



UTAH DEPARTMENT OF HEALTH & HUMAN SERVICES CONTRACT AMENDMENT

PO Box 144003, Salt Lake City, Utah 84114
288 North 1460 West, Salt Lake City, Utah 84116

2221706

Department Log Number

222700217

State Contract Number

1. **CONTRACT NAME:** The name of this contract is Public Health Emergency and Healthcare Preparedness Programs - Tooele FY22 Amendment 1.
2. **CONTRACTING PARTIES:** This contract amendment is between the Utah Department of Health & Human Services (DEPARTMENT) and Tooele County Health Department (CONTRACTOR).
3. **PURPOSE OF CONTRACT AMENDMENT:** Purpose of Contract: To add Budget Period 4 funds, and to approve carryover of unused Budget Period 3 funds in order to carryout Department approved activities through budget period 4.
4. **CHANGES TO CONTRACT:**
 1. Attachment A, effective 08/17/2022, is replacing Attachment A, which was effective 07/1/2021. Sections I., VI., VII., VIII., IX., IIX., of the new attachment A have changed to reflect current grant and reporting requirements.
 2. Attachment B, effective 08/17/2022, is replacing Attachment B, which was effective 07/1/2021. Sections III., V., VI., of the new attachment B have changed to reflect current grant and reporting requirements.
 3. Attachment C, effective 08/17/2022, is replacing Attachment C, which was effective 07/1/2021. Sections IV., of the new attachment C have changed to reflect current grant and reporting requirements.
 4. Attachment D, effective 08/17/2022, is replacing Attachment D, which was effective 07/1/2021. Sections II., IV., of the new attachment D have changed to reflect current grant and reporting requirements.
 5. Purpose of Contract: To add Budget Period 4 funds, and to approve carryover of unused Budget Period 3 funds in order to carryout Department approved activities through budget period 4.

UEI: GMHTDPH2Q2M7

Indirect Cost Rate: 0%

Add

Federal Program Name:	Hospital Preparedness Program (HPP) Cooperative Agreement Public	Award Number:	5 NU90TP922027-04-00
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	Health Emergency Preparedness (PHEP) Cooperative Agreement		
Name of Federal Awarding Agency:	Assistant Secretary for Preparedness and Response Centers for Disease Control and Prevention	Federal Award Identification Number:	NU90TP922027
Assistance Listing:	HOSPITAL PREPAREDNESS PROGRAM (HPP) PUBLIC HEALTH EMERGENCY PREPAREDNESS	Federal Award Date:	7/28/2022
Assistance Listing Number:	93.069	Funding Amount:	\$158137

Add

Federal Program Name:	Hospital Preparedness Program (HPP) Cooperative Agreement Public Health Emergency Preparedness (PHEP) Cooperative Agreement	Award Number:	5 NU90TP922027-04-00
Name of Federal Awarding Agency:	Assistant Secretary for Preparedness and Response Centers for Disease Control and Prevention	Federal Award Identification Number:	NU90TP922027
Assistance Listing:	HOSPITAL PREPAREDNESS PROGRAM (HPP) PUBLIC HEALTH EMERGENCY PREPAREDNESS	Federal Award Date:	7/28/2022
Assistance Listing Number:	93.069	Funding Amount:	\$106186

Add

Federal Program Name:	Hospital Preparedness Program (HPP) Cooperative	Award Number:	5 U3REP190560-04-00
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	Agreement Public Health Emergency Preparedness (PHEP) Cooperative Agreement		
Name of Federal Awarding Agency:	Assistant Secretary for Preparedness and Response Centers for Disease Control and Prevention	Federal Award Identification Number:	U3REP190560
Assistance Listing:	HOSPITAL PREPAREDNESS PROGRAM (HPP) PUBLIC HEALTH EMERGENCY PREPAREDNESS	Federal Award Date:	7/28/2022
Assistance Listing Number:	93.889	Funding Amount:	\$8667.

All other conditions and terms in the original contract and previous amendments remain the same.

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 08/17/2022
6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
 - A. All other governmental laws, regulations, or actions applicable to services provided herein.
 - B. All Assurances and all responses to bids as provided by the CONTRACTOR.
 - C. Utah Department of Health & Human Services General Provisions and Business Associate Agreement currently in effect until 6/30/2023.
7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

Contract with Utah Department of Health & Human Services and Tooele County Health Department, Log # 2221706

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

STATE

By: *J.R. Coombs* 8-19-22
Jeff Coombs Date
Health Officer

Tracy Gruber 9/21/2022
By: _____ Date
Tracy Gruber
Executive Director, Department
of Health & Human Services

APPROVED AS TO FORM:

Colin Winchester 11/01/2022
Colin R. Winchester
Deputy Tooele County Attorney

James A. Welch 11/21/22
James A. Welch
Tooele County Manager

ATTACHMENT A: SPECIAL PROVISIONS FOR LOCAL HEALTH DEPARTMENTS

Public Health Emergency Preparedness (PHEP) and

Hospital Preparedness Program (HPP) Cooperative Agreements

I. Definitions

- A. "ASPR" means the federal Administration for Strategic Preparedness and Response.
- B. "At-Risk Individuals" is defined at <https://www.phe.gov/Preparedness/planning/abc/Pages/afn-guidance.aspx>.
- C. "Budget Period" refers to the 12-month period beginning July 1 through June 30.
- D. "Budget Period 3" refers to the third budget period, July 1, 2021 through June 30, 2022 of the 2019-2024 Project Period.
- E. "Budget Period 4" refers to the third budget period, July 1, 2022 through June 30, 2023 of the 2019-2024 Project Period.
- F. "Budget Period 5" refers to the third budget period, July 1, 2023 through June 30, 2024 of the 2019-2024 Project Period.
- G. "CAT" means Coalition Assessment Tool.
- H. "CBRNE" means Chemical, Biological, Radiological, Nuclear and Explosives threat within a real planning event.
- I. "CDC" means the federal Centers for Disease Control and Prevention.
- J. "Carryover" means unspent or unobligated balance of funds from prior budget periods that the sub-recipient may request to use in the current budget period.
- K. "CFR" means the Code of Federal Regulations.
- L. "Cooperative Agreement" means the federal Hospital Preparedness Program (U3REP190560) and Public Health Emergency Preparedness Program Cooperative Agreement (NU90TP922027).
- M. "CRI" means Cities Readiness Initiative, which is a CDC program designed to enhance preparedness in the nation's largest cities and metropolitan statistical areas (MSAs).
- N. "Department" means the Utah Department of Health and Human Services, Office of Emergency Medical Services and Preparedness.
- O. "EEI" means Essential Elements of Information.
- P. "Entity" means all of the following, as defined in 2 CFR part 25: Governmental organization, which is a state, local government, or Indian tribe; a foreign public entity; a domestic or foreign nonprofit organization; a domestic or foreign for-profit organization; or a Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.
- Q. "ESAR-VHP" means the Emergency System for the Advanced Registration of Volunteer Health Professionals.
- R. "Executive" means officers, managing partners, or any other employees in management positions.
- S. "FOA" means Funding Opportunity Announcement.
- T. "FTE" means full-time equivalent and refers to the number of hours worked by a single employee in a week.
- U. "HCC" means regional Health Care Coalition.
- V. "HCC Readiness and Response Coordinator (RRC)" means the health care coalition coordinator.
- W. "Healthcare Preparedness Capabilities" means the four capabilities specific to healthcare referenced in National Guidance for Healthcare System Preparedness

found at

<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>.

- X. "HPP" means Hospital Preparedness Program, as described in the Cooperative Agreement.
- Y. "HSEEP" means the federal Homeland Security Exercise and Evaluation Program.
- Z. "ICS" means Incident Command System is a highly standardized, top-down, military-based management structure and tool used to meet the demands of small or large emergency and nonemergency situations.
- AA. "IPP" means Integrated Preparedness Plan.
- BB. "Local Health Department Preparedness Deliverable Tracker" means the living report that encompasses all required program deliverables for each program. This tracker is located within the Preparedness Partner Site, on the Local Health Department main webpage.
- CC. "MCM" means the CDC Medical Countermeasures program.
- DD. "MCMDD" means the CDC's Medical Countermeasure Distribution and Dispensing.
- EE. "MRC" means Medical Reserve Corps.
- FF. "NIMS" means National Incident Management System which guides all levels of government, nongovernmental organizations and the private sector to work together to prevent, protect against, mitigate, respond to and recover from incidents.
- GG. "No-Cost Extension" means unspent or unobligated balance of funds from a prior project period that the sub-recipient may request to use in the current project period.
- HH. "ORR" means Operational Readiness Review.
- II. "PAHPAIA" means the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA) signed June 2019 and found at <https://www.phe.gov/Preparedness/legal/pahpa/Pages/pahpaia.aspx>.
- JJ. "Pass-Through Entities" means a subaward provided by the Sub-recipient to carryover Department approved activities.
- KK. "PHEP" means Public Health Emergency Preparedness.
- LL. "POD" means Points of Dispensing for MCMs.
- MM. "PPE" means personal protective equipment.
- NN. "Preparedness Partner Site" means the user restricted website available to sub-recipients located at <https://sites.google.com/utah.gov/bemsp/home>.
- OO. "Project Period" means the five year period of the 2019-2024 Cooperative Agreement, July 1, 2019 through June 30, 2024.
- PP. "Public Health Preparedness Capabilities" means the fifteen capabilities specific to public health as identified by the CDC and referenced in the Cooperative Agreement, titled Public Health Preparedness Capabilities: National Standards for State and Local Planning, found at <https://www.cdc.gov/cpr/readiness/capabilities.htm>
- QQ. "RDHRS" means Regional Disaster Health Response System, found at <https://aspr.hhs.gov/RDHRS/Pages/default.aspx>.
- RR. "SNS" means the federal Strategic National Stockpile program.
- SS. "Sub-recipient" as defined and described in the agreement between the parties titled "General Provisions and Business Associate Agreement" effective July 1, 2019 through June 30, 2024.

- TT. "Total Compensation" means the cash and noncash dollar value earned by the Executive during the Department's or Sub-recipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):
1. Salary and bonus;
 2. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments;
 3. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of Executives, and are available generally to all salaried employees;
 4. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans;
 5. Above-market earnings on deferred compensation which is not tax-qualified; and
 6. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.
- UU. "Utah Responds" means the Utah ESAR-VHP system.

II. Prevailing Purpose

- A. This contract provides for the continuation of activities designed to develop, sustain, and demonstrate progress toward achieving fifteen public health and four healthcare preparedness capabilities as they pertain to the local public health department's purview.

III. Projects and Funding – Tooele County Health Department

- A. Attachment B - Public Health Emergency Preparedness (PHEP-Base)
\$158,137
- B. Attachment C - Medical Reserve Corps (HPP-MRC)
\$8,667
- C. Attachment D – Cities Readiness Initiative (CRI)
\$106,186

IV. Employee Personnel Time

- A. The Sub-recipient shall only charge employee time spent on Sub-recipient preparedness tasks and activities directly related to the program as described in this contract.

V. Department Contact Information:

The Department encourages inquiries concerning this grant and special provisions, which should be directed to the following Department contacts:

For Program Management, contact:

Michelle Hale, Preparedness & Response Program Director
Office of Emergency Medical Services and Preparedness
(801) 419-8892
mhale@utah.gov

For general programmatic questions, contact:

The Preparedness Grants General Email Box
prepgrants@utah.gov

For financial or budget assistance, contact:

Jerry Edwards, Financial Manager
Office of Fiscal Operations, Utah Department of Health and Human Services
(801) 538-6647
jedwards@utah.gov

VI. Payments

- A. The Sub-recipient shall submit a final Monthly Expenditure Report for funding transfer no later than July 12, annually.
- B. The Department agrees to reimburse the Sub-recipient up to the maximum amount of the contract for expenditures made by the Sub-recipient directly related to the program, as defined in the LHD General Provisions.

VII. Tracking and Modifications to Programmatic and Reporting Requirements

- A. Programmatic and reporting requirements for each program are provided within succeeding attachments, as provided by the CDC and ASPR.
- B. The Department acknowledges and documents the completion of Sub-recipient programmatic and reporting requirements within the Local Health Department Preparedness Deliverable Tracker located within the Preparedness Partner Site.
- C. The Sub-recipient will submit all programmatic and reporting requirements to the Department via email at prepgrants@utah.gov, or can use a form available within the Preparedness Partner Site.
- D. Changes to programmatic and reporting requirements that occur within the contract duration will be documented within the Local Health Department Preparedness Deliverable Tracker, and will supersede the programmatic and reporting requirements as listed in the succeeding attachments. The Sub-recipient will be notified electronically of any changes to programmatic and reporting requirements and will utilize the Local Health Department Preparedness Deliverable Tracker to reference these changes throughout the term of the contract.

VIII. Sub-recipient Procurement and Requirements for Pass-Through Entities

- A. When procuring property and services under these Federal awards, the Sub-recipient will follow 45 CFR Parts [75.327](#) through [75.335](#).
- B. The Sub-recipient will ensure all requirements for pass-through entities are met within 45 CFR Part 75.352.
- C. When procuring equipment, the Sub-recipient must comply with the procurement standards at 45 CFR Part 75.329 Procurement procedures, which requires the performance and documentation of some form of cost or price analysis with every procurement action.

IX. Requests for No-Cost Extension or Carryover of Unobligated Funds

- A. In the event that federal guidance provides a No-Cost Extension or Carryover of funds to the Department, the Sub-recipient may request a No-Cost Extension or Carryover of unobligated funds from the current budget period to the next budget period.
- B. Requests are due by the Sub-recipient to the Department within 30-days as requested by the Department. This date fluctuates annually and is at the discretion of ASPR and the CDC.
- C. There is no guarantee new funds will be available to continue activities in succeeding budget period(s).
- D. Carryover limits shall be in accordance with the annual limits set by the CDC and ASPR. For the term of this grant, the Carryover limit is set at 100%.
- E. Requests for Carryover by the Sub-recipient shall be made within the direction provided by the Department, and in accordance with CDC and ASPR requirements. .
- F. The Department will provide notification of approved No-Cost Extension or Carryover funding requests to the Sub-recipient via email.
- G. The Sub-Recipient shall use any approved No-Cost Extension or Carryover funds for Department-approved work plan activities which are consistent with the purpose or terms and conditions of the Federal-award to the recipient.
- H. Approved No-Cost Extension or Carryover funds must be fully expended by June 30 of the following budget period. For example, budget period 3 ends on June 30, 2022, and approved budget period 3 carryover funds must be fully expended by June 30, 2023.
- I. The Sub-recipient shall submit an end-of-year progress report encompassing all carryover funded activities completed during the current budget period. This report is due to the Department by August 15, annually.

X. Redirections of Funding

- A. The Sub-recipient shall submit budget redirection requests for new year funding to the Department no later than March 15 annually.
- B. All redirection requests shall include:
 - 1. Revised budget;
 - 2. Revised work plan (if any activities are changed due to the funds adjustment); and
 - 3. Justification statement for the request, including an explanation of budget and workplan items that were changed in order to accommodate the adjustment.

XI. Use of Funds for Response

- A. These funds are intended primarily to support preparedness activities that help ensure state and local public health departments are prepared to prevent, detect, respond to, mitigate, and recover from a variety of public health and healthcare threats.
- B. PHEP Funds for Response
 - 1. PHEP funds may, on a limited, case-by-case basis, be used to support response activities to the extent they are used for their primary purposes: to strengthen public health preparedness and enhance the capabilities of state, local, and tribal governments to respond to public health threats.
 - 2. Some PHEP planning activities may have immediate benefits when conducted or performed simultaneously with an actual public health emergency. It is acceptable to spend PHEP funds on PHEP planning activities that benefit the response effort, as long as the activities demonstrably support progress toward achieving CDC's 15 public health preparedness and response capabilities and demonstrate related operational readiness.
 - 3. The Sub-recipient and the Department must receive approval from CDC to use PHEP funds during response for new activities not previously approved as part of their annual funding applications or subsequent budget change requests.
 - a) The approval process may include a budget redirection or a change in the scope of activities. Prior approval by the CDC grants management officer (GMO) is required for a change in scope under any award, regardless of whether or not there is an associated budget revision.
 - b) Any change in scope must also be consistent with the Cooperative Agreement's underlying statutory authority, Section 319C-1 of the PHS Act, applicable cost principles, the notice of funding opportunity, and Department and Sub-recipient applications, including the jurisdictional all-hazards plans.
- C. HPP Funds for Response
 - 1. The Pandemic All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA) amended section 319C-2 of the PHS Act to allow HPP funds to be used for response activities. HPP funds may, on a limited, case-by-case basis and with prior approval, be used to support response activities to the extent they are used for HPP's primary purpose: to prepare communities and hospitals for public health emergencies and to improve surge capacity. The two emergency situations when recipients may use HPP funds during a state or locally declared emergency, disaster, or public health emergency outlined in the FY 2019-2023 HPP FOA remain in effect.
 - a) ASPR may issue guidance during specific events (such as the COVID 2019 response) that may provide additional flexibility beyond what is listed in the FY 2019-2023 HPP FOA.
 - b) Using a Declared Emergency as a Training Exercise
 - (1) The request to use an actual response as a required exercise and to pay salaries with HPP funds for up to seven (7) days will be considered for approval under these conditions:
 - (a) A state or local declaration of an emergency, disaster, or public health emergency is in effect;
 - (b) No other funds are available for the cost; and
 - (c) The Sub-recipient agrees to submit within 120 days (of the conclusion of the disaster or public health emergency) an

After Action Request (AAR), a corrective action plan, and other documentation that supports the actual dollar amount spent.

- c) Note: A change in the scope of work is required to use an actual event as an exercise whether or not funds are needed to support salaries. Also, regardless of the amount of money used in response to an event, the recipient is still required to meet all the requirements of the original award.

XII. HPP Required Provisions

- A. This grant is subject to the applicable requirements of the Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations under Title 45 Code of Federal Regulations, Part 75. Any applicable statutory or regulatory requirements, including 45 CFR Part 75 and 2 CFR Part 200, directly apply to this award apart from any coverage in the HHS GPS. The terms and conditions of this Notice of Award and other requirements have the following order of precedence if there is any conflict in what they require:
 - 1. Public Health Service Act, Section 311 (42 U.S.C. 243).
 - 2. Terms and conditions of the award.
 - 3. 45 CFR Part 75; (4) HHS Grants Policy Statement.
- B. Subaward Equal Treatment. The Department, as the award Recipient, must comply with 45 CFR Part 75 and 2 CFR Part 200, including the provision that no State or local government recipient nor any intermediate organization with the same duties as a governmental entity shall, in the selection of service providers, discriminate for or against an organization's religious character or affiliation.
- C. Public Policy Requirements
 - 1. All public policy requirements included in "Public Policy Requirements" in Part I and Part II (pages II-2 through II-24) of the HHS Grants Policy Statement (GPS) apply as appropriate. See FOA#: EP-U3R-19-001 under which this award was issued for more information.
 - 2. As required by the Federal Funding Accountability and Transparency Act of 2006, this new award is subject to the subaward and executive compensation reporting requirement of 2 CFR Part 170. The full text of this regulation is located online at <https://www.fsr.gov/>.
- D. Mandatory disclosures. The non-Federal entity or applicant for a Federal award must disclose, in a timely manner, in writing to the Federal awarding agency or pass-through entity all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures can result in any of the remedies described in §200.338 Remedies for noncompliance, including suspension or debarment. (See also 2 CFR part 180 and 31 U.S.C. 3321).
- E. Accounting Records and Disclosure. Sub-recipient must maintain records which adequately identify the source and application of funds provided for financially assisted activities. These records must contain information pertaining to grant or subgrant awards and authorizations, obligations, unobligated balances, assets,

liabilities, outlays or expenditures, and income. Sub-recipient should expect that Department, or its designee, may conduct a financial compliance audit and on-site program review of grants with significant amounts of federal funding.

- F. Trafficking In Persons. The Sub-Recipient must include the following requirements of this award term in any subaward made to a private entity:
 - 1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not—
 - a) Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - b) Procure a commercial sex act during the period of time that the award is in effect; or
 - c) Use forced labor in the performance of the award or subawards under the award.
- G. Sub-recipients that use federal preparedness grant funds to support emergency communications activities must comply with current SAFECOM guidance for emergency communications grants, which is available on the SAFECOM webpage: <https://www.cisa.gov/safecom>.
- H. Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are only allowable where such travel will provide direct benefit to the project or program. To prevent disallowance of cost, the Sub-recipient is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization's established travel policies and procedures. The recipients' established travel policies and procedures must meet the requirements of 45 CFR Part 75.474.
 - 1. Travel for participants other than staff (including committee members, etc.) should be listed under the cost category "other". The lowest available commercial fares for coach or equivalent accommodations must be used and are expected to follow federal travel policies found at <http://www.gsa.gov>.
 - 2. Travel narrative justification: Explain the purpose for all travel and how costs were determined. List any required travel, funds for local travel that are needed to attend local meetings, project activities, and training events. Local travel rate should be based on the agency's personally owned vehicle (POV) reimbursement rate, which should correspond with the GSA rate found at <http://www.gsa.gov>.
- I. Reducing Text Messaging While Driving. In accordance with Executive Order 13513, Federal Leadership On Reducing Text Messaging While Driving, dated October 1, 2009, Sub-recipient is encouraged "to adopt and enforce policies that ban text messaging while driving company-owned or - rented vehicles or GOV, or while driving POV when on official Government business or when performing any work for or on behalf of the Government. Agencies should also encourage Federal contractors, subcontractors, and grant recipients and subrecipients as described in this section to conduct initiatives of the type described in section 3(a) of this order."
- J. Health and Safety Regulations and Guidelines. Grantees are responsible for meeting applicable Federal, State, and local health and safety standards and for establishing and implementing necessary measures to minimize their employees' risk of injury or

illness in activities related to ASPR grants. In addition to applicable Federal, State, and local laws and regulations, the following regulations must be followed when developing and implementing health and safety operating procedures and practices for both personnel and facilities:

1. 29 CFR 1910.1030, Blood borne pathogens; 29 CFR 1910.1450, Occupational exposure to hazardous chemicals in laboratories; and other applicable occupational health and safety standards issued by the Occupational Health and Safety Administration (OSHA) and included in 29 CFR 1910. These regulations are available at [http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1910](http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1910;);
2. Nuclear Regulatory Commission "standards and Regulations, pursuant to the Energy Reorganization Act of 1974 (42 U.S.C. 5801 et seq.). Copies may be obtained from the U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001. The following guidelines are recommended for use in developing and implementing health and safety operating procedures and practices for both personnel and facilities;
3. Biosafety in Microbiological and Biomedical Laboratories, CDC and NIH, HHS. This publication is available at http://www.cdc.gov/OD/ohs/biosfty/bmbl5/BMBL_5th_Edition.pdf;
4. Prudent Practices for "safety in Laboratories (1995), National Research Council, National Academy Press, 500 Fifth Street, NW, Lockbox 285, Washington, DC 20055 (ISBN 0-309-05229-7). This publication can be obtained by telephoning 800-624-8373. It also is available at <http://www.nap.edu/catalog/4911.html>. Grantee organizations are not required to submit documented assurance of their compliance with or implementation of these regulations and guidelines. However, if requested by ASPR, grantees should be able to provide evidence that applicable Federal, State, and local health and safety standards have been considered and have been put into practice.

XIII. Funding Restrictions

- A. The Sub-recipient shall use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- B. Expenses incurred during the contract period must support activities conducted during the same period.
- C. The funding restrictions for projects funded by the CDC PHEP are as follows:
 1. Recipients may not use funds for research.
 2. Recipients may not use funds for clinical care except as allowed by law.
 3. Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
 4. Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
 5. Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.

6. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - a) Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body; or
 - b) The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
 - c) See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance
<https://www.cdc.gov/grants/additional-requirements/ar-35.html>
7. The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
8. In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or Sub-recipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability:
<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>
9. Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
10. Payment or reimbursement of backfilling costs for staff is not allowed.
11. None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or \$203,700 per year.
12. Funds may not be used to purchase or support (feed) animals for labs, including mice.
13. Funds may not be used to purchase a house or other living quarters for those under quarantine. Rental may be allowed with approval from the CDC OGS.
14. Recipients may (with prior approval) use funds for overtime for individuals directly associated (listed in personnel costs) with the award with prior approval from CDC OGS.
15. Lobbying: Other than for normal and recognized executive-legislative relationships, PHEP funds may not be used for:
 - a) Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body;
 - b) The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body; or

- c) See additional requirements (AR 12) for detailed guidance on the prohibition and additional guidance on lobbying for CDC recipients https://www.cdc.gov/grants/documents/antilobbying_restrictions_for_cdc_grantees_july_2012.pdf.
16. Construction and Major Renovations: Recipients may not use funds for construction or major renovations.
- a) Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly justified in the budget.
17. Passenger Road Vehicles: Funds cannot be used to purchase over-the-road passenger vehicles.
- a) Funds cannot be used to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas driven motorized carts.
 - b) Sub-recipients can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts during times of need.
 - c) Additionally, PHEP grant funds can (with prior approval) be used to make transportation agreements with commercial carriers for movement of materials, supplies and equipment. There should be a written process for initiating transportation agreements (e.g., contracts, memoranda of understanding, formal written agreements, and/or other letters of agreement). Transportation agreements should include, at a minimum:
 - (1) Type of vendor;
 - (2) Number and type of vehicles, including vehicle load capacity and configuration;
 - (3) Number and type of drivers, including certification of drivers and Number and type of support personnel;
 - (4) Vendor's response time; and
 - (5) Vendor's ability to maintain cold chain, if necessary, to the incident.
 - (6) This relationship may be demonstrated by a signed transportation agreement or documentation of transportation planning meetings with the designated vendor.
 - (7) All documentation should be available to the CDC project officer for review if requested.
18. Transportation of Medical Materiel: Funds can (with prior approval) be used to procure leased or rental vehicles for movement of materials, supplies and equipment.
- a) Recipients can (with prior approval) use funds to purchase material-handling equipment (MHE) such as industrial or warehouse-use trucks to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads.
 - b) Recipients may purchase basic (non-motorized) trailers with prior approval from the CDC OGS.
19. Procurement of Food and Clothing: Funds may not be used to purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits, sweatshirts, or T-shirts. Purchase of vests to be worn during exercises or responses may be allowed.

- a) Generally, funds may not be used to purchase food.
20. Vaccines: With prior CDC approval, use funds to purchase caches of antibiotics for use by public health responders and their households to ensure the health and safety of the public health workforce during an emergency response, or an exercise to test response plans. Funds may not be used to supplant other funding intended to achieve this objective.
- a) With prior CDC approval, use funds to purchase caches of vaccines for public health responders and their households to ensure the health and safety of the public health workforce.
 - b) With prior CDC approval, use funds to purchase caches of vaccines for select critical workforce groups to ensure their health and safety during an exercise testing response plans.
 - (1) Recipients must document in their submitted exercise plans the use of vaccines for select critical workforce personnel before CDC will approve the vaccine purchase.
 - c) Recipients may not use PHEP funds to supplant other funding intended to achieve these objectives.
 - d) Recipients of PHEP-funded vaccines (within the context of the exercise) may include:
 - (1) Persons who meet the criteria in the CDC-Advisory Committee on Immunization Practices (CDC/ACIP) recommendations www.cdc.gov/vaccines/acip/index.html for who should receive vaccine; and
 - (2) Persons who are not eligible to receive the vaccine through other entitlement programs such as Medicare, Medicaid, or the Vaccines for Children (VFC) program.
 - (a) VFC-eligible children or Medicare beneficiaries may participate in the exercise; however, they should be vaccinated with vaccines purchased from the appropriate funding source.
 - e) Funds may not be used to purchase vaccines for seasonal influenza mass vaccination clinics or other routine vaccinations covered by ACIP schedules.
 - f) Funds may not be used to purchase influenza vaccines for the general public.
 - g) Recipients may not use funds for clinical care except as allowed by law. For the purposes of this NOFO, clinical care is defined as "directly managing the medical care and treatment of individual patients." PHEP-funded staff may administer MCMs such as antibiotics or vaccines as a public health intervention in the context of an emergency response or an exercise to test response plans. CDC does not consider this clinical care since it is not specific to one.
21. Laboratory Supplies: Instruments, reagents and supplies for the following are not generally purchased with PHEP funding:
- a) Instruments, reagents and supplies for testing seasonal influenza;
 - b) Instruments, reagents and supplies for testing rabies;
 - c) Instruments, reagents and supplies for routine food testing (surveillance);
 - d) Instruments, reagents and supplies for testing vaccine preventable diseases (e.g. measles, mumps, etc.);

- e) Instruments, reagents and supplies for routine testing of vector-borne illnesses (both clinical and vector surveillance);
 - f) Routine drug screening of laboratory staff; and
 - g) Influenza vaccines (for the general public).
 - h) Because recipients receive substantial assistance from CDC through other programs, recipients' set line items are funded under the appropriate program.
- D. The funding restrictions for projects funded by the ASPR HPP are as follows:
1. Executive Level II Salary Cap For FY 2022, the Consolidated Appropriations Act, 2020 (Public Law 116-94) signed into law on January 2, 2022, restricts the amount of direct salary to Executive Level II of the Federal Executive Pay scale. The Executive Level II salary is \$203,700 annually. Funds made available by this award shall not be used by the grantee or subrecipient to pay the salary and bonuses of an individual, either as direct costs or indirect costs, at a rate in excess of current Executive Level II compensation requirements.
 2. Gun Control. None of the funds made available through this award may be used, in whole or in part, to advocate or promote gun control.
 3. Pornography. None of the funds made available through this award may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.
 4. Lobbying Restrictions. The Sub-recipient must comply with 45 CFR Part 93. None of the funds made available through this award shall be used 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, grant or cooperative agreement, the making of any federal loan, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement. Influencing or attempting to influence means making, with the intent to influence, any communication to or appearance before 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 covered action.

XIV. Acknowledgment of Funding

- A. CDC Copyright Interests Provisions and Public Access Policy requires that all final, peer-reviewed manuscripts developed under the PHEP award upon acceptance for publication follow policy as provided on page 67, section 16 entitled, "Copyright Interests Provisions" of the Public Health Emergency Preparedness (PHEP) Cooperative Agreement award CDC-RFA-TP19-1901.
- B. Publications. All Sub-recipient publications, including: research publications, press releases, other publications or documents about research that is funded by ASPR must include the following two statements:
 1. A specific acknowledgment of ASPR grant support, such as: "Research reported in this [publication/press release] was supported by the Hospital

Preparedness Program, administered by the Utah Office of Emergency Medical Services and Preparedness and the Department of Health and Human Services Office of the Administration for Strategic Preparedness and Response under award number U3REP190560." and

2. A disclaimer that says: "The content is solely the responsibility of the authors and does not necessarily represent the official views of the Department of Health and Human Services Office of the Administration for Strategic Preparedness and Response."

ATTACHMENT B: PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP-Base)

SPECIAL PROVISIONS

I. Project Objective

- A. Sub-recipient shall use Public Health Emergency Preparedness (PHEP) funding to build and sustain the fifteen Public Health Preparedness Capabilities, and the six Domain Strategies, as described in the 2019-2024 PHEP Funding Opportunity Announcement (FOA) and continuation guidance, to advance public health preparedness, ensuring that federal preparedness funds are directed to priority areas within Sub-recipient jurisdiction as identified through Sub-recipient gap assessment and strategic planning efforts.
 1. The five-year project period 2019-2024 PHEP Funding Opportunity Announcement (FOA), as well as continuation guidance for successive budget periods, is located at <https://www.cdc.gov/cpr/readiness/phep.htm>.

II. Prioritization of Public Health Preparedness Capabilities

- A. Sub-recipient shall prioritize their work on and resulting investments in the 15 Public Health Preparedness Capabilities and 6 Domain Strategies based upon:
 1. Their Jurisdictional Risk Assessment (JRA);
 2. An assessment of current capabilities and gaps using the Public Health Preparedness Capabilities and Sub-recipient's Capability self-assessment process;
 3. The CDC's recommended tiered strategy for Public Health Preparedness Capabilities and Domain Strategies; and
 4. Gaps identified during the COVID-19 response.
- B. Everyday Use
 1. Sub-recipient shall demonstrate achievement of capabilities through different means such as exercises, planned events, and real incidents.
 2. Sub-recipient shall use routine work activities and real incidents to evaluate their public health capabilities.

III. Sub-recipient Responsibilities

- A. Sub-recipient's PHEP work plan and budget shall meet all requirements defined in this section and shall be evaluated by Department against the following criteria:
 1. Whether the work plan narrative adequately describes planned activities for the budget period;
 2. Whether the budget and work plan have a reasonable relationship, correlation, and continuity, where applicable, with data from past performance;
 3. Whether the work plan includes adequate planned activities to monitor and demonstrate Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA) and CDC defined performance measures;

4. Whether the work plan includes adequate planned activities to prioritize, build and sustain public health capabilities;
 5. Whether the work plan includes adequate planned activities which reflect progress to coordinate public health preparedness program activities and leverage program funding;
 6. Whether the budget line-items contain sufficiently detailed justifications and cost calculations; and
 7. The completeness of the work plan and budget.
 - a) Department agrees to review the PHEP work plan and budget.
 - b) Following the initial review, Department staff may call or email the Sub-recipient to collect additional information if needed.
 - c) Any programmatic questions regarding the submission requirements should be directed to the contact listed in Attachment A .
- B. Sub-recipient shall submit a PHEP work plan to Department:
1. The work plan is due annually within 30 days of contract execution, using the template provided by Department.
 2. The work plan shall include the program requirements listed in Section VI. Program Requirements.
 3. Department agrees to provide the PHEP work plan template via email thirty (30) days before the due date.
 4. The work plan must describe planned activities for each budget period within the five-year project period, and include:
 - a) Continuing efforts to build and sustain the 15 Public Health Preparedness Capabilities and six Domain Strategies;
 - b) Specific capabilities from the 15 Public Health Preparedness Capabilities and six Domain Strategies to work on in any single budget period;
 - c) The goal of working towards achieving operational readiness across all 15 Public Health Preparedness Capabilities and six Domain Strategies by the end of the current five-year project period based on their jurisdictional priorities and resources;
 - d) Building and maintaining each Capability and Domain to the scale that best meets their jurisdictional needs, so they are fully capable of responding to public health emergencies regardless of size or scenario; and
 - e) The status of each PHEP Capability in the Work Plan, including any self-selected priority Capabilities for each budget period.
- C. Sub-recipient shall submit progress reports to Department twice a year on activities performed.
1. The mid-year progress report is due annually for each budget period by January 15, and:
 - a) Includes the performance period of July 1 through December 31 within the budget period;
 - b) Be fully completed by updating all mid-year progress report sections of the work plan; and
 - c) Include a progress report on PHEP work plan activities or changes and performance measurement activities.
 2. The end-of-year progress report is due annually for each budget period by August 15, and:

- a) Encompasses the performance period of July 1 through June 30 within the budget period;
- b) Be fully completed by updating the end-of-year progress report sections of the work plan; and
- c) Include an outcome report on PHEP work plan activities and performance measurement activities.

IV. Sub-Recipient Budget Requirements

- A. Sub-recipient shall provide a detailed line-item budget and line-item justification of the funding amount to support program activities and reflect the 12-month budget period.
- B. Sub-recipient shall use Department provided budget template.
- C. Sub-recipient budget is due to the Department by July 31 or within 30 days of contract execution, whichever is later.
- D. Department agrees to distribute the budget template via email no later than thirty (30) days before the due date.
- E. Sub-recipient shall perform a substantial role in carrying out the project objectives.
- F. Sub-recipient may use funds to:
 - 1. Participate in the National Association of County and City Health Officials (NACCHO) Project Public Health Ready recognition program;
 - 2. Conduct Community Assessment for Public Health Response (CASPER) training and assessments;
 - 3. Support activities related to Environmental Public Health Tracking (EPHT);
 - 4. Enhance or sustain public health informatics;
 - 5. Maintain personnel needed to address chemical, biological, radiological, nuclear, and explosive threat response;
 - 6. Support hosting, supervising, organization, training, and deployment of Medical Reserve Corps unit for public health responses;
 - 7. Continue to develop, maintain, support, and strengthen surveillance and detection systems and epidemiological processes; and
 - 8. Enable other reasonable programmatic purposes within the scope of the PHEP capabilities.
- G. Matching of Federal Funds
 - 1. Sub-recipient shall provide non-federal contributions as a match, in the amount of 10% of the grant amount.
 - a) Sub-recipient shall include the 10% match on the submitted budget.
 - b) Sub-recipient narrative on the 10% budget match must be in the PHEP budget.
 - 2. Sub-recipient's matching funds may be provided directly (through Sub-recipient staff time) or through donations from public or private entities, which may be cash or in kind, fairly evaluated, including plant, equipment, or services.
 - 3. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining such non-federal contributions.
 - 4. Sub-recipient shall refer to 45 CFR § 75.306 for match requirements, including descriptions of acceptable match resources. Sub-recipient's

documentation of match shall follow procedures for generally accepted accounting practices and meet audit requirements.

V. Evidence-based Benchmark

- A. Sub-recipient shall demonstrate measurable progress toward achieving operational readiness across the 15 Public Health Preparedness Capabilities by the end of the current five-year project period based on their jurisdictional priorities and resources.
- B. Sub-recipient must maintain updated pandemic influenza plans to prevent, control, and mitigate the impact on the public's health.
 - 1. Plans should address ways to help meet pandemic vaccination goals for the general population and goals targeting vaccination of critical workforce personnel.

VI. Annual Requirements

- A. Sub-recipient shall determine risks and threats to the health of the jurisdiction through:
 - 1. Utilizing the Jurisdictional Risk Assessment (JRA);
 - 2. Collaboration with ASPR HPP Regional Coalitions hazard assessments; and
 - 3. Collaboration with other local partners such as emergency management for ongoing threat assessments.
- B. Sub-recipient shall ensure all program activity, including plans, partnerships, and exercises, reflect inclusion of populations with access and functional needs and providers to these populations, to include:
 - 1. Populations at risk of being disproportionately impacted by incidents;
 - 2. Community-based organizations;
 - 3. Providers serving children;
 - 4. Long-term care facilities such as nursing homes;
 - 5. Mental/behavioral health providers; and
 - 6. Tribal nations and members in the jurisdiction, if applicable.CDC encourages intentional planning and leadership efforts that address, improve, and advance health equity among all communities.
- C. Sub-recipient shall report on the status of written emergency preparedness and response plans, annexes, and protocols in the work plan, to include:
 - 1. All hazards preparedness and response plan;
 - 2. Infectious disease response plan;
 - 3. Pandemic influenza plan;
 - 4. Medical countermeasures (MCM) plan;
 - 5. Continuity of operations (COOP) plan;
 - 6. Chemical, biological, radiological, nuclear, explosive response plan;
 - 7. Volunteer management plan;
 - 8. Communications plan;
 - 9. Non-pharmaceutical interventions plan; and
 - 10. Administrative preparedness plan.
- D. Sub-recipient shall develop an Integrated Preparedness Plan (IPP) to define public health preparedness priorities, including:

1. Participation in Department's annual integrated preparedness planning workshop (IPPW), as scheduled;
 2. Exercise and training activities shall be coordinated across Sub-recipient's jurisdiction to the maximum extent possible with the purpose of including the whole jurisdictional community; and
 3. IPPs include at least four years of progressive exercise planning.
- E. Sub-recipient shall conduct evaluation and improvement planning based on lessons learned from exercises and real events and report on improvement planning items in the work plan.
- F. Sub-recipient shall participate in Operational Readiness Review (ORR) planning, as identified by the Department, and implementation of integrated action plans on alternating budget periods, to include:
1. Submitting Operational Readiness Review documentation for review; and
 2. Submitting Operational Readiness Review integrated action plan in Sub-recipient work plan.
 3. Sub-recipients that have successfully achieved Project Public Health Ready (PPHR) recognition status will qualify for exemption from the evaluation of plans of the ORR process. Successful and active PPHR recognition will fulfill the local ORR planning requirements for the duration of the five-year recognition period.
- G. Sub-recipient shall participate as a core member of the designated ASPR HPP Regional Healthcare Coalition and support Emergency Support Function 8 (ESF-8) cross-discipline coordination with emergency management and other stakeholders.
- H. Sub-recipient shall coordinate with cross-cutting public health preparedness partners.
1. PHEP program components shall complement and be coordinated with other public health, healthcare, and emergency management programs as applicable (city/county emergency management offices, emergency medical services providers, hazmat response agencies, law enforcement, fire agencies, mental health agencies, HCCs, and educational agencies).
 2. Sub-recipient shall collaborate with their immunization program and related partners on syndromic surveillance and other activities to assure preparedness for vaccine-preventable diseases, influenza pandemics, and other events requiring a response.
- I. Sub-recipient shall maintain the capability to activate and coordinate public health emergency operations, including activation of Sub-recipient incident command system (ICS) and MCM activation.
- J. Sub-recipient shall maintain a current critical contact sheet and incident command staff roster.
- K. Sub-recipient shall maintain a staff designated as Public Information Officer, trained in crisis and emergency risk communication principles.
- L. Sub-recipient shall have access to communication systems that maintain or improve reliable, resilient, interoperable, redundant information and communication systems and platforms.
- M. Sub-recipient shall maintain jurisdictional readiness to vaccinate critical workforce personnel and the general public.
- N. Sub-recipient shall annually update Receipt, Stage, and Store (RSS) site survey or additional guidance is provided by CDC on ORR components.

- O. Sub-recipient shall provide resources necessary to protect public health first responders, critical workforce personnel, and critical infrastructure workforce from hazards during response and recovery operations.
- P. Sub-recipient shall participate in monthly redundant communications drills with the Department.
- Q. Sub-recipient shall train on skills necessary to protect public health first responders, critical workforce personnel, and critical infrastructure workforce from hazards during response and recovery operations.
- R. Sub-recipient shall meet National Incident Management System (NIMS) compliance requirements.
 - 1. Sub-recipient shall adhere to national guidance and policies outlined in publications, including the National Response Framework (NRF), Presidential Policy Directive 8: National Preparedness, the National Preparedness Goal, and the National Preparedness System.
 - 2. Sub-recipient shall conduct response operations following the ICS.
 - 3. Sub-recipient shall conduct training for incident command and support personnel and test staff assembly processes for notifying personnel to report physically or virtually to the public health emergency operations center or jurisdictional emergency operations center during a drill or real-time incidents once during the budget period.
- S. Sub-recipient shall conduct at least one annual public health exercise or drill.
 - 1. The exercise or drill shall test preparedness and response capabilities and specifically demonstrates implementation of at least one accommodation for at-risk individuals .
- T. Sub-recipient shall submit one after-action report and improvement plan (AAR/IP) for a response to a real incident or exercise conducted during each budget period within 120 days of exercise date.
- U. Sub-recipient shall report on preparedness training conducted during each budget period and describe the training's impact on their jurisdiction as part of the end-of-year report.
- V. Sub-recipient shall continue to develop, implement, test, and strengthen administrative preparedness strategies.
 - 1. Sub-recipient shall work to strengthen administrative preparedness planning, to include:
 - a) Expedited procurement;
 - b) Receipt of emergency funds;
 - c) Expedited staff hiring and reassignment; and
 - d) Emergency legal authorities.
- W. Sub-recipient shall develop and maintain capability to ensure the health and safety of public health first responders, including:
 - 1. Distribute and dispense medical and nonmedical countermeasures to public health first responders;
 - 2. Purchase personal protective equipment (PPE), support fit testing, and maintain respiratory protection programs for the public and health care sector workforce;
 - 3. Promote coordinated training and maintenance of competencies among public health first responders, health care providers including Emergency Medical Services (EMS), and others as appropriate, on the use of PPE and environmental decontamination; and
 - 4. Collaborate, develop, and implement strategies to ensure the availability of effective supplies of PPE by working with suppliers and

health care coalitions to develop plans for purchasing, caching, or redistribution/sharing.

- X. Sub-recipient shall include volunteers in training, drills, exercises, and/or real incidents to develop and maintain volunteer management competency.
 - 1. If Sub-recipient does not use volunteers, Sub-recipient shall document how they will manage volunteers in their response plan.
- Y. Sub-recipient shall submit progress reports, program, and financial data, including descriptions of:
 - 1. Progress in meeting the evidence-based benchmark;
 - 2. Accomplishments that show the impact and value of the PHEP program in Sub-recipient's jurisdiction;
 - 3. Incidents requiring activation of the emergency operations center and Incident Command System;
 - 4. Preparedness activities conducted with PHEP funds;
 - 5. Activities on which PHEP funds were spent and the recipients of the funds;
 - 6. The extent to which stated goals and objectives as outlined in the PHEP work plan have been met;
 - 7. The extent to which funds were expended consistently with the funding applications; and
 - 8. Situational awareness data during emergency response operations and other times as requested.

ATTACHMENT C: MEDICAL RESERVE CORPS (MRC)

SPECIAL PROVISIONS

I. Project Objective

- A. Sub-recipient shall use project funding to build and sustain the Medical Reserve Corps (MRC) in support of the healthcare system and Utah's Healthcare Coalitions (HCC).

II. Sub-recipient Responsibilities

- A. Sub-recipient shall submit a work plan annually for each budget period within the five-year project period:
 1. The work plan shall be completed using a Department-provided template and include the program requirements listed in Section IV.
 2. Department agrees to provide the work plan template via email no later than thirty (30) days before the due date.
 3. The work plan is due annually on July 31 or within 30 days of contract execution, whichever is later.
- B. Sub-recipient shall submit an annual end-of-year progress report for each budget period.
 1. The end-of-year progress report is due to Department annually by August 15 and encompasses the performance period of July 1 through June 30 using the end-of-year fields within the work plan.
 2. The end-of-year report will include a progress update on work plan activities and program requirements.
- C. Work Plan and Budget Submission Requirements
 1. Sub-recipient's work plan and budget shall meet all requirements defined in this Special Provisions attachment and will be evaluated by Department using the following criteria:
 - i. Whether the work plan narrative adequately describes planned activities;
 - ii. Whether the work plan includes adequate planned activities to monitor and demonstrate Hospital Preparedness Program (HPP) performance measures;
 - iii. Whether the work plan includes adequate planned activities that reflect progress to coordinate public health and healthcare preparedness program activities and leverage program funding streams;
 - iv. Whether the budget line items contain sufficiently detailed justifications and cost calculations; and
 - v. The completeness of the work plan and budget.
 2. Department agrees to review the submitted work plan.
 - i. Following the initial review, Department staff may call or email with Sub-recipient's MRC Coordinator to collect additional information if needed.
 - ii. Any programmatic questions regarding the submission requirements should be directed to the contact listed in Attachment A.

III. Budget Requirements

- A. Detailed Line Item Budget and Justification
 - 1. Sub-recipient's budget is due to Department annually by July 31 or within 30 days of contract execution, whichever is later, and shall :
 - i. Include a detailed line item budget and line-item justification of the funding amount requested to support program activities for the upcoming budget period;
 - ii. Provide a budget reflective of a 12-month budget period; and
 - iii. Use the Department-provided budget template.
 - 2. Department agrees to provide a budget template via email no later than thirty (30) days before the due date.
- B. With prior approval from Department, Sub-recipient may use allocated funds to support MRC unit and member Core Competency implementation.

IV. Program Requirements

- A. Sub-recipient shall use Utah Responds, or a Department-approved alternate volunteer management system, for:
 - 1. Enrollment;
 - 2. Credentialing;
 - 3. Tracking; and
 - 4. Deployment of its MRC Unit.
- B. Sub-recipient shall maintain a regular schedule to review and update MRC member profiles in the volunteer management system.
- C. Sub-recipient shall develop, sustain, and revise volunteer management plans, which include at a minimum:
 - 1. Volunteer recruitment and retention,
 - 2. Member roles and responsibilities for healthcare response such as:
 - i. Triage support staff;
 - ii. Emergency department staff;
 - iii. Medical shelter clinical staff;
 - iv. Search and rescue medical staff;
 - v. Field hospital clinical staff; and
 - vi. Other items as determined by the HCC need and gap assessment;and
 - 3. MRC Unit deployment and demobilization guidelines.
- D. Sub-recipient shall participate as a member of its jurisdiction's HCC to address medical and facility response issues, including:
 - 1. Identifying situations that would necessitate the need for volunteers in health care organizations;
 - 2. Identifying processes to assist with volunteer coordination;
 - 3. Estimating the anticipated number of volunteers and health professional roles based on identified situations and resource needs of the facility;
 - 4. Identifying and addressing volunteer liability issues, the scope of practice issues, and third party reimbursement issues that may deter volunteer use;and
 - 5. Development of rapid credential verification processes to facilitate emergency response.
- E. Sub-recipient shall provide opportunities for member training, education, and participation in exercises. These opportunities may include, but are not limited to:

1. New member orientation and initial training;
 2. Participation in call-down or deployment drill or exercises; and
 3. Participation in the HCC and other community medical response exercise events.
- F. Sub-recipient's MRC Unit Coordinator shall participate in state-level MRC leadership meetings and workshops.

ATTACHMENT D CITIES READINESS INITIATIVE (CRI)

SPECIAL PROVISIONS

I. **Project Objective**

A. For the 2019-2024 performance period, the Center for Disease Control and Prevention (CDC) will require all Public Health Emergency Preparedness (PHEP) recipients and local Cities Readiness Initiative (CRI) planning jurisdictions to ensure elements of planning and operational readiness for two specific threats: the intentional release of a Category A agent, such as anthrax; and an emerging infectious disease, such as pandemic influenza. CDC has determined key operational readiness elements for both planning scenarios. The CRI planning jurisdiction must have in place these essential planning elements to respond to both an intentional release of anthrax and pandemic influenza. Guidance to meet this requirement is outlined in the 2019-2024 CDC PHEP Cooperative Agreement:

1. Public Health Preparedness Capability 8 - Medical Countermeasure Dispensing and Administration;
2. Public Health Preparedness Capability 9 - Medical Materiel Management and Distribution; and
3. Domain Strategy 4 - Countermeasures and Mitigation.

Sub-recipient's plans shall address medical countermeasures, such as life-saving medicines and medical supplies, which can be used to diagnose, prevent, protect from, or treat conditions associated with chemical, biological, radiological, or nuclear (CBRN) threats, emerging infectious diseases or a natural disaster.

II. **Sub-recipient Responsibilities**

- A. Sub-recipient shall submit an integrated action plan twice within each budget period (July 1 to June 30) using a schedule provided by the Department.
1. The integrated action plan shall serve as the CRI work plan and must be submitted to the Department.
 2. Department agrees to review the integrated action plan, and coordinate calls or correspondence with the Sub-recipient to collect additional information if needed.
- B. CRI Budget Submission Requirements
1. Sub-recipient CRI budget shall meet all requirements defined in Section III. Budget Requirements, and will be evaluated by Department against the following criteria:
 - a. Whether the budget and work plan have a reasonable relationship, correlation and continuity, where applicable, with data from past performance;
 - b. Whether budget line items contain sufficiently detailed justifications and cost calculations; and
 - c. The completeness of the budget and work plan.
- C. Sub-recipient shall maintain CRI preparedness and response plans to include:
1. Anthrax plans that outline how the jurisdiction will provide MCMs, including antibiotics and vaccines for post-exposure prophylaxis and antibiotics and antitoxin for treatment, to potentially infected populations within 48 hours; and
 2. Pandemic influenza plans to prevent, control, and mitigate the impact on the public's health. Plans should address ways to help meet pandemic

vaccination goals for the general population and goals targeting vaccination of critical workforce personnel.

- D. Sub-recipient shall annually submit required ORR forms in CDC PORTS, as determined by CDC guidance.
 - 1. A CRI Sub-recipient that successfully achieves Project Public Health Ready (PPHR) recognition (or re-recognition) status will qualify for exemption from the planning elements of the ORR process.
 - a. Sub-recipient will complete the descriptive and operational forms for the expanded ORR.
- E. Sub-recipient shall participate in the Strategic National Stockpile (SNS) program, CRI site visits, and CRI coordination meetings.

III. **Budget Requirements**

- A. Sub-recipient shall provide an annual detailed line-item budget and justification to Department by July 31 or within 30 days of contract execution, whichever is later, and shall:
 - 1. Provide a detailed line-item budget and line item justification of the funding amount to support program activities for the budget period;
 - 2. Ensure the budget reflects the 12-month budget period;and
 - 3. Use the budget template provided by the Department.
 - a. Department agrees to provide the budget template via email no later than thirty (30) days prior to the due date.
- B. Sub-recipient shall provide non-federal contributions as a match in the amount of 10% of this grant amount, and include the 10% match in the submitted budget.
 - 1. Sub-recipient's matching funds may be provided directly (through Sub-recipient staff time) or through donations from public or private entities, which may be cash or in kind, fairly evaluated, including plant, equipment, or services.
 - 2. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of non-federal contributions.
 - 3. Sub-recipient shall refer to the 45 CFR § 75.306 for match requirements, including descriptions of acceptable match resources.
 - 4. Sub-recipient's documentation of match shall follow procedures for generally accepted accounting practices and meet audit requirements.

IV. **Program Requirements**

- A. Sub-recipient shall be engaged in the development, training, and exercising of plans for MCM distribution, dispensing, and vaccine administration; and work closely with Healthcare Coalitions (HCC) to ensure effective care is delivered following an emergency. This includes open and closed points of dispensing (POD) plans and plans to leverage community vaccine providers in large pandemic influenza-like responses.
- B. Sub-recipient shall collaborate with immunization programs to develop, maintain, and exercise their pandemic influenza plans to prevent, control, and mitigate the impact of pandemic influenza on the public's health and to help meet pandemic vaccination goals for the general population.
- C. Sub-recipient shall maintain and update anthrax plans for a public health response to an intentional release of anthrax. Plans should outline how the jurisdiction will provide MCMs, including antibiotics and vaccines for post-exposure prophylaxis and antibiotics and antitoxin for treatment, to the potentially

infected populations within 48 hours. Plans should be effectively coordinated with CRI and local jurisdictional MCM dispensing plans.

- D. Sub-recipient shall participate in the expanded ORR. Required forms will be identified in CDC guidance.
 - 1. CDC suggests reviewing the updated ORR guidance to align work plan activities with the sections related to medical countermeasure distribution and dispensing. https://www.cdc.gov/cpr/readiness/00_docs/CDC_PHEP-ORR-Guidance-March-2022_final508.pdf
- E. Sub-recipient shall address gaps identified during the COVID-19 response that can be prioritized and incorporated into the integrated action plan, and After Action Report and Improvement Plans (AAR/IP) from exercises or real events.
 - 1. CDC recommends CRI jurisdictions revise work plans by integrating lessons learned, response experience, and any relevant promising practices identified and implemented.
- F. Sub-recipient shall submit to Department integrated action plans twice each budget period.
 - 1. The action plans must summarize completed activities in response to gaps identified in the most recent ORR findings, and AAR/IPs from exercises and/or real events.
 - 2. The due dates for submission will be established by the CDC.
- G. Sub-recipient shall participate in quarterly conference calls with the Department to discuss integrated action plan activities.
- H. Sub-recipient shall collaborate with hospitals and HCCs when conducting CRI exercise requirements.
- I. Sub-recipient shall conduct three MCM dispensing drills annually:
 - 1. Dispensing drills shall alternate each year between anthrax and pandemic influenza scenarios.
 - 2. The three annual drills must include:
 - a. Staff notification and assembly;
 - b. Facility set-up; and
 - c. Site activation.
 - 3. At the completion of each drill, the Sub-recipient will submit an AAR/IP to the Department within 30 days of the drill.
 - a. Sub-recipient will coordinate with the Department to complete AAR/IPs to ensure ORR gaps are addressed and included.
- J. Sub-recipient shall complete two tabletop exercises (TTX) every five years, one to demonstrate readiness for an anthrax scenario and one for a pandemic influenza scenario.
- K. Sub-recipient shall complete a functional exercise once every five years, focusing on vaccination of at least one critical workforce group, to demonstrate readiness for a pandemic influenza scenario.
- L. Sub-recipient shall demonstrate operational readiness for an influenza pandemic through a full-scale exercise (FSE) conducted once every five years, within the project period.
- M. Sub-recipient shall develop the CRI Integrated Preparedness Plan (IPP) , and participate in the Department hosted Integrated Preparedness Planning Workshop (IPPW), as scheduled.



Tooele County Council Agenda Item Summary

Department Making Request:

Health

Meeting Date:

Contract 11/1

Mark Options That Apply:

Grant
~~1-time~~

Contract
1 yr. or less
Exp date: _____

Purchase

Grant
With County Match

Contract
More than 1 yr.
Exp date: _____

Budget Impact:

In Budget
 Over Budget

Amount of Contract, Service, Grant: \$ 272,990.00

Item Title: Public Health Emergency and Preparedness Programs, Amendment 1

Please answer the who? what? when? why?

Utah Department of Health contract amendment effective July 1, 2022 for \$272,990.00. Contract provides funding to support preparedness activities to prevent, detect, respond to, mitigate and recover from public health threats. Contract is renewed annually.

List who needs copies when approved: Health Department has signed copies