STATE OF CALIFORN	A	
STANDARD	AGREEMENT	AMENDMENT
STD 213A (Rev 6/03)		

·	Agreement Number	Amendment Number				
Check here if additional pages are added: 1 Page(s)	14-10513	A03				
	Registration Number:					
This Agreement is entered into between the State Agency an	d Contractor named bel	ow:				
State Agency's Name	·····	Also known as CDPH or the State				
California Department of Public Health						
Contractor's Name		(Also referred to as Contractor)				
City of Long Beach 2. The term of this July 1, 2014 through Jur	ne 30, 2017					
Agreement is:	16 30, 2017					
3. The maximum amount of this \$ 227,195.00						
	en Thousand One Hundred	Ninety Five Dollars and No Cents.				
The parties mutually agree to this amendment as follows. All						
of the Agreement and incorporated herein:						
I. The purpose of this amendment is to amend Exhibit A, S	Scope of Work, and Exh	ibit B. Budget, to adjust the				
funding amount for State Fiscal Year (SFY) 16/17 and to	add additional function					
complete the services outlined in the original scope of w	ork (SOW).					
II. Certain changes made in this amendment are shown as	: Text additions are dis	played in bold and underline .				
Text deletions are displayed as strike through text (i.e.,						
APPROVED AS	to form					
10/13	20/6	s Duh:				
CHARLES PARKIN, A	y Attorney,	cept. of Public Age				
EXECUTED PURSUANT By (Continued on next page)						
TO SECTION 301 OF						
THE CITY CHARTER: DEPUTY	CITY ATTORNEY	MIN OI WIN				
		ر (
All other terms and conditions shall remain the same.						
IN WITNESS WHEREOF, this Agreement has been executed by the p	arties hereto	Preparedness				
CONTRACTOR	arties hereto.	CALIFORNIA				
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.)		Department of General Services Use Only				
City of Long Beach						
By(Authorized Signature) Date Signed	(Do not type)					
E 1284 10/2	4/16					
Printed Name and Title of Person Signing						
Patrick West, City Manager Assistant City Manager	i er					
Address Control of the Control of th	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
333 W. Ocean Blvd., Long Beach, CA 90802						
STATE OF CALIFORNIA						
Agency Name						
California Department of Public Health						
By (Authorized Signature) Date Signed (Do not type)						
Printed Name and Title of Person Signing Exempt per:HSC 101319						
Jeff Mapes, Chief, Contracts Management Unit						
Address						
· · · · · · · · · · · · · · · · · · ·						
1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377,						

STANDARD AGREEMENT AMENDMENT

STD 213A (Rev 6/03)

EXECUTED PURSUANT TO SECTION 301 OF THE CITY CHARTER.

, ,	Agreement Number	Amendment Number
Check here if additional pages are added: 1 Page(s)	14-10513	A03

14-10513 A03
Registration Number:

		Registration Number:
1.	This Agreement is entered into between the State Agency	and Contractor named below:
	State Agency's Name	Also known as CDPH or the State
	California Department of Public Health	
	Contractor's Name	(Also referred to as Contractor)
	City of Long Beach	
2.	The term of this July 1, 2014 through J	une 30, 2017
	Agreement is:	
3.	The maximum amount of this \$ 227,195.00	
	Agreement after this amendment is: Two Hundred Twenty S	Seven Thousand One Hundred Ninety Five Dollars and No Cents.
4.	The parties mutually agree to this amendment as follows. of the Agreement and incorporated herein:	All actions noted below are by this reference made a part
	and detailed to the Partie Parties	11. ddd:::(1) 27 p =

- I. The purpose of this amendment is to amend Exhibit A, Scope of Work, and Exhibit B Budget, to adjust the funding amount for State Fiscal Year (SFY) 16/17 and to add additional functions to allow the contractor to complete the services outlined in the original scope of work (SOW).
- II. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., Strike through).

APPROVED AS TO FORM

CHARLES PARKIN, Chy Attorney

By

LINDA T. VU

DEPUTY CITY ATTORNEY

(Continued on next, page)

All other terms and conditions shall remain the come

All other terms and conditions shall remain the sal		
IN WITNESS WHEREOF, this Agreement has been execut	Eme	
CONTRACTOR		CALIFORNIA Department of General Services
Contractor's Name (If other than an individual, state whether a corporation, par	rtnership, etc.)	Department of General Services
City of Long Beach		
By(Authorized Signature)	Date Signed (Do not type)	
× 135M	10/24/16	
Printed Name and Title of Person Signing Assistant C	ity Manager	
Patrick West, City Manager	ily Mariagor	
Address		
333 W. Ocean Blvd., Long Beach, CA 90802		
STATE OF CALIFORNIA		
Agency Name		
California Department of Public Health		
By (Authorized Signature)	Date Signed (Do not type)	
& Aff May	11/4//6	
Printed Name and Title of Person Signing	/ /	Exempt per:HSC 101319
Jeff Mapes, Chief, Contracts Management Unit		
Address		
1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Bo Sacramento, CA 95899-7377	x 997377,	

STA	OF CALIFORNIA ANDARD AGREEMENT AMENDMENT 3A (Rev 6/03)			
31021	DA lizes (100)		Agreement Number	Amendment Number
	Check here if additional pages are added: 1 Page(s)		14-10513	A03
			Registration Number:	
1.	This Agreement is entered into between the	State Agency and	Contractor named be	elow:
	State Agency's Name			Also known as CDPH or the State
	California Department of Public Health			
=	Contractor's Name			(Also referred to as Contractor)
	City of Long Beach			
2.	The term of this July 1, 2014	through June	30, 2017	
	Agreement is:			
3.	The maximum amount of this \$ 227,7	195.00		
	Agreement after this amendment is: Two H	lundred Twenty Seve	n Thousand One Hundre	d Ninety Five Dollars and No Cents.
4.	The parties mutually agree to this amendmen of the Agreement and incorporated herein:	nt as follows. All	actions noted below a	re by this reference made a part
	funding amount for State Fiscal Year (State Fiscal Year) complete the services outlined in the ori II. Certain changes made in this amendment of the complete the services outlined in the ori	iginal scope of wo ent are shown as:	rk (SOŴ). · Text additions are di:	
TÇ	£	APPROVED AS I	20 /6 Attorney NDA T. VU CITY ATTORNEY	(Continued of Mext page)
	All other terms and conditions shall remain the	he same.		9
IN V	VITNESS WHEREOF, this Agreement has been o	executed by the pa	erties hereto.	CALIFORNIA
CONTRACTOR CALIFORNIA				
Cont	ractor's Name (If other than an individual, state whether a corpora	ation, partnership, etc.)		Vise Only
City	of Long Beach			j
	uthorized Stanature)	Date Signed	Do not type)	

All other terms and conditions shall remain the same.

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

CONTRACTOR

Contractor's Name (if other than an individual, state whether a corporation, partnership, etc.)

City of Long Beach

By(Authorized Standare)

Printed Name and Title of Person Signing
Patrick West, City Manager

Address

333 W. Ocean Blvd., Long Beach, CA 90802

STATE OF CALIFORNIA

Agency Name
California Department of Public Health

By (Authorized Signature)

Printed Name/ayt/Title of Person Signing
Jeff Mapes, Chief, Contracts Management Unit

Address

16 16 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377,
Sacramento, CA 95899-7377

- III. Exhibit A, Scope of Work, Attachment 1, is hereby replaced in its entirety.
- IV. Exhibit B Page 2, paragraph 4 is amended as follows:

4. Amounts Payable

- A. The maximum amount payable under this agreement shall not exceed the total sum of \$227,280.00 \$227,147.00 \$227,195.00. Financial year individual fund limits are:
 - 1) Financial Year July 1, 2014 through June 30, 2015. Funds pursuant to this amendment must be expended by June 30, 2015 and will be liquidated first.
 - 1. \$0.00, CDC PHEP Base Funds.
 - 2. \$0.00, Laboratory Funds.
 - 3. \$0.00, Laboratory Trainee Funds.
 - 4. \$0.00, Laboratory Training Assistance Funds.
 - 5. \$0.00, Cities Readiness Initiative Funds.
 - 6. \$0.00, HPP Funds.
 - 7. \$75,760.00, State General Funds Pandemic Influenza Funds.
 - 2) Financial Year July 1, 2015 through June 30, 2016
 - 1. \$0.00, CDC PHEP Base Funds.
 - 2. \$0.00, Laboratory Funds.
 - 3. \$0.00, Laboratory Trainee Funds.
 - 4. \$0.00, Laboratory Training Assistance Funds.
 - 5. \$0.00, Cities Readiness Initiative Funds.
 - 6. \$0.00, HPP Funds.
 - 7. \$75,760.00 \$75,627.00, State General Funds Pandemic Influenza Funds.
 - 3) Financial Year July 1, 2016 through June 30, 2017
 - 1. \$0.00, CDC PHEP Base Funds.
 - 2. \$0.00, Laboratory Funds.
 - 3. \$0.00, Laboratory Trainee Funds.
 - 4. \$0.00, Laboratory Training Assistance Funds
 - 5. \$0.00. Cities Readiness Initiative Funds
 - 6. \$0.00, HPP Funds.
 - 7. \$75,760.00-\$75,808.00, State General Funds Pandemic Influenza Funds.
- V. Exhibit B, Attachment 1 Payment Criteria is hereby replaced in its entirety.
- VI. Exhibit B Attachment 4, is hereby replaced in its entirety.

HPP Capability 1: Healthcare System Preparedness

Objective: Strengthen the ability of a community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, state, local, and territorial governments to do the following: 1) Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to individuals in the community; 2) Provide timely monitoring and management of resources; 3) Coordinate the allocation of emergency medical care resources; and 4) Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders. Healthcare system preparedness is achieved through a continuous cycle of planning, organizing and equipping, training, exercises, evaluations and corrective actions.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Develop, refine, or sustain Healthcare Coalitions	7/1/14 – 6/30/17	Maintain Hospital Preparedness Coordinator and HPP Partnership Coordinator.
☐ Function 2: Coordinate healthcare planning to prepare the healthcare system for a disaster		Support Operational Area Healthcare Coalition by providing resources to participating healthcare facilities for planning and other preparedness activities.
☐ Function 3: Identify and prioritize essential healthcare assets and services ☐ Function 4: Determine gaps in the healthcare preparedness and		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. Revise work plan as directed by CDPH.
identify resources for mitigation of these gaps Function 5: Coordinate training to assist healthcare responders to	7/1/16-	Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
develop the necessary skills in order to respond — Function 6: Improve healthcare response capabilities through	6/30/17	5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function
coordinated exercise and evaluation Function 7: Coordinate with planning for at-risk individuals and those with special medical needs	7/1/14 — 6/30/17	for each budget year. Submit annual performance measure data as required by the federal government.
		Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

HPP Capability 2: Healthcare System Recovery

Objective: Collaborate with Emergency Management and other community partners, (public health, business, education and other partners) to develop efficient processes and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
	7/1/14 —	Support healthcare facility and operational area recovery planning.
☐ Function 1: Develop recovery processes for the healthcare	6/30/17	
delivery system		For each selected function, develop work plan activities for each budget year according to applied to applie the property of the prop
☐ Function 2: Assist healthcare organizations to implement		budget year according to annual Local Application Guidance.
Continuity of Operations (COOP)		3. Revise work plan as directed by CDPH.
		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		Submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		Submit annual performance measure data as required by the federal government.
		7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

HPP Capability 3: Emergency Operations Coordination

Objective: Strengthen ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to the framework of the National Incident Management System (NIMS).

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Healthcare organization multi-agency representation and coordination with emergency operations	7/1/14 — 6/30/17	 Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition and maintain operational area response plans to ensure coordination across healthcare providers, emergency management, emergency medical services, and public health.
Function 2: Assess and notify stakeholders of healthcare delivery status		 Maintain emergency operation centers within Healthcare Coalition member facilities and train healthcare staff in emergency response activities including ICS (Hospital Incident Command, Nursing Facility Incident Command, and Clinic Incident Command). For
Function 3: Support healthcare response efforts through coordination of resources	7/1/14 — 6/30/16	each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 4: Demobilize and evaluate healthcare operations	7/1/14 — 6/30/17	 Attend CDPH annual workshop, healthcare provider related workshops, Homeland Security, other approved emergency preparedness workshops, and CDC and ASPR sponsored workshops.
		 For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. Revise work plan as directed by CDPH. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		6. Submit annual performance measure data as required by the federal government.
•		 Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

HPP Capability 5: Fatality Management

Objective: Coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.

Activities to Support the Objective	Timeline	Evalua	ation/Deliverables
Function 1: Coordinate surges of deaths and human remains at healthcare organizations with	7/1/ 1 4 <u>16</u> 6/30/17	1.	Maintain HPP Coordinator, HPP Partnership Coordinator, and Healthcare Coalition.
community fatality management operations		2.	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 2: Coordinate surges of concerned citizens with community agencies responsible for family assistance		3.	Revise work plan as directed by CDPH.
☐ Function 3: Mental/behavioral support at the		4.	Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
healthcare organization level		5.	Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		6.	Submit annual performance measure data as required by the federal government.
		7.	Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

HPP Capability 6: Information Sharing

Objective: Conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture	7/1/14 — 6/30/17	 Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition and maintain communications plan and communication equipment for Local HPP Entity and Healthcare Coalition members.
☐ Function 2: Develop, refine, and sustain redundant, interoperable communication systems		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
		3. Revise work plan as directed by CDPH.
		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		6. Submit annual performance measure data as required by the federal government.
	-	7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

HPP Capability 10: Medical Surge

Objective: Strengthen ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: The Healthcare Coalition assists	7/1/14 — 6/30/17	Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition.
with the coordination of the healthcare organization response during incidents that require medical surge		Purchase, store and/or maintain medical supplies and equipment to ensure operational readiness to respond to a public health or medical emergency. Items may be purchased for healthcare coalition members.
☐ Function 2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 3: Assist healthcare organizations with		4. Revise work plan as directed by CDPH.
surge capacity and capability		5. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
☐ Function 4: Develop Crisis Standards of Care guidance ☐ Function 5: Provide assistance to healthcare	<u>7/1/16 –</u> <u>6/30/17</u>	Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
organizations regarding evacuation and shelter in place operations		7. Submit annual performance measure data as required by the federal government.
		8. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

HPP Capability 14: Responder Safety and Health

Objective: Strengthen the ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. This includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
Function 1: Assist healthcare organizations	7/1/ 1 4 <u>16</u> – 6/30/17	Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition.
with additional pharmaceutical protection for healthcare workers		 Healthcare Coalition members should maintain policies and procedures to ensure healthcare worker safety and purchase and maintain protective equipment for healthcare coalition member staff.
Function 2: Provide assistance to healthcare organizations with access to additional Personal		For each selected function, develop work plan activities for each budget year
Protective Equipment (PPE) for healthcare workers during response		according to annual Local Application Guidance.
		4. Revise work plan as directed by CDPH.
		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		7. Submit annual performance measure data as required by the federal government.
		 Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

HPP Capability 15: Volunteer Management

Objective: Strengthen the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events.

Activities to Support the Objective	Timeline		ation/Deliverables
	7/1/14 –	1.	Maintain access to Disaster Healthcare Volunteers system.
☐ Function 1: Participate with volunteer planning	6/30/17	_	
processes to determine the need for volunteers in healthcare organizations		·2.	Each Healthcare Coalition member should maintain policies and procedures for incorporating volunteers into operations during public health and medical
Treaminate organizations			emergencies.
☐ Function 2: Volunteer notification for healthcare			
response needs		3.	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 3: Organization and assignment of			
volunteers		4.	Revise work plan as directed by CDPH.
Function 4: Coordinate the demobilization of	<u>7/1/16 – </u>	5.	Submit mid-year and year-end progress reports to CDPH according to guidelines
volunteers	6/30/17		within the Local Application Guidance.
Problem with wall forgram that the forward labeled as a content of the	1.	6.	
			meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		7.	Submit annual performance measure data as required by the federal government.
		8.	Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

HPP Capability 16: Program Management

Objective: Support Hospital Preparedness Program activities including application, progress reporting, invoicing, fiscal monitoring, and coordination across multiple capabilities including alignment with Hospital Preparedness Program (HPP).

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Coordination across multiple Capabilities	7/1/14 – 6/30/17	Maintain local HPP Coordinator, Partnership Coordinator and Healthcare Coalition to coordinate activities across capabilities.
☐ Function 2: Fiscal Monitoring and Tracking		Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting.
☐ Function 3: Grants Management ☐ Function 4: Reporting on Performance Measures		 Support program operations including office supplies and equipment, communications, laptops, cell phones, fax machines, satellite phones, and other forms of communication necessary for daily operations or emergency response.

PHEP Capability 1: Community Preparedness

Objective: The ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health's role in community preparedness is to do the following: 1) Support the development of public health, medical, and mental/behavioral health systems that support recovery; 2) Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents; 3) Promote awareness of and access to medical and mental/behavioral health resources that help protect the community's health and address the functional needs of at-risk individuals; 4) Engage public and private organizations in preparedness activities that represent the functional needs of at-risk individuals 5) Identify those populations that may be at higher risk for adverse health outcomes; and 6) Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities.

Activities to Support the Objective	Timeline	Evalua	ation/Deliverables
	7/1/14 —	1.	Maintain Public Health Emergency Preparedness Coordinator and staff trained in
☐ Function 1: Determine risks to the health of the	6/30/17		emergency preparedness outreach.
jurisdiction		0	For each calculated function, develop work plan activities for each budget year
		2.	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 2: Build community partnerships to support health preparedness			according to annual Local Application Guidance.
		3.	Revise work plan as directed by California Department of Public Health (CDPH).
☐ Function 3: Engage with community			
organizations to foster public health, medical, and mental/behavioral health social networks		4.	Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
☐ Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts		5.	Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		6.	Submit annual performance measure data as required by the federal government.
		7.	Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

PHEP Capability 2: Community Recovery

Objective: Strengthen capability to collaborate with community partners (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
Function 1: Identify and monitor public health, medical, and mental behavioral health system recovery needs	7/1/ 1 44 <u>16</u> – 6/30/17	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
		2. Revise work plan as directed by CDPH.
Function 2: Coordinate community public health, medical, and mental behavioral health system recovery operations		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
☐ Function 3: Implement corrective actions to mitigate damages from future incidents		Complete and submit specific deliverables (response plans, After-Action Reports/Improvement Plans, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		5. Submit annual performance measure data as required by the federal government.
·		Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

PHEP Capability 3: Emergency Operations Coordination

Objective: Maintain Emergency operations coordination: the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
	7/1/14 — 6/30/17	Maintain staff trained in emergency response activities.
☐ Function 1: Conduct preliminary assessment to determine need for public activation	6/30/17	
☐ Function 2: Activate public health emergency operations		Maintain or maintain access to emergency operations center for local public health and medical response with the health department or county.
	<u>7/1/14 – </u>	3. Attend CDPH annual workshop, healthcare provider related workshops, Homeland
☐ Function 3: Develop incident response strategy	6/30/16	Security, other approved emergency preparedness workshops, and CDC and ASPR sponsored workshops.
☐ Function 4: Manage and sustain the public	7/4/4	
health response	7/1/14 — 6/30/17	 For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 5: Demobilize and evaluate public health emergency operations		5. Revise work plan as directed by CDPH.
		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules, emergency operations center maintenance and software) as described in approved work plan under each selected function for each budget year.
		8. Submit annual performance measure data as required by the federal government.
		 Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

PHEP Capability 4: Emergency Public Information and Warning

Objective: Maintain ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Activate the emergency public	7/1/14 — 6/30/17	Maintain access to trained public information staff.
information system	,,,,,,	2. Attend training specific to the PIO function during an emergency response.
☐ Function 2: Determine the need for a joint public information system		 For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 3: Establish and participate in information system operations		4. Revise work plan as directed by CDPH.
☐ Function 4: Establish avenues for public		 Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
interaction and information exchange Function 5: Issue public information, alerts, warnings and notifications	7/1/16 — 6/30/17	 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		7. Submit annual performance measure data as required by the federal government.
		 Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

PHEP Capability 5: Fatality Management

Objective: Coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Determine role for public health in	7/1/ 1 4 <u>16</u> – 6/30/17	Maintain staff with expertise in data collection and dissemination.
fatality management		2. Maintain partnership with local fatality management lead.
☐ Function 2: Activate public health fatality management operations		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
Function 3: Assist in the collection and dissemination of antemortem data		4. Revise work plan as directed by CDPH.
☐ Function 4: Participate in survivor		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
mental/behavioral health services ☐ Function 5: Participate in fatality processing and storage operations	·	 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		7. Submit annual performance measure data as required by the federal government.

PHEP Capability 6: Information Sharing

Objective: Maintain capability to conduct multi-jurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Identify stakeholders to be incorporated into information flow	7/1/14 — 6/30/17	Maintain Health Alert Network Administration functions (CAHAN or CAHAN Replacement system)
☐ Function 2: Identify and develop rules and data		Maintain Epidemiologist or other staff with expertise in data collection and dissemination.
elements for sharing ☐ Function 3: Exchange information to determine	7/1/14	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
a common operating picture	<u>6/30/16</u>	4. Revise work plan as directed by CDPH.
		Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules, software/system costs for information sharing/redundant communications) as described in approved work plan under each selected function for each budget year.
	·	7. Submit annual performance measure data as required by the federal government.
		 Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

PHEP Capability 7: Mass Care

Objective: Maintain ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Determine public health role in mass care operations	7/1/14 — 6/30/17	Maintain partnership with local mass care lead.
☐ Function 2: Determine mass care needs of the	7/1/16 -	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
impacted population Function 3: Coordinate public health, medical,	6/30/17	3. Revise work plan as directed by CDPH.
and mental/behavioral health services		 Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
Function 4: Monitor mass care population health		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		 Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

PHEP Capability 8: Medical Countermeasure Dispensing

Objective: Maintain ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, and any others needed.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Identify and initiate medical countermeasure (MCM) dispensing strategies	7/1/14 6/30/17	 Maintain Public Health Emergency Preparedness Coordinator and staff trained in emergency response activities.
☐ Function 2: Receive medical countermeasures	<u>7/1/14 –</u>	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 3: Activate dispensing modalities	6/30/16	3. Revise work plan as directed by CDPH.
☐ Function 4: Dispense medical countermeasures to identified population	7/1/14 – 6/30/17	 Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
☐ Function 5: Report adverse events		 Complete and submit specific deliverables (response plans, Rand drills as required, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		Meet annual MCM distribution requirements including inventory system drill and facility call down drill.
		7. Participate in annual statewide medical and health exercise.

PHEP Capability 9: Medical Materiel Management and Distribution

Objective: Maintain ability to acquire, maintain (e.g., cold chain storage or other storage protocol) transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Direct and activate medical materiel management and distribution	7/1/14 — 6/30/17	 Purchase, store, and/or maintain medical supplies and equipment to ensue operational readiness to respond to a public health or medical emergency.
☐ Function 2: Acquire medical materiel		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 3: Maintain updated inventory management and reporting system	<u>7/1/14 –</u> <u>6/30/16</u>	3. Revise work plan as directed by CDPH.
☐ Function 4: Establish and maintain security		 Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
☐ Function 5: Distribute medical materiel ☐ Function 6: Recover medical materiel and demobilize distribution operations		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		6. Submit annual performance measure data as required by the federal government.
	4.4	7. Participate in annual statewide medical and health exercise.

PHEP Capability 10: Medical Surge

Objective: Maintain the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community, encompassing the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were comprised.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
Function 1: Assess the nature and scope of the incident	7/1/ 14 <u>16</u> – 6/30/17	Maintain partnership with County Hospital Preparedness Program to align activities and goals.
☐ Function 2: Support activation of medical surge☐ Function 3: Support jurisdictional medical	7/1/14 — 6/30/17	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
surge operations		3. Revise work plan as directed by CDPH.
☐ Function 4: Support demobilization of medical surge operations	<u>7/1/16 – 6/30/17</u>	Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
· ·		 Purchase, store, and/or maintain medical supplies and equipment to ensure operational readiness to respond to a public health or medical emergency.
	į.	7. Submit annual performance measure data as required by the federal government.
		Participate in annual statewide medical and health exercise.

PHEP Capability 11: Non-Pharmaceutical Interventions

Objective: Maintain ability to recommend to the applicable local lead agency (if not local public health) and implement, if applicable, strategies for disease, injury and exposure control. Strategies include: isolation and quarantine; restrictions on movement and travel advisory/warnings; social distancing; external decontamination; hygiene; and precautionary protective behaviors.

Activities to Support the Objective	Timeline		tion/Deliverables
	7/1/ 14 <u>16</u> –	1.	Maintain Public Health Emergency Preparedness Coordinator and staff trained in
☐ Function 1: Engage partners and identify	6/30/17	(emergency response activities.
factors that impact non-pharmaceutical			
interventions			For each selected function, develop work plan activities for each budget year
		{	according to annual Local Application Guidance.
Function 2: Determine non-pharmaceutical			Davide a work plan or directed by CDDH
interventions		3.	Revise work plan as directed by CDPH.
Function 3: Implement non-pharmaceutical		4	Submit mid-year and year-end progress reports to CDPH according to guidelines
interventions			within the Local Application Guidance.
			The state of the s
☐ Function 4: Monitor non-pharmaceutical			Complete and submit specific deliverables (response plans, After-Action Reports,
interventions			meeting minutes, training schedules) as described in approved work plan under each
turei Acturiorio di anticolori		;	selected function for each budget year.
		0	Out with a second and a second and a second and built a second and built a second and a second and a second and
		6.	Submit annual performance measure data as required by the federal government.
		7	Participate in annual statewide medical and health exercise.
		7.	atticipate in attitual statewide medical and health exercise.

PHEP Capability 12: Public Health Laboratory Testing

Objective: Maintain ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all-hazards. Hazards include chemical, radiological, and biological agents in multiple matrices that may include clinical samples, food, and environmental samples (e.g., water, air, and soil). This capability support routine surveillance, including pre-event or pre-incident and post-exposure activities.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Manage laboratory activities	7/1/14 – 6/30/17	Maintain Public Health Laboratory or access to Public Health Laboratory and maintain list of laboratory contacts.
☐ Function 2: Perform sample management ☐ Function 3: Conduct testing and analysis for		Purchase and/or maintain laboratory supplies needed for a surge in laboratory testing including items such as reagents and other testing items.
routine surge capacity	7/1/16 — 6/30/17	 For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 4: Support public health investigations ☐ Function 5: Report laboratory results	7/1/14 —	4. Revise work plan as directed by CDPH.
	6/30/17	Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		7. Submit annual performance measure data as required by the federal government.
		8. Participate in annual statewide medical and health exercise.

PHEP Capability 13: Public Health Surveillance and Epidemiological Investigation

Objective: Ensure ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.

Activities to Support the Objective	Timeline	Evalua	tion/Deliverables
	7/1/14 —	1.	Maintain capacity for surveillance and epidemiological investigation.
☐ Function 1: Conduct public health surveillance	6/30/17	_	
and detection		2.	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 2: Conduct public health and			according to annual Local Application Guidance.
epidemiological investigations		3.	Revise work plan as directed by CDPH.
☐ Function 3: Recommend, monitor, and analyze		4.	Submit mid-year and year-end progress reports to CDPH according to guidelines
mitigation actions			within the Local Application Guidance.
		5.	Complete and submit specific deliverables (response plans, After-Action Reports,
☐ Function 4: Improve public health surveillance		J.	meeting minutes, training schedules) as described in approved work plan under each
and epidemiological investigation systems			selected function for each budget year.
		6.	Submit annual performance measure data as required by the federal government.
		_	Destinate in appeal efeterally modical and bealth propries
·		7.	Participate in annual statewide medical and health exercise.

PHEP Capability 14: Responder Safety and Health

Objective: Maintain ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, as requested.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☐ Function 1: Identify responder safety and health risks	7/1/14 — 6/30/17	Develop procedures to ensure safety of public health workforce and purchase and maintain protective equipment for employees according to these procedures.
☐ Function 2: Identify safety and personal protective needs		For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
☐ Function 3: Coordinate with partners to facilitate risk-specific safety and health training		3. Revise work plan as directed by CDPH.
☐ Function 4: Monitor responder safety and	7/1/16 – 6/30/17	Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
health actions	0/30/17	 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		6. Submit annual performance measure data as required by the federal government.
		7. Participate in annual statewide medical and health exercise.

PHEP Capability 15: Volunteer Management

Objective: The ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
	7/1/ 14 16 –	Maintain local administrative functions to ensure operational readiness of the
Function 1: Coordinate volunteers	6/30/17	Disaster Healthcare Volunteers system.
Function 2: Notify volunteers Function 3: Organize, assemble, and dispatch	·	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance.
volunteers		3. Revise work plan as directed by CDPH.
☐ Function 4: Demobilize volunteers		 Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
,		 Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		6. Submit annual performance measure data as required by the federal government.
		7. Participate in annual statewide medical and health exercise.

PHEP Capability 16: Program Management

Objective: Support public health emergency preparedness program activities including application, progress reporting, invoicing, fiscal monitoring, and coordination across multiple capabilities including alignment with Hospital Preparedness Program (HPP).

Activities to Support the Objective	Timeline	Evaluation/Deliverables
in <u>and the second of the seco</u>	7/1/14 – 6/30/17	Maintain local Public Health Emergency Preparedness Coordinator.
Capabilities	.,,	Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting.
☐ Function 2: Fiscal Monitoring and Tracking		
☐ Function 3: Grants Management		 Support program operations including office supplies and equipment, communications, laptops, cell phones, fax machines, satellite phones, and other forms of communication necessary for daily operations or emergency response.
☐ Function 4: Reporting on Performance Measures		
·		

Exhibit A – Attachment 1 City of Long Beach Scope of Work Pandemic Influenza Planning

Pandemic Influenza Capability 1: Planning and Preparedness Activities

Objective: The ability of communities to prepare for, withstand, and recover from public health incidents including a potential pandemic influenza. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faithbased partners, state, local, and territorial, public health's role in preparing for, responding to, and recovering from a public health incident such as a pandemic influenza.

Activities to Support the Objective	Timeline	Evalu	uation/Deliverables
☑ Function 1: Develop, maintain and/or strengthen local pandemic influenza emergency	7/1/14 — 6/30/17	1.	Maintain Pandemic Influenza Coordinator and other trained staff needed to complete pandemic plans and testing of plans.
response plan		2.	Maintain pandemic influenza operational response plans including plans for Government Authorized Alternate Care Sites. Purchase, store, and/or maintain
Enction 2: Test pandemic influenza response in drills, exercises, and real events			supplies and equipment for operation of an alternate care site.
☑ Function 3: Engage public and private partners to ensure coordinated response efforts		3.	Hold mass vaccination clinics including the purchase of influenza or pneumococcal vaccine and other supplies for use in these clinics. Maintain capacity to store vaccine under refrigeration.
☐ Function 4: Maintain surveillance system for reporting severe and fatal cases of laboratory confirmed influenza as required by CDPH		4.	For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. Revise work plan as directed by California Department of Public Health (CDPH).
		5.	Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance.
		6.	Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year.
		7.	Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1 City of Long Beach Scope of Work Pandemic Influenza Planning

Pandemic Influenza Capability 16: Program Management

Objective: Support Pandemic Influenza planning and preparedness program activities including application, progress reporting, invoicing, fiscal monitoring, and coordination across multiple capabilities including alignment with Hospital Preparedness Program (HPP).

Activities to Support the Objective	Timeline	Evaluation/Deliverables
□ Function 1: Coordination across multiple	7/1/14 – 6/30/17	Maintain local Public Health Emergency Preparedness Coordinator.
Capabilities	-, + •, · · ·	Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting.
☐ Function 2: Fiscal Monitoring and Tracking		portormance measures and other data reporting.
☐ Function 3: Grants Management		 Support program operations including office supplies and equipment, communications, laptops, cell phones, fax machines, satellite phones, and other forms of communication necessary for daily operations or emergency response.

2014-15, 2015-16, <u>2016-17</u> CDC Public Health Emergency Preparedness (PHEP), HHS Hospital Preparedness Program (HPP) Funding <u>(CFDA# 93.074)</u> and State General Fund (GF) Pandemic Influenza 2014-15, 2015-16, <u>2016-17</u> Allocation Agreement

		CDC PHEP and	Reference Lab Funds
		Cities Readiness Initiative (CRI)	(\$260,246 total to each Reference Lab)
1st	Criteria	CDPH must receive the following:	CDPH must receive the following:
Quarter	Ontona	Signed FY 2014-15 Allocation Agreement Contract.	Signed FY 2014-15 Allocation Agreement Contract.
Payment		Fully executed FY 15-16 Contract Amendment.	Fully executed FY 15-16 Contract Amendment.
		- any oxecution in the real factor and the rea	- Any oxogated 1 1 10 10 Contract Amendment.
		Receipt of all required application documents	Receipt of all required application documents
		Approved PHEP/CRI Work Plan	Approved PHEP Lab Work Plan
		Approved PHEP/CRI Budget	Approved PHEP Lab Budget
			I
		 Submission of FY13-14 PHEP Year End Progress- Report, Submission of FY14-15 PHEP/CRI Year- 	 Submission of FY 13-14 Year End Progress Report, Submission of FY14-15 LAB Year End Progress
		End Progress and Expenditure Reports	and Expenditure Reports
			and Exponential Property
6145.255	Pavment	Advance payment of 25% of initial FY 14-15, 15-16,	Advance payment of 25% of initial FY 14-15, 15-16,
		16-17 CDC PHEP Base and/or CRI Fund allocation	16-17 Lab Fund (not including lab trainees) allocation
2nd	Criteria	CDPH must receive the following:	CDPH must receive the following:
Quarter		1st Quarter Payment Criteria must be met	Same as PHEP/CRI as it Applies to Lab
Payment		Receipt of FY13-14 PHEP Year End Expenditure	, , , , , , , , , , , , , , , , , , , ,
		Report	
		Submission of FY 15-16 PHEP/CRI Year End	
		Progress and Expenditure Reports	'
	4	<u>Approved budget revision-Carry-Forward amount</u>	
		 Signed Agreement Amendment, includes Carry- Forward 	
		 If required, submission of FY13-14-Supplemental- Work-Plan Progress Report 	4
		Receipt of PHEP Supporting Documentation	
		demonstrating unique expenditures for a minimum	
		of 25% of Initial PHEP Base and/or CRI to cover the Q1 advance payment.	
		Contractor submits an invoice for unique	·
		approvable PHEP/CRI expenditures for a minimum	
		of 25% of their initial allocation enough to cover the	
		Q1 advance payment.	
	Payment	If receipt of more than the 25% minimum requirement,	
		first pay carry forward, if applicable, matching PHEP	
		Supporting Documentation submission up to the carry-	
		forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation	
		remaining will be 25% of the total CDC PHEP Base	
		and/or CRI Fund.	
			nu-nuoni "
		Receipt of an invoice equivalent to the Q1 advance payment, is a no payment.	Same as PHEP/CRI as it applies to Lab
		Any expenditures exceeding the Q1 advance payment	
		will be paid from funds expiring June 30, 2015, 2016,	·
		2017, in the appropriate category, first.	

2014-15, 2015-16, <u>2016-17</u> CDC Public Health Emergency Preparedness (PHEP), HHS Hospital Preparedness Program (HPP) Funding <u>(CFDA# 93.074)</u> and State General Fund (GF) Pandemic Influenza 2014-15, 2015-16, <u>2016-17</u> Allocation Agreement

		2014-15, 2015-16, 2016-17 Alloc	
3rd	Criteria	 1st & 2nd Payment Criteria must be met 	1st & 2nd Payment Criteria must be met
Quarter Payment		Receipt of FY 14-15, 15-16, <u>16-17</u> PHEP/CRI Mid- Year reports	Same as PHEP/CRI as it applies to Lab
		 if required, completed PHEP/CRI Supplemental Work Plan and final report Funds carried over from the previous year must be spent by March 31, 2017 and Invoiced by April 30, 2017. Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial Allocation. Contractor Submits an invoice for unique 	
		approvable PHEP/CRI expenditures.	
	Payment	If receipt of more than the 25% minimum requirement, first pay carry-forward, if applicable, matching PHEP Supporting Documentation submission up to the carry-forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation remaining will be 25% of the total CDC PHEP Base and/or CRI Fund.	
		Additional expenditures will be paid from funds expiring June 30, 2015, 2016, 2017, in the appropriate category first.	Same as PHEP/CRI as it applies to Lab
Final	Criteria	1st, 2nd & 3rd Payment Criteria must be met	1st, 2nd & 3rd Payment Criteria must be met
Payment		Receipt of required Performance Measure reports	Same as PHEP/CRI as it applies to Lab
	. '	 Receipt of PHEP Supporting Documentation-demonstrating unique expenditures for a minimum of 25% of Initial Allocation. Contractor Submits an invoice for unique approvable PHEP/CRI expenditures. 	
		If receipt of more than the 25% minimum requirement, first pay carry-forward, if applicable, matching PHEP Supporting Documentation submission up to the carry-forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation remaining will be 25% of the total CDC PHEP Base and/or CRI Fund.	
		Additional expenditures will be paid from funds expiring June 30, 2015, 2016, 2017, in the appropriate category first.	Same as PHEP/CRI as it applies to Lab

2014-15, 2015-16, <u>2016-17</u> CDC Public Health Emergency Preparedness (PHEP), HHS Hospital Preparedness Program (HPP) Funding <u>(CFDA# 93.074)</u> and State General Fund (GF) Pandemic Influenza 2014-15, 2015-16, <u>2016-17</u> Allocation Agreement

		Lab Trainee Funds	Lab Training Assistance Funds
1st Quarter Payment	Criteria	CDPH must receive the following: • Signed FY 14-15 Allocation Agreement Fully executed FY 15-16 Contract Amendment, includes Lab Trainee Funds	LHD must: CDPH must receive the following: • Signed FY 14-15 Allocation Agreement Fully executed FY 15-16 Contract Amendment, includes Lab Trainee Funds
		Receipt of all required Trainee application documents Approved Lab trainee(s) must be included in the approved Work Plan and Lab budget	 Receipt of all required Training Assistance application documents Approved Lab Training Assistance must be included in the approved Work Plan and Lab budget
		Same as PHEP/CRI as it applies to Lab Trainee	Same as PHEP/CRI as it applies to Lab Trainee Assistance
	Payment	Advance payment of 25% of initial FY 14-15, 15-16, 16-17 PHER Trainee initial allocation	Advance payment of 25% of initial FY 14-15, 15-16, <u>16-17 PHEP Training Assistance initial</u> allocation
2nd Quarter Payment	Criteria	N/A Same as PHEP/CRI as it applies to Lab Trainee	N/A Same as PHEP/CRI as it applies to Lab Trainee Assistance
	Payment	• N/A Same as PHER/CRI as it applies to Lab Trainee	N/A Same as PHEP/CRI as it applies to Lab Trainee Assistance
3rd Quarter Payment	Criteria	N/A Same as PHEP/CRI as it applies to Lab Trainee	N/A Same as PHEP/CRI as it applies to Lab Trainee Assistance
	Payment	N/A Same as PHEP/CRI as it applies to Lab Trainee	N/A Same as PHEP/CRI as it applies to Lab Trainee Assistance
Final Payment	Criteria	N/A Same as PHEP/CRI as it applies to Lab Trainee	 N/A Same as PHEP/CRI as it applies to Lab Trainee Assistance
	Payment	• N/A Same as PHEP/CRI as it applies to Lab Trainee	N/A Same as PHEP/CRI as it applies to Lab Trainee Assistance

2014-15, 2015-16, 2016-17 CDC Public Health Emergency Preparedness (PHEP), HHS Hospital Preparedness Program (HPP) Funding (CFDA# 93.074) and State General Fund (GF) Pandemic Influenza 2014-15, 2015-16, 2016-17 Allocation Agreement

- Sweet Highidales		2014-15, 2015-16, <u>2016-17</u> Alloc	
		HPR	State GF
1st	Criteria	CDPH must receive the following:	CDPH must receive the following:
Quarter		Signed FY 14-15 Allocation Agreement	Signed FY 14-15 Allocation Agreement
Payment		Fully executed FY 15-16 Contract Amendment	Fully executed FY 15-16 Contract Amendment
		Receipt of all required application documents	Receipt of all required application documents
		 Five Letters of Support (Refer to the FY 14-15) 	Receipt of FY 13-14 GF Pan Flu Year-End Progress
ate es se se		Application Guidance)	Report
		Approved HPP Work Plan	Approved GF Pan Flu Work Plan
		Approved HPP Budget	Approved GF Pan Flu Budget
		 Submission of Health Care <u>Organization data</u> 	Submission of FY14-15 HPP Year End Progress
		Facility (HCF) Form	and Expenditure Reports
		Receipt of FY 13-14 HPP Year End Progress Perceit Submission of FV14 15 LIDB Year End	
		Report, Submission of FY14-15 HPP Year End- Progress and Expenditure Reports	
		Advance payment of 25% of HPP Initial FY 15-16,	Advance payment of 25% of State GF Pandemic
		FY 16-17 allocation	Influenza Initial FY 15-16, <u>FY 16-17</u> allocation.
2nd	Criteria	1st Payment Criteria must be met	1st Payment Criteria must be met
Quarter		Receipt of HPP FY13-14 Year End Expenditure	Receipt of GF Pan Flu FY13-14 Year End
Payment		Report	Expenditure Report
		Submission of FY 15-16 PHEP Year End	Submission of FY 15-16 PHEP Year End
		Progress and Expenditure Reports	Progress and Expenditure Reports
		An invoice for unique HPP expenditures for a	■ An invoice for unique GF Pan Flu expenditures for
		minimum of 25% of Initial Allocation to cover the Q1	
		advance-payment	Q1-advance payment
		If required, submission of completed FY 13-14	If required, submission of completed FY 13-14-
		Supplemental Work Plan	Supplemental Work Plan
		Contractor submits an invoice for unique	Contractor submits an invoice for unique
		approvable HPP expenditures for a minimum of	approvable GF Pan Flu expenditures for a minimum
		25% of initial allocation to cover the Q1 advance	of 25% of initial allocation to cover the Q1 advance
		payment.	payment.
	Payment	HPP for unique expenditures less the advance	GF Pandemic Influenza for unique expenditures less
	,	payment of 25% of HPP Initial Allocation.	the advance payment of 25% of State GF Pandemic
	<i>t.</i> 1 - 1 - 1		Influenza Initial Allocation.
		Receipt of an invoice equivalent to the Q1 advance	Receipt of an invoice equivalent to the Q1 advance
		payment, is a no payment.	payment, is a no payment.
		Any expenditures exceeding the Q1 advance payment	
		will be paid from funds expiring June 30, 2015, 2016,	payment, is a payment of expenditures less the Q1
		2017, in the appropriate category, first.	advance payment.

2014-15, 2015-16, 2016-17 CDC Public Health Emergency Preparedness (PHEP), HHS Hospital Preparedness Program (HPP) Funding (CFDA# 93.074) and State General Fund (GF) Pandemic Influenza 2014-15, 2015-16, 2016-17 Allocation Agreement

		<u> </u>	
aasard ⊒∈	Criteria	1st & 2nd Payment Criteria must be met	1st & 2nd Payment Criteria must be met
Quarter Payment		 An-invoice for unique HPP expenditures for a minimum of 25% of Initial Allocation 	An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation
		 Contractor Submits an invoice for unique approvable HPP expenditures. 	Contractor Submits an invoice unique approvable GF Pan Flu expenditures.
		Receipt of FY 16-17 HPP Mid-Year Progress and Expenditure reports	Receipt of FY 16-17 GF Pan Flu Mid-Year Progress and Expenditure reports
		 Funds carried over from the previous year must be spent by March 31, 2017 and Invoiced by April 30, 2017. 	Funds carried over from the previous year must be spent by March 31, 2017 and Invoiced by April 30, 2017.
	Payment	HPP for unique expenditures .	GF Pandemic Influenza for unique expenditures.
		Additional expenditures will be paid from funds expiring June 30, 2015, 2016, 2017 in the appropriate category first.	Additional expenditures will be paid out of the appropriate category.
Final Payment	Criteria	 1st, 2nd & 3rd Payment Criteria must be met Receipt of required Performance Measure reports An invoice for unique HPP expenditures for a minimum of 25% amount of Initial Allocation 	 1st, 2nd & 3rd Payment Criteria must be met An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation
		 Contractor Submits an invoice for unique approvable HPP expenditures. 	Contractor Submits an invoice unique approvable GF Pan Flu expenditures.
	Payment	HPP for unique expenditures .	GF Pandemic Influenza for unique expenditures.
		Contractor Submits an invoice for unique approvable HPP expenditures. Additional expenditures will be	Additional expenditures will be paid out of the appropriate category.
		paid from funds expiring June 30, 2017 in the appropriate category first.	

Exhibit B - Attachment 4 City of Long Beach Budget Cost Sheet - Year 3

2016 - 2017 PROJECT BUDGET		CDC PHI Fur			Laborato	ry Funds		Laborator Fun			Laboratory Assistance			Cities Rea			HPP F	unds		GFP	F	тот	ALS
Personnel Company of the Personnel Company of							. .	Laborator v Trainee															
Position Title and Number of each	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost		
Pandomic Influenza Coordinater		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	50%	\$ 81,748	\$16, 35 0	\$ 81,748	\$1 6, 350
Program Assistant		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	10%	\$33,714	\$3,371	\$ 33,714	\$3,371
Public Health Associate III (1)		\$ -	\$0		\$	\$0		\$ _: -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	20%	\$ 72,350	\$14,470	\$ 72,350	\$14,470
Public Health Professional II (1)		\$ -	\$0		\$ -	\$0	l i	\$ -	\$0		\$ -	\$0	.	\$	\$0		\$ -	\$0	20%	\$ 82,065	<u>\$16,413</u>	\$ 82,065	\$16,413
Public Health Associate II (1)		\$ -	\$0	1	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	20%	\$ 39,860	<u>\$7,972</u>	\$ 39,860	\$7,972
		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	· \$0	\$ -	\$0
		\$ -	\$0	1	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	. \$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0		\$ -	\$0	!	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$	\$0	\$ -	\$0
		\$ -	\$0		\$ -	\$0	l 1	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$	\$0	\$ -	\$0
		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ ~	\$0		\$ -	\$0		\$	\$0	\$ -	\$0
		\$ - <u>-</u>	\$0	-	\$	\$0		\$ -	\$0		\$	\$0		\$	\$0		\$	\$0	,	\$	\$0	\$	\$0
			\$0			\$0			\$0			\$0			\$0			\$0			\$38,855		\$38,855
Fringe Benefits	۰,																					*	
The contract of the contract o	% #####		4.0		%			%			%			%			%			%			
Subtotal Personnel and Fringe	#####	_	\$0 \$0		#DIV/0! _	\$0		#DIV/0! _	\$0		#DIV/0! _	\$0		0.00%_	\$0		#DIV/0! _	\$0	,	100.00% _	\$20,154		\$20,154
Subtotal Personnel and Pringe			\$0			\$0			\$0		•	\$0			\$0			\$0			\$59,009		\$59,009
Operating Expenses			\$0			\$0	·		\$0			\$0			\$0			\$0			\$2,684		\$2,684
								-													ĺ		
Equipment (Minor/Major)	uantity	Unit Price		Quantity	Unit Price	-	Quantity	Unit Price		uantity	Unit Price		uantity	Unit Price	Total Q	uantity	Unit Price	Total	Quantity	Unit Price	Total		
		•	\$0			\$0			\$0			\$0			\$0			\$0	ĺ		\$0		\$0
			\$0			\$0			\$0			\$0			\$0			\$0			\$0		\$0
		*	\$0			\$0			\$0			\$0			\$0	İ		\$0			\$0	•	\$0
		•	\$0 \$0			\$0			\$0			\$0			\$0			\$0			\$0		\$0
			\$0			\$0			\$0	l		\$0			\$0			\$0			\$0	÷	\$0
F 6-12-1-1		-	- \$0		_	\$0		-	\$0		_	\$0		_	\$0		_	\$0			\$0	_	\$0
Equipment Subtotal			\$0			\$0			\$0			\$0			\$0			\$0			\$0		\$0
n State Travel/Per Diem (Be sure travel (s eferenced in the SOW)			\$0			\$0			\$0			\$0			\$0			\$0			\$1,470		\$1,470
Out of State Travel/Per Diem (Be sure OST is eferenced in the SOW)			\$0			\$0			\$0			\$0			\$0			\$0			\$900		\$900

Exhibit B - Attachment 4 City of Long Beach Budget Cost Sheet - Year 3

2016 - 2017 PROJECT BUDGET	CDC PHEP Base Funds	Laboratory Funds	Laboratory Trainee Funds	Laboratory Training Assistance Funds	Cities Readiness Initiative Funds	HPP Funds	GFPF	TOTALS
Subcontracts								
Wildan Homeland Solutions	\$0	\$0	\$0	\$0	\$0	\$0	\$ 5,000	\$5,000
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	* \$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
·	\$0	\$0	. \$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
·	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
·	\$0	\$0	\$0	\$0	\$0	\$0	\$0_	\$0
Subcontract Subtotal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Costs		-						
Software and Licenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Training	\$0	\$0	\$o	\$0	\$0	\$0	\$0	\$0
Exercise Materials	\$0	\$0	\$0	\$0	\$0	\$0	<u>\$2,893</u>	\$2,893
Maintenance Agreements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
·								\$0
Other Costs Subtotal	\$0	\$0	\$0	\$0	\$0	\$0	\$2,893	\$2,893
Total Direct Costs	\$0	- \$0	\$0	\$0	\$0	\$0	\$66,957	\$66,957
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$8,851	\$8,851
(15% of Total Personnel and Fringe Benefits)								
Total Costs	\$o	· so	\$0	\$0	\$0	\$0	\$75,808	\$75,808

Out of State Travel: PHEP Summit, Atlanta, GA.

Supplies means: consumables office supply these are item that may be destroyed, dissipated, wasted are products that consumers buy recurrently i.e., items which "get used up" or discarded.

For example consumable office supplies are such products as paper, pens, file folder, binders, post-it notes, computer disks, and toner or ink cartridges..etc..

Note: Supplies do not include capital goods such as computers, fax machines, and other business machines or office furniture these would need to be set up in there own line item.

Note: Budget should link back to the SOW i.e. subcontractors/conferences/meeting/training/travel/printing/major equipment etc.... these types of services must be identified in the SOW (who/what/when and where)