b. material change For Material Change Only: Year quarter
4. Name and Address of Reporting Entity: Prime Subawardee Tier , if known:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:	
6. Federal Department/Agency:_____	7. Federal Program Name/Description: CDFA Number, if applicable:	
8. Federal Action Number, if known:	9. Award Amount, if known:	
10. a. Name and Address of Lobbying Entity (If individual, last name, first name, MI):	b. Name and Address of Lobbying Entity (If individual, last name, first name, MI):	
(attach Continuation Sheets(s) SF-LLL-A, If necessary)		
11. Amount of Payment (check all that apply): $ __ actual __ planned	13. Type of Payment (check all that apply): a. retainer b. one-time fee c. commission d. contingent fee e. deferred	
12. Form of Payment (check all that apply): a. cash b. in-kind, specify: Nature		
14. Brief Description of Services Performed or to be Performed and Dates(s) of Service, including Officer(s), Employee(s), or Member(s) Contracted for Payment indicated in item 11: (Attach Continuation Sheet(s) SF-LLL-A, If necessary)		
15. Continuation Sheet(s) SF-LLL-A Attached: Yes ___ No ___		
16. Information requested through this form is authorized by Title 31, U.S.C., Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to Title 31, U.S.C., Section 1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $19,000 and not more than $100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only	Authorized for Local Reproduction Standard Form-LLL	

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipients at the initiation or receipt of a covered federal action, or a material change to a previous filing, pursuant to Title 31, U.S.C., Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered federal action. Use the SF - LLL- A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.

2. Identify the status of the covered federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.

4. Enter the full name, address, city, state, and ZIP code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants, and contract awards under grants.

5. If the organization filing the report in Item 4 checks "Subawardee," then enter the full name, address, city, state, and ZIP code of the prime federal recipient. Include Congressional District, if known.

6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation United States Coast Guard.

7. Enter the federal program name or description for the covered federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CDFA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate federal identifying number available for the federal action identified in Item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract grant, or loan award number; the application/proposal control number assigned by the federal agency). Include prefixes, e.g., "RFP-DE-90401."

9. For a covered federal action where there has been an award or loan commitment by the federal agency, enter the federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.

10. (a) Enter the full name, address, city, state, and ZIP code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered federal action.

10. (b) Enter the full names of the Individual(s) performing services and include full address if different from 10.(a). Enter last name, first name, and middle initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.

14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with federal officials, identify the federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.

15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and renewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Office of Management and Budget, Paperwork Reduction Project, (0348-0046), Washington, DC 20503.

DRAFT ONLY - DO NOT COMPLETE
CDHS will provide a county specific agreement.

« LHD/HRSA Entity »
Agreement No. XX

EXHIBIT E
NON-SUPPLANTATION CERTIFICATION FORM

Public Health Emergency Preparedness
Local Health Department or Local HRSA Entity Funding
Fiscal Year 2006-2007

_____
(County/City and Name of Local Health Department or Local HRSA Entity)

I hereby certify that the above-named local health department (LHD) or Local HRSA Entity shall not use funds allocated by the California Department of Health Services (CDHS) to supplant funding for existing levels of service and that funds shall only be used for the purposes specified in the Fiscal Year (FY) 2006/07 Public Health and Healthcare Preparedness Comprehensive Agreement as approved by the CDHS.

I further certify that funds received shall be deposited in an interest-bearing Local Public Health Preparedness Trust Fund and expended only for the purposes stated in the LHDs or Local HRSA Entity's Emergency Preparedness Plan and Budget, as approved by the CDHS.

Chairperson, Board of Supervisors, Mayor of a City or designee:

Signature:
Printed Name:
Title:
Phone:
Date:

Please return the original signed certification with your FY 2006/07 Public Health and Healthcare Preparedness Comprehensive Agreement to:

California Department of Health Services
Emergency Preparedness Office
CDC/HRSA Local Assistance Unit
Attn: CDC/HRSA Application 2006/07
P.O. Box 997413 MS 7002
Sacramento, CA 95899-7413