SIERRA COUNTY BOARD OF SUPERVISORS'

AGENDA TRANSMITTAL & RECORD OF PROCEEDINGS

MEETING DATE: 01/17/2023	**TYPE OF AGENDA ITEM:** ☐ REGULAR ☑ CONSENT ☐ TIMED
DEPARTMENT: Public Health **REQUESTED BY:** Rhonda Grandi, Interim Director **PHONE NUMBER:** (530) 993-6700	**SUPPORTIVE DOCUMENT ATTACHED:** ☐ RESOLUTION ☑ MEMO ☑ AGREEMENT OTHER _____

AGENDA ITEM:Rescind Agreement 2022-146 and approve Grant Agreement Number 22-10687 between the California Department of Public Health and County of Sierra for implementing the 2022-23 through 2026-27 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF) Pandemic Influenza, ASPR Hospital Preparedness Program (HPP).

BACKGROUND INFORMATION:
Please see attached memo.

FUNDING SOURCE: 0515610 **GENERAL FUND IMPACT:** NO	**OTHER FUND:** 5614, 5616, HPP **AMOUNT: $** 1,664,945 N/A
ARE ADDITIONAL PERSONNEL REQUIRED? ☐ YES ☑ NO TYPE OF EMPLOYEE NONE	**IS THIS ITEM ALLOCATED IN THE BUDGET?** ☑ YES ☐ NO **IS A BUDGET TRANSFER REQUIRED?** ☐ YES ☑ NO

SPACE BELOW FOR CLERK'S USE

BOARD ACTION: ☐ APPROVED ☐ APPROVED AS AMENDED ☐ ADOPTED ☐ ADOPTED AS AMENDED ☐ DENIED ☐ OTHER ☐ NO ACTION TAKEN	SET PUBLIC HEARING FOR: _____ DIRECTION TO: _____ REFERRED TO: _____ CONTINUED TO: _____ AUTHORIZATION GIVEN TO: _____
BOARD VOTE: AYES: NOES: ABSTAIN: ABSENT: BY CONSENSUS	RESOLUTION 2023-_____ AGREEMENT 2023-_____ ORDINANCE _____

COMMENTS:

_____ _____
CLERK OF THE BOARD DATE

Memorandum

To: Sierra County Board of Supervisors
From: Rhonda Grandi, Interim Director
Reference: Agenda Item
Date of memo: January 6, 2023
Date of Board Meeting: January 17, 2023

Requested Action: Rescind Agreement 2022-146 and approve Grant Agreement Number 22-10687 between the California Department of Public Health and County of Sierra for implementing the 2022-23 through 2026-27 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF) Pandemic Influenza, ASPR Hospital Preparedness Program (HPP).

Mandated by: California Health and Safety Code, Sections 101315 to 101319

Funding
Budgeted? Yes XX No

Revenue	$1,664,945	**HPP, PHEP, Pan Flu**
Expenses	$1,664,945	**HPP, PHEP, Pan Flu**
Difference	0	

Background Information: This agreement was approved at the December 20, 2022 board meeting. After this agreement was approved California Department of Public Health revised Exhibit E to include language from Executive Order N-6-22 – Economic Sanctions.

This Agreement is made under authority of California Health and Safety Code, Sections 101315 to 101319. The purpose of this grant is to provide funding for public health and medical emergency preparedness goals and objectives in accordance with the Centers for Disease Control and Prevention (CDC) #5NU90TP922005-04-00 Public Health Emergency Preparedness (PHEP), the Assistance Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP), State General Fund (GF) Pandemic Influenza, and CDPH guidance.

The Sierra County Emergency Preparedness (EP) program will, based upon their local program priorities, develop and implement specific activities in accordance with the requirements of the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Capabilities, the Hospital Preparedness Program (HPP) Capabilities, and Pandemic Influenza (Pan Flu) Work Plans and the Local Grant Application Guidance (Guidance) for Financial Year (FY) 2022-27.

Potential Issues to consider: None

Alternatives or Impacts of disapproval: Sierra County would not be in compliance with state mandates.

2022-23 to 2026-27 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF) Pandemic Influenza, ASPR Hospital Preparedness Program (HPP) Funding

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter "Department"

TO

County of Sierra, hereinafter "Grantee"

Implementing the CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF) Pandemic Influenza, ASPR Hospital Preparedness Program (HPP)," hereinafter "Project"

GRANT AGREEMENT NUMBER 22-10687

The Department awards this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

AUTHORITY: The Department has authority to grant funds for the Project under the California Health and Safety Code, Sections 101315 to 101319.

PURPOSE: The Department shall award this Grant Agreement to and for the benefit of the Grantee; the purpose of the Grant is to provide funding for public health and medical emergency preparedness goals and objectives in accordance with the Centers for Disease Control and Prevention (CDC) #5NU90TP922005-04-00 Public Health Emergency Preparedness (PHEP), the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP), State General Fund (GF) Pandemic Influenza, and CDPH guidance.

GRANT AMOUNT: The maximum amount payable under this Grant Agreement shall not exceed the amount of $1,664,945

TERM OF GRANT AGREEMENT: The term of the Grant shall begin on July 1, 2022 and terminates on June 30, 2027. No funds may be requested or invoiced for services performed or costs incurred after June 30, 2027.

PROJECT REPRESENTATIVES. The Project Representatives during the term of this Grant will be:

California Department of Public Health	Grantee: **County of Sierra**
Attention: Nathan Blair	Attention: Rhonda Grandi, Interim Director of Public Health
1615 Capital Avenue	PO Box 7
Sacramento, CA 95814	Loyalton, CA 96118
(916) 650-6416	530-993-6700
nathan.blair@cdph.ca.gov	rgrandi@sierracounty.ca.gov

Direct all inquiries to the following representatives:

California Department of Public Health, Emergency Preparedness Office	**Grantee: County of Sierra**
Attention: Alix Cote	Attention: LeTina Vanetti, EPC
1615 Capital Avenue	PO Box 7
Sacramento, 95814	Loyalton, CA 96118
(916) 650-6416	530-993-6737
Alix.cote@cdph.ca.gov	lvanetti@sierracounty.ca.gov

All payments from CDPH to the Grantee; shall be sent to the following address:

Remittance Address
Grantee: County of Sierra
Attention: Shawna Graves
PO Box 376
Downieville, CA 95936
530-993-6734
sgraves@sierracounty.ca.gov

Either party may make changes to the Project Representatives, or remittance address, by giving a written notice to the other party, said changes shall not require an amendment to this agreement but must be maintained as supporting documentation. Note: Remittance address changes will require the Grantee to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form and the STD 205 Payee

Data Supplement which can be requested through the CDPH Project Representatives for processing.

STANDARD GRANT PROVISIONS. The Grantee must adhere to all Exhibits listed and any subsequent revisions. The following Exhibits are attached hereto or attached by reference and made a part of this Grant Agreement:

Exhibit A	SCOPE OF WORK
Exhibit B	BUDGET DETAIL AND PAYMENT PROVISIONS
Exhibit B	Attachment 1 Advance Payment Provisions
Exhibit C	STANDARD GRANT CONDITIONS
Exhibit D	REQUEST FOR APPLICATIONS
	Including all the requirements and attachments contained therein
Exhibit E	ADDITIONAL PROVISIONS
Exhibit F	FEDERAL TERMS AND CONDITIONS

GRANTEE REPRESENTATIONS: The Grantee(s) accept all terms, provisions, and conditions of this grant, including those stated in the Exhibits incorporated by reference above. The Grantee(s) shall fulfill all assurances and commitments made in the application, declarations, other accompanying documents, and written communications (e.g., e-mail, correspondence) filed in support of the request for grant funding. The Grantee(s) shall comply with and require its subgrantee's to comply with all applicable laws, policies, and regulations.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.
Executed By:

Date: _____ _____

Paul Roen, Chairman of the Board
County of Sierra
PO Box 376
Downieville, CA 95936

Date: _____ _____

Jeannie Galarpe, Chief
Contracts Management Services Section
California Department of Public Health
1616 Capitol Avenue, Suite 74.262
P.O. Box 997377, MS 1800- 1804
Sacramento, CA 95899-7377

Exhibit A
Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 1: Foundation for Health Care and Medical Readiness

Objective: The community's health care organizations and other stakeholders – coordinated through a sustainable Health Care Coalition – have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Objective 1: Establish and operationalize a health care coalition (HCC) ☒ Objective 2: Identify risk and needs ☒ Objective 3: Develop a health care coalition preparedness plan ☒ Objective 4: Train and prepare the health care and medical workforce ☒ Objective 5: Ensure preparedness is sustainable	7/1/22 – 6/30/27	1. Identify health care coalition members 2. Establish health care coalition governance 3. Assess hazard vulnerabilities and risks 4. Assess regional health care resources 5. Prioritize resource gaps and mitigation strategies 6. Assess community planning for children, pregnant women, seniors, individuals with access and functional needs, including people with disabilities, and others with unique needs 7. Engage clinicians 8. Engage community leaders 9. Promote sustainability of HCC 10. Promote role-appropriate NIMS implementation 11. Educate and train on identified preparedness and response gaps 12. Plan and conduct coordinated exercises with HCC members and other response organizations

Exhibit A
Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 2: Health Care and Medical Response Coordination

Objective: Health care organizations, the HCC, their jurisdiction(s), and the state's/jurisdiction's ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Objective 1: Develop and coordinate health care organization and health care coalition response plans ☒ Objective 2: Utilize information sharing procedures and platforms ☒ Objective 3: Coordinate response strategy, resources, and communications	7/1/22 – 6/30/27	1. Develop a health care coalition response plan 2. Develop information sharing procedures 3. Communicate with the public during an emergency 4. Identify and coordinate resource needs during an emergency 5. Coordinate an incident action planning during an emergency 6. Communicate with health care providers, non-clinical staff, patients, and visitors during an emergency

Exhibit A
Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 3: Continuity of Health Care Service Delivery

Objective: Health care organizations, with support from the HCC and the state's/jurisdiction's ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Objective 2: Plan for continuity of operations ☒ Objective 3: Maintain access to non-personnel resources during an emergency ☒ Objective 6: Plan for and coordinate health care evacuation and relocation ☒ Objective 5: Protect responder safety and health	7/1/22 – 6/30/27	1. Develop a health care organization continuity of operations plan 2. Assess supply chain integrity 3. Assess and address equipment, supply, and pharmaceutical requirements 4. Develop and implement evacuation and relocation plans 5. Distribute resources required to protect the health care workforce 6. Train and exercise to promote responder safety and health

Exhibit A
Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 4: Medical Surge

Objective: Health care organizations deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the state's/jurisdiction's ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Objective 1: Plan for a medical surge ☒ Objective 2: Respond to a medical surge	7/1/22 – 6/30/27	1. Incorporate medical surge planning into a health care organization emergency operations plan 2. Incorporate medical surge into a health care coalition response plan 3. Implement emergency department and inpatient medical surge response 4. Develop an alternate care system 5. Provide pediatric care during a medical surge response 6. Provide surge management during a chemical or radiation emergency event 7. Provide burn care during a medical surge response 8. Enhance infections disease preparedness and surge response

Exhibit A
Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Domain 1: Strengthen Community Resilience

Objective: Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.

Capabilities to Support the Domain	Timeline	Evaluation/Deliverables
☒ Capability 1: Community preparedness ☒ Capability 2: Community recovery	7/1/22 – 6/30/27	1. Determine the risks to the health of the jurisdiction 2. Ensure HPP coordination 3. Plan for the whole community 4. Focus on the tribal planning and engagement 5. Ensure emergency support function (ESF) cross-discipline coordination and partner and stakeholder collaboration 6. Strengthen and implement plans through training and exercising 7. Obtain public comment and input

PHEP Domain 2: Strengthen Incident Management

Objective: Incident management is the ability to activate, coordinate and manage health and medical emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

Capabilities to Support the Domain	Timeline	Evaluation/Deliverables
☒ Capability 3: Emergency operations coordination	7/1/22 – 6/30/27	1. Activate and coordinate public health emergency operations

Exhibit A
Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Domain 3: Strengthen Information Management

Objective: Information management is the ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, and accessible information, alerts, and warnings using a whole community approach. It also includes the ability to exchange health information and situational awareness with federal, state, local, territorial, and tribal governments and partners.

Capabilities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Capability 4: Emergency public information and warning ☒ Capability 6: Information sharing	7/1/22 – 6/30/27	1. Maintain situational awareness during incidents 2. Coordinate information sharing 3. Coordinate emergency information and warning

PHEP Domain 4: Strengthen Countermeasures and Mitigation

Objective: Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate nonpharmaceutical and responder safety and health measures during response to a public health incident.

Capabilities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Capability 8: Medical countermeasure dispensing and administration ☒ Capability 9: Medical materiel management and distribution ☒ Capability 11: Nonpharmaceutical interventions ☒ Capability 14: Responder safety and health	7/1/22 – 6/30/27	1. Develop and exercise plans for MCM distribution, dispensing, and vaccine administration 2. Maintain preparedness plans based on risks 3. Participate in ORRs and self-assessment 4. Submit updated MCM action plans 5. Update local distribution site survey 6. Coordinate nonpharmaceutical interventions (NPIs) 7. Support the protection of responders' health and safety

Exhibit A
Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Domain 5: Strengthen Surge Management

Objective: Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.

Capabilities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Capability 5: Fatality ☒ Capability 7: Mass care ☒ Capability 10: Medical surge ☒ Capability 15: Volunteer management	7/1/22 – 6/30/27	1. Coordinate activities to manage public health and medical surge 2. Coordinate with public health, health care, mental/behavioral health, and human services needs during mass care operations 3. Coordinate with partners to address public health needs during fatality management operations 4. Coordinate medical and other volunteers to support public health and medical surge 5. Support HPP medical surge planning

Exhibit A
Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Domain 6: Strengthen Biosurveillance

Objective: Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public.

Capabilities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Capability 12: Public health laboratory testing ☒ Capability 13: Public health surveillance and epidemiological investigation	7/1/22 – 6/30/72	1. Conduct epidemiological surveillance and investigation 2. Conduct laboratory testing

Exhibit A
Scope of Work
Pandemic Influenza Planning

Pandemic Influenza

Objective: Strengthen planning and response efforts in order to be prepared for an influenza Pandemic.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Update and/or maintain a local Pandemic Influenza plan ☒ Function 2: Maintain a surveillance system for reporting novel/variant influenza virus infections and influenza-associated deaths in children <18 years of age, and report data via electronic or fax during the regular influenza season. ☒ Function 3: Maintain the ability to conduct case-based surveillance for influenza as requested by CDC and/or CDPH. For example, all cases, hospitalizations, ICU admissions, or deaths, and report those cases via electronic means or fax during a pandemic. ☒ Function 4: Maintain the ability of the public health laboratory to type and subtype influenza A viruses and lineage type influenza B viruses (if the laboratory is capable of lineage type testing) for any cases tested for influenza by status of clinical severity (e.g., hospitalized ICU/severe cases, outpatients, and/or fatal cases) during both the regular influenza season and in a pandemic and report results to CDPH through established reporting mechanisms. ☒ Function 5: Submit influenza positive specimens to the CDPH Viral and Rickettsial Diseases Laboratory (VRDL) for antiviral resistance testing, as provided by CDPH's Immunization Branch, in accordance with the Association of Public Health Laboratories (APHL) Influenza Virologic Surveillance Right Size Roadmap. ☒ Function 6: Conduct active or passive monitoring for influenza-like illness among persons exposed to avian or novel influenza viruses (e.g., persons exposed to poultry or other animals infected with avian influenza on farms inside or outside of CA, persons exposed to humans with novel or variant influenza virus infections such as H7N9, H5N1, H3N2v, or H1N2v). ☒ Function 7: Conduct at least one mass vaccination clinic exercise and maximize attendance in order to test and evaluate the mass vaccination capability and capacity. ☒ Function 8: In conjunction with the immunization coordinator, support efforts to intensify seasonal flu vaccination efforts to enhance pandemic influenza preparedness.	7/1/22 – 6/30/27	1. Up-to-date written policies and procedures in place to ensure pandemic influenza readiness and response, including LHD collaborative efforts with local and state partners, effective administration and documentation of vaccines, guidelines for prioritizing lab testing and distribution of materials to partners, document vaccine administration in the immunization registry, and procedures for communication to promote vaccine and preventative measures. 2. Surveillance systems are maintained to ensure accurate and timely documentation of novel/variant influenza virus infections, influenza-associated deaths in children and/or case-specific data requested by state and federal partners. 3. Local public health laboratories maintain capability and capacity to type and subtype influenza viruses. 4. Updated written procedures in place for monitoring exposed persons exposed to avian or novel influenza viruses, including laboratory testing and ensuring regular communication of activities and outcomes to state partners. 5. Conduct a mass vaccination clinic and complete an After-Action Report/Improvement Plan (AAR/IP). 6. Implementation of processes for ensuring optimal utilization of influenza vaccines within local communities, including target populations such as persons with underlying medical conditions and/or school-aged children.

Exhibit B
Budget Detail and Payment Provisions

1. Invoicing and Payment

A. Upon completion of project activities as provided in Exhibit A Grant Application/Attachment 1 Grantee Written Modification, and upon receipt and approval of the invoices, the State agrees to reimburse the Grantee for activities performed and expenditures incurred in accordance with the total amount of this agreement.

B. Invoices shall include the Grant Number and shall be submitted electronically or in triplicate not more frequently than monthly in arrears to:

California Department of Public Health
Emergency Preparedness Office
Attn: Local Management Unit
MS 7002
P.O. Box 997377
Sacramento, CA 95899-7377

C. HPP, PHEP, and Pan Flu Invoices shall:

1) Be prepared on Grantee letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with Exhibit A Grant Application under this Grant.
2) Bear the Grantee's name as shown on the Grant.
3) Identify the billing and/or performance period covered by the invoice.
4) Itemize costs for the billing period in the same or greater level of detail as indicated in this Grant. Subject to the terms of this Grant, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH.

D. Amount awarded under this Grant is identified in the CDPH 1229 Grant Agreement.

2. Budget Contingency Clause

A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to fulfill any provisions of this Agreement.

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

Exhibit B
Budget Detail and Payment Provisions

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

4. Advance Payments

A. Advance payments are subject to the provisions outlined in Exhibit B Attachment 1 entitled "Advance Payment Provisions".

B. Advance payments may be requested annually up to 25% of each annual budget by submitting an invoice for the amount of the advance. Grantor must liquidate or offset the amount of the advance with invoices before the end of each budget year/period. Regular payments thereafter, may be requested not more frequently than once per month in arrears.

C. If an amendment increases the annual budget total, CDPH may advance up to 25% of any increase. If an amendment decreases the annual budget total, Grantor agrees to remit to CDPH the appropriate pro-rata share of any funds already advanced and shall do so within thirty (30) calendar days of receiving a re-payment request from CDPH.

D. Grantor agrees to remit any unexpended advance payment balance to CDPH within forty-five (45) calendar days following the submission of the Grantee's final invoice.

5. Timely Submission of Final Invoice

A. A final undisputed invoice shall be submitted for payment no more than thirty (30) calendar days following the expiration or termination date of this Grant, unless a later or alternate deadline is agreed to in writing by the program grant manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this Grant have ceased and that no further payments are due or outstanding.

B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Grantee fails to obtain prior written State approval of an alternate final invoice submission deadline.

6. Travel and Per Diem Reimbursement

Any reimbursement for necessary travel and per diem shall, unless otherwise specified in this Agreement, be at the rates currently in effect, as established by the California Department of Human Resources (Cal HR). If the Cal HR rates change during the term of the Agreement, the new rates shall apply upon their effective date and no amendment to this Agreement shall be necessary. No travel outside the State of California shall be reimbursed without prior authorization from the CDPH. Verbal authorization should be confirmed in writing. Written authorization may be in a form including fax or email confirmation.

Exhibit B, Attachment 1
Advance Payment Provisions

1. Advance Payment Authority and Limitation

A. Pursuant to Government Code Section 11019, CDPH may authorize one annual advance payment each state fiscal year in an amount not to exceed twenty-five percent (25%) of the Grantee's annual contract budget(s).

B. If the funding is increased by amendment in any year, CDPH may authorize subsequent advance payments on those amounts provided said cumulative advances do not exceed twenty-five percent (25%) of the Grantee's annual contract budget.

2. Conditions for Receiving an Advance Payment

No advance payment shall be issued until:

A. The Agreement has been approved and fully executed.

B. The Grantee has met CDPH advance payment eligibility requirements and has submitted proof of eligibility as required by CDPH (i.e., proof of nonprofit status and need for advance funds).

C. The Grantee has obtained a Commercial Blanket Fidelity Bond equal to or in excess of the amount of the advanced funds. The California Department of Public Health shall be the loss payee on said fidelity bond.

D. The prior year advance payment issued by the funding program under this Agreement, if any, has been fully liquidated or repaid in full. At no time may the sum total of any advance payment exceed 25% percent of the total annual Agreement amount.

3. Separate Bank Account / Management of Funds

A. Advanced funds received from CDPH must be deposited in an account:

1) Managed by a bank or financial institution that is a member of the FDIC.

2) That is interest bearing.

3) Separate from other fund accounts of the Grantee.

B. Grantee must forward one set of bank signature cards for this account to the CDPH Program Contract Manager assigned to this Agreement. One copy of any new signature cards must be forwarded to the CDPH Program Grantee Manager whenever changes are made to the persons named on the bank signature card within the term of the Agreement. The bank signature cards must:

1) Be signed by one or more persons in the Grantee's organization who are authorized to withdraw funds.

2) Indicate that Grantee withdrawals shall be by check only.

Grantee withdrawals do not require countersignature by CDPH.

Exhibit B, Attachment 1
Advance Payment Provisions

3) Indicate that CDPH withdrawals shall be accompanied by a written CDPH directive and be issued by check only and made payable to the California Department of Public Health.

   a. Said written directive from CDPH shall indicate the Grantee is in default of its contractual obligations or indicate that cancellation or termination of the Agreement is imminent or has been initiated.

   b. CDPH withdrawals do not require countersignature by the Grantee.

C. The Grantee shall transmit to the CDPH Program Grant Manager a copy of an agreement letter from the bank or financial institution in which the bank account is established, clearly setting forth the special character of the account, the responsibilities of the bank thereunder, and whether or not the account is interest bearing. The agreement letter should, at a minimum, indicate:

1) CDPH Agreement number,

2) Name, address of bank or financial institution, and bank account number,

3) If the bank or financial institution is a member of the FDIC,

4) If the account is interest bearing,

5) That the purpose of the account is to only to receive and disburse monies advanced to the Grantee by CDPH,

6) Grantee shall only make withdrawals by check,

7) Bank or financial institution agrees to take the following action upon receipt of a written directive from the California Department of Public Health indicating the Agreement has been or will be cancelled or terminated or that the Grantee is in default:

   a. Withhold further withdrawals from the account by the Grantee and/or its designees, and

   b. Allow CDPH designees, named within the directive, to withdraw any and all funds in the above referenced account by check made payable to the California Department of Public Health.

8) Bank disclaimers if deemed appropriate such as the bank will not be responsible for withdrawals meeting the above criteria and/or subsequent use of those funds.

D. Within thirty (30) calendar days of receiving an advance payment from CDPH, the Grantee must:

1) Notify CDPH in writing that the advanced funds have been placed in an account meeting the requirements stipulated in paragraph 3.A. above.

2) Submit copies of the account signature cards as indicated in paragraph 3.B. above.

3) Submit an agreement letter from the bank or financial institution clearly setting forth the

special character of the account as indicated in paragraph 3.C. above.

4. Fidelity Bond Requirements

A. The Grantee must obtain a Commercial Blanket Fidelity Bond equal to the amount of the advanced funds.

B. The California Department of Public Health shall be the loss payee.

C. Said Bond shall be maintained until all advanced payments have been fully liquidated, offset, or repaid to CDPH.

D. The Grantee shall submit proof of said documentation to CDPH, upon request.

5. Disbursement of Advanced Funds by CDPH

Advance payments issued by CDPH shall be made by check. Checks shall be payable to the Grantee as named on Agreement and shall be marked “For Deposit Only”.

6. Use of Advanced Funds

Advanced funds shall be used solely for the purpose of making payments for allowable costs incurred under the terms and conditions of this Agreement.

7. Returning Interest Earned on Advanced Payments

A. Any interest accrued from funds advanced under this Agreement shall be identified and returned to CDPH by or before:

1) June 30th of the fiscal year in which the advance was issued, or

2) Prior to the expiration or termination of said Agreement if the Agreement expires or is terminated prior to June 30th.

B. Place the following information on the face of the interest warrant:

1) CDPH agreement # _____

2) Interest Earned on Advance Payment Account -- Fiscal Year __/__.

C. Label and address each interest warrant as follows:

California Department of Public Health
Emergency Preparedness Office
Attn: Local Management Unit
MS 7002
P.O. Box 997377
Sacramento, CA 95899-7377

The State, at its discretion, may designate an alternate department name and/or invoice submission address. A change in the department name and/or invoice address shall be accomplished via a written notice to the Grantee by the State and shall not require an

amendment to this Agreement.

8. Liquidation of Advanced Funds

A. Unless otherwise stipulated in this Agreement, advanced funds shall be liquidated:

1) No later than June 30th of the fiscal year in which the advance was issued, or

2) Prior to the expiration or termination date or at the time of termination if the Agreement expires or is terminated prior to June 30th,

3) According to the repayment schedule that is determined by CDPH and confirmed in writing to the Grantee.

B. If any advanced funds have not been liquidated upon completion or termination of this Agreement, the balance thereof shall be:

1) Promptly paid by the Grantee to CDPH upon demand, or

2) Deducted from any sum otherwise due to the Grantee from CDPH, or

3) Deducted from any sum that may become due to the Grantee from CDPH.

9. Return / Repayment of Advanced Funds

A. The Grantee may, at any time, repay all or any part of the Advanced Payment.

B. CDPH may, at any time, demand full repayment of any unliquidated balance. Upon receipt of such demand, The Grantee shall promptly repay the unliquidated balance.

10. Default Provisions

A. The State, without limiting any rights which it may otherwise have, may in its sole discretion, and upon written notice to the Grantee, withhold further payments under this Agreement, and/or demand immediate repayment of the unliquidated balance of any advance payment hereunder, and/or withdraw all or any part of the advance payment balance in the identified bank account, and/or terminate this Agreement upon occurrence of any of the following events:

1) Termination of this Agreement.

2) A finding by CDPH that the Grantee:

a. Has failed to observe any of the covenants, conditions, or warranties of this exhibit,

b. Has failed to comply with any material provision of this Agreement,

c. Has failed to make satisfactory progress/performance in completion of the terms and conditions of this Agreement,

d. Is in such unsatisfactory financial condition as to endanger performance of this Agreement,

Exhibit B, Attachment 1
Advance Payment Provisions

e. Has allocated resources for the performance of this Agreement that CDPH believes are substantially exceeding the reasonable requirements for performance of this Agreement,

f. Is delinquent in payment of taxes, subcontractors, or any other cost of performance of this Agreement in the ordinary course of business.

B. Appointment of a trustee, receiver or liquidator for all or a substantial part of the Grantee's property, or institution of bankruptcy, reorganization arrangement of liquidation proceedings by or against the Grantee.

C. Service of any writ of attachment, levy, or execution or commencement of garnishment proceedings.

D. The commission of an act of bankruptcy.

EXHIBIT C

STANDARD GRANT CONDITIONS

1. **APPROVAL:** This Grant is of no force or effect until signed by both parties and approved by the Department of General Services, if required. The Grantee may not commence performance until such approval has been obtained

2. **AMENDMENT:** No amendment or variation of the terms of this Grant shall be valid unless made in writing, signed by the parties, and approved as required. No oral understanding or Agreement not incorporated in the Grant is binding on any of the parties. In no case shall the Department materially alter the scope of the Project set forth in Exhibit A.

3. **ASSIGNMENT:** This Grant is not assignable by the Grantee, either in whole or in part, without the written consent of the Grant Manager in the form of a written amendment to the Grant.

4. **AUDIT:** Grantee agrees that the Department, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to this Grant. Grantee agrees to maintain such records for a possible audit for a minimum of three (3) years after final payment or completion of the project funded with this Grant, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to the project.

5. **CONFLICT OF INTEREST:** Grantee certifies that it is in compliance with all applicable state and/or federal conflict of interest laws.

6. **INDEMNIFICATION**: Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the project, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of any activities related to the Project.

7. **FISCAL MANAGEMENT SYSTEMS AND ACCOUNTING STANDARDS:** Grantee agrees that, at a minimum, its fiscal control and accounting procedures will be sufficient to permit tracing of all grant funds to a level of expenditure adequate to establish that such funds have not been used in violation of any applicable state or federal law, or the provisions of this Grant. Grantee further agrees that it will maintain separate Project accounts in accordance with generally accepted accounting principles.

8. **GOVERNING LAW:** This Grant is governed by and shall be interpreted in accordance with the laws of the State of California.

9. **INCOME RESTRICTIONS:** Grantee agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Grantee under this Grant shall be paid by the Grantee to the Department, to the extent that they are properly allocable to costs for which the Grantee has been reimbursed by the Department under this Grant.

10. **INDEPENDENT CONTRACTOR:** Grantee, and its agents and employees of Grantee, in the performance of the Project, shall act in an independent capacity and not as officers, employees or agents of the Department.

11. **MEDIA EVENTS:** Grantee shall notify the Department's Grant Manager in writing at least twenty (20) working days before any public or media event publicizing the accomplishments and/or results of the Project and provide the opportunity for attendance and participation by Department's representatives.

12. **NO THIRD-PARTY RIGHTS:** The Department and Grantee do not intend to create any rights or remedies for any third- party as a beneficiary of this Grant or the project.

13. **NOTICE:** Grantee shall promptly notify the Department's Grant Manager in writing of any events, developments or changes that could affect the completion of the project or the budget approved for this Grant.

14. **PROFESSIONALS:** Grantee agrees that only licensed professionals will be used to perform services under this Grant where such services are called for.

15. **RECORDS:** Grantee certifies that it will maintain Project accounts in accordance with generally accepted accounting principles. Grantee further certifies that it will comply with the following conditions for a grant award as set forth in the Request for Applications (Exhibit D) and the Grant Application (Exhibit A).

    A. Establish an official file for the Project which shall adequately document all significant actions relative to the Project;
    B. Establish separate accounts which will adequately and accurately depict all amounts received and expended on this Project, including all grant funds received under this Grant;
    C. Establish separate accounts which will adequately depict all income received which is attributable to the Project, especially including any income attributable to grant funds disbursed under this Grant;
    D. Establish an accounting system which will adequately depict final total costs of the Project, including both direct and indirect costs; and,
    E. Establish such accounts and maintain such records as may be necessary for the state to fulfill federal reporting requirements, including any and all reporting requirements under federal tax statutes or regulations.

16. **RELATED LITIGATION:** Under no circumstances may Grantee use funds from any disbursement under this Grant to pay for costs associated with any litigation between the Grantee and the Department.

17. RIGHTS IN DATA: Grantee and the Department agree that all data, plans, drawings, specifications, reports, computer programs, operating manuals, notes, and other written or graphic work submitted under Exhibit A in the performance of the Project funded by this Grant shall be in the public domain. Grantee may disclose, disseminate and use in whole or in part, any final form data and information received, collected, and developed under this Project, subject to appropriate acknowledgment of credit to the Department for financial support. Grantee shall not utilize the materials submitted to the Department (except data) for any profit making venture or sell or grant rights to a third-party who intends to do so. The Department has the right to use submitted data for all governmental purposes.

18. VENUE: (This provision does not apply to Local Governmental Entities)

The Department and Grantee agree that any action arising out of this Grant shall be filed and maintained in the Superior Court, California. Grantee waives any existing sovereign immunity for the purposes of this Grant, if applicable.

19. STATE-FUNDED RESEARCH GRANTS:

A. Grantee shall provide for free public access to any publication of a department-funded invention or department-funded technology. Grantee further agrees to all terms and conditions required by the California Taxpayer Access to Publicly Funded Research Act (Chapter 2.5 (commencing with Section 13989) of Part 4.5 of Division 3 of Title 2 of the Government Code).

B. As a condition of receiving the research grant, Grantee agrees to the following terms and conditions which are set forth in Government Code section 13989.6 ("Section 13989.6"):

1) Grantee is responsible for ensuring that any publishing or copyright agreements concerning submitted manuscripts fully comply with Section 13989.6.

2) Grantees shall report to the Department the final disposition of the research grant, including, but not limited to, if it was published, when it was published, where it was published, when the 12-month time period expires, and where the manuscript will be available for open access.

3) For a manuscript that is accepted for publication in a peer-reviewed journal, the Grantee shall ensure that an electronic version of the peer-reviewed manuscript is available to the department and on an appropriate publicly accessible database approved by the Department, including, but not limited to, the University of California's eScholarship Repository at the California Digital Library, PubMed Central, or the California Digital Open Source Library, to be made publicly available not later than 12 months after the official date of publication. Manuscripts submitted to the California Digital Open Source Library shall be exempt from the requirements in subdivision (b) of Section 66408 of the Education Code. Grantee shall make reasonable efforts to comply with this requirement by ensuring that their manuscript is accessible on an approved publicly accessible database, and notifying the Department that the manuscript is available on a department-approved database. If Grantee is unable to ensure that their manuscript is accessible on an approved publicly accessible database, Grantee may comply by providing the manuscript to the Department not later than 12 months after the official date of publication.

4) For publications other than those described inparagraph B.3 above,, including meeting abstracts, Grantee shall comply by providing the manuscript to the Department not later than 12 months after the official date of publication.

5) Grantee is authorized to use grant money for publication costs, including fees charged by a publisher for color and page charges, or fees for digital distribution.

April 12, 2022

Authority:
Health and Safety Code Sections: 100150-100236, 100250-100255, 100325-100950, 101315-101319, 131000-131020, and 131050-131231

Government Code Sections: 8574.48 and 8587.8-8587.9

California Code of Regulations, Titles 17 and 22

TO: All Local Public Health Emergency Preparedness Directors

RE: Request for Applications
Public Health Emergency Preparedness Funding

Dear Local Public Health Emergency Preparedness Director:

The California Department of Public Health (CDPH), Emergency Preparedness Office (EPO) is pleased to announce the request for applications (RFA) for emergency preparedness for public health and the health care coalition grants. This request for application includes the following funding sources:

1. Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness (PHEP);
2. Assistant Secretary for Preparedness and Response's (ASPR) Hospital Preparedness Program (HPP); and
3. State General Fund Pandemic Influenza (GF Pan Flu).

Collectively, this funding is intended to enhance day-to-day response plans and prepare for public health and/or medical emergencies. CDPH will enter into a five-year grant agreement with Local Health Jurisdictions (LHJ) covering the period July 1, 2022 to June 30, 2027. LHJs can apply for each funding source, as applicable (*see Attachment* 2). Following is a description of each funding source and their intended use.

CDC PHEP

PHEP funding is intended to build public health preparedness and response capabilities nationwide. CDPH is providing PHEP funding to LHJs within California to build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. Preparedness activities funded with PHEP should specifically target the development of emergency-ready public health departments that are flexible and adaptable. For additional information, please visit the website for CDC's State and Local Readiness PHEP.

Lab
Public Health Laboratory funding is carved from PHEP funding to support local public health laboratories to maintain their Laboratory Response Network (LRN-B) capability to detect biological threats and emerging infectious diseases

CRI
Public Health Cities Readiness Initiative funding is intended to enhance preparedness in large metropolitan public health jurisdictions, to effectively respond to large public health emergencies needing life-saving medicines and medical supplies. CRI funding is to develop, test, and maintain plans to quickly receive medical countermeasures from the Strategic National Stockpile and distribute them to local communities.

ASPR HPP
HPP funding is intended to improve capacity of the health care system to plan for and respond to large-scale emergencies and disasters. CDPH is providing HPP funding to local public health jurisdictions within California to development and sustain health care coalitions (HCCs). HCCs consist of core members from health care, public health, emergency medical services and emergency management organizations plus additional members that support the health care delivery system. HCCs partner to prepare health care systems to respond to emergencies and disasters, with an aim to improve patient outcomes during disasters and to minimize the need for state and federal resources. For additional information, please visit the website for ASPR's HPP.

GF Pan Flu
GF Pan Flu funding is intended to enhance LHJs readiness to respond to an infectious disease outbreak. GF Pan Flu funding compliments and supports PHEP and HPP funding goals while expanding the planning, training, and exercising of mass vaccinations in response to an infectious disease outbreak.

Funding:

Funding for the five-year grant period is approved on an annual basis. The funding allocations for HPP are an estimate based on FY 2021-22 allocations as ASPR has not released final allocations for FY 2022-23 (see Attachment 1). The total grant agreement will be based on the allocations listed in Attachment 1 and multiplied by five years.

Funding of local public health jurisdictions is contingent on CDPH-EPO receiving federal and State funds each fiscal year. CDPH-EPO will release local allocations and funding guidance (see Attachment 4) along with FY 22-23 budget templates annually to local public health jurisdictions for all emergency preparedness for public health and the health care delivery system grants prior to the start of the next fiscal year.

Application Submission Requirements:

1. Complete and submit a Letter of Intent (*Attachment 2*) and Project Representative information *(Attachment 3)* and email to LHBTProg@cdph.ca.gov by **April 19, 2022**.

2. Complete an Application package, starting with Attachments 4I-4M, as applicable, and submit to CDPH at: LHBTProg@cdph.ca.gov by **May 20, 2022**.

Upon receipt of attachments 2 & 3, your assigned contract manager will finalize your grant agreement and will send to your LHJ for review and approval. As a reminder, LHJs are not to begin work under this RFA until there is a fully executed grant agreement.

We look forward to collaborating on these activities with your LHJ. EPO will host an application webinar on April 19th and 20th, 2022 to go over the requirements and activities of these funding sources. If you have any questions or need further clarification, please reach out to your EPO Contract Manager.

Sincerely,

On behalf of
Melissa Relles
Assistant Deputy Director
Emergency Preparedness Office
California Department of Public Health

Attachments
Attachment 1: Local Allocation Tables
Attachment 2: Letter of Intent
Attachment 3: Project Representatives
Attachment 4: Funding Guidance:

A. *PHEP Workplan*
B. *HPP Workplan*
C. *Pan Flu Workplan*
D. *Multi-County LEMSA Workplan*
E. *PHEP Budget (CRI & Lab)*
F. *HPP Budget*
G. *Pan Flu Budget*
H. *Budget Personnel Summary*
I. *Contact Information*
J. *Gov. Agency Taxpayer ID Form*
K. *Fiscal Corrective Action Plan (CAP)*
L. *Inventory Disposal Schedule*
M. *Lab Training & Assistance Application*

cc: CCLHO and CHEAC

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

FY 22-23 Total Grant Summary

Local Health Department	DRAFT HPP Allocation	PHEP Allocation	CRI Allocation	Lab Allocation	Pan Flu Allocation	FY 22-23 Total (all grants)
ALAMEDA	*$456,863*	$0	$0	$0	$0	$456,863
ALAMEDA (minus Berkeley)	*$0*	$886,064	$374,873	$0	$110,721	$1,371,658
ALPINE	*$125,115*	$110,572	$0	$0	$60,037	$295,724
AMADOR	*$129,233*	$128,838	$0	$0	$61,231	$319,302
BERKELEY	*$0*	$168,847	$28,426	$0	$63,846	$261,119
BUTTE	*$159,987*	$212,144	$0	$0	$66,676	$438,807
CALAVERAS	*$129,981*	$132,698	$0	$0	$61,483	$324,162
COLUSA	*$123,844*	$121,213	$0	$0	$60,733	$305,790
CONTRA COSTA	*$356,150*	$691,535	$280,907	$0	$98,007	$1,426,599
DEL NORTE	*$111,690*	$123,582	$0	$0	$60,888	$296,160
EL DORADO	*$164,137*	$208,461	$47,561	$0	$66,435	$486,594
FRESNO	*$316,642*	$627,440	$249,946	$281,933	$93,818	$1,569,779
GLENN	*$125,333*	$124,958	$0	$0	$60,978	$311,269
HUMBOLDT	*$132,504*	$175,948	$0	$281,933	$64,310	$654,695
IMPERIAL	*$162,268*	$203,760	$0	$0	$66,128	$432,156
INYO	*$122,675*	$119,356	$0	$0	$60,611	$302,642
KERN	*$308,139*	$570,747	$0	$0	$90,113	$968,999
KINGS	*$141,527*	$186,881	$0	$0	$65,025	$393,433
LAKE	*$119,100*	$142,225	$0	$0	$62,106	$323,431
LASSEN	*$130,523*	$123,896	$0	$0	$60,908	$315,327
LONG BEACH	*$0*	$0	$0	$0	$75,407	$75,407
LOS ANGELES (minus Long Beach & Pasadena)	*$0*	$0	$0	$0	$370,662	$370,662
MADERA	*$142,715*	$189,870	$0	$0	$65,220	$397,805
MARIN	*$176,640*	$239,916	$62,755	$0	$68,491	$547,802
MARIPOSA	*$127,041*	$119,091	$0	$0	$60,594	$306,726
MENDOCINO	*$142,362*	$153,681	$0	$0	$62,855	$358,898
MERCED	*$182,061*	$253,555	$0	$0	$69,382	$504,998
MODOC	*$126,901*	$114,783	$0	$0	$60,313	$301,997
MONO	*$121,619*	$116,701	$0	$0	$60,438	$298,758
MONTEREY	*$212,607*	$330,405	$0	$0	$74,405	$617,417

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

FY 22-23 Total Grant Summary

Local Health Department	DRAFT HPP Allocation	PHEP Allocation	CRI Allocation	Lab Allocation	Pan Flu Allocation	FY 22-23 Total (all grants)
NAPA	*$152,573*	$179,368	$0	$0	$64,534	$396,475
NEVADA	*$138,912*	$159,122	$0	$0	$63,210	$361,244
ORANGE	*$756,790*	$1,699,476	$767,786	$281,933	$163,882	$3,669,867
PASADENA	*$0*	$0	$0	$0	$64,786	$64,786
PLACER	*$200,519*	$314,114	$98,596	$0	$73,340	$686,569
PLUMAS	*$128,629*	$119,130	$0	$0	$60,597	$308,356
RIVERSIDE	*$616,698*	$1,347,028	$597,539	$0	$140,847	$2,702,112
SACRAMENTO	*$437,716*	$896,740	$380,030	$281,933	$111,418	$2,107,837
SAN BENITO	*$137,726*	$142,017	$15,465	$0	$62,092	$357,300
SAN BERNARDINO	*$516,858*	$1,206,643	$529,727	$281,933	$131,672	$2,666,833
SAN DIEGO	*$789,169*	$1,780,938	$807,137	$281,933	$169,206	$3,828,383
SAN FRANCISCO	*$300,290*	$550,999	$213,022	$0	$88,822	$1,153,133
SAN JOAQUIN	*$281,964*	$504,896	$0	$281,933	$85,809	$1,154,602
SAN LUIS OBISPO	*$179,324*	$246,669	$0	$281,933	$68,932	$776,858
SAN MATEO	*$278,301*	$495,678	$186,300	$0	$85,206	$1,045,485
SANTA BARBARA	*$213,379*	$332,348	$0	$0	$74,532	$620,259
SANTA CLARA	*$512,470*	$1,084,809	$470,876	$281,933	$123,710	$2,473,798
SANTA CRUZ	*$177,309*	$241,600	$0	$0	$68,601	$487,510
SHASTA	*$155,005*	$199,608	$0	$281,933	$65,856	$702,402
SIERRA	*$125,639*	$111,607	$0	$0	$60,105	$297,351
SISKIYOU	*$128,268*	$132,342	$0	$0	$61,460	$322,070
SOLANO	*$212,850*	$331,015	$0	$0	$74,445	$618,310
SONOMA	*$222,001*	$354,037	$0	$281,933	$75,949	$933,920
STANISLAUS	*$189,229*	$390,204	$0	$0	$78,313	$657,746
SUTTER	*$139,678*	$161,049	$0	$0	$63,336	$364,063
TEHAMA	*$132,479*	$142,938	$0	$0	$62,153	$337,570
TRINITY	*$127,711*	$116,822	$0	$0	$60,446	$304,979
TULARE	*$207,473*	$352,790	$0	$281,933	$75,868	$918,064
TUOLUMNE	*$135,711*	$136,946	$0	$0	$61,761	$334,418

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

FY 22-23 Total Grant Summary						
Local Health Department	**DRAFT HPP Allocation**	**PHEP Allocation**	**CRI Allocation**	**Lab Allocation**	**Pan Flu Allocation**	**FY 22-23 Total** (all grants)
VENTURA	*$292,319*	$530,947	$0	$0	$87,511	$910,777
YOLO	*$168,572*	$219,619	$52,951	$0	$67,164	$508,306
YUBA	*$135,295*	$150,021	$0	$0	$62,616	$347,932
Multi-County LEMSAs	*$280,635*	$0	$0	$0	$0	$280,635
Lab Training & Assistance	*$0*	$0	$0	$406,500	$0	$406,500
TOTALS	*$13,019,153*	$21,208,687	$5,163,897	$3,789,696	$4,960,000	$48,141,433

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

DRAFT FY 22-23 HPP Allocations (Base: $125,000)							
Local Health Department	**Population**	**21-22 Allocation**	**22-23 Allocation**	**Multi-County LEMSA Amount**	**Multi-County LEMSA**	**Final 22-23 Allocation**	*Change*
ALAMEDA	1,656,591	$457,596	$456,863	$0		*$456,863*	*-$733*
ALPINE	1,135	$125,115	$125,227	$112	Mountain Valley EMS	*$125,115*	*$0*
AMADOR	37,377	$129,245	$132,488	$3,255	Mountain Valley EMS	*$129,233*	*-$12*
BUTTE	202,669	$161,248	$165,600	$5,613	Sierra-Sac Valley EMS	*$159,987*	*-$1,261*
CALAVERAS	45,036	$129,921	$134,022	$4,041	Mountain Valley EMS	*$129,981*	*$60*
COLUSA	22,248	$123,747	$129,457	$5,613	Sierra-Sac Valley EMS	*$123,844*	*$97*
CONTRA COSTA	1,153,854	$354,628	$356,150	$0		*$356,150*	*$1,522*
DEL NORTE	26,949	$111,725	$130,399	$18,709	North Coast EMS	*$111,690*	*-$35*
EL DORADO	195,362	$163,464	$164,137	$0		*$164,137*	*$673*
FRESNO	1,026,681	$314,678	$330,674	$14,032	Central California EMS	*$316,642*	*$1,964*
GLENN	29,679	$125,240	$130,946	$5,613	Sierra-Sac Valley EMS	*$125,333*	*$93*
HUMBOLDT	130,851	$132,826	$151,213	$18,709	North Coast EMS	*$132,504*	*-$322*
IMPERIAL	186,034	$162,578	$162,268	$0		*$162,268*	*-$310*
INYO	18,563	$122,655	$128,719	$6,044	ICEMA	*$122,675*	*$20*
KERN	914,193	$307,648	$308,139	$0		*$308,139*	*$491*
KINGS	152,543	$141,545	$155,559	$14,032	Central California EMS	*$141,527*	*-$18*
LAKE	63,940	$119,039	$137,809	$18,709	North Coast EMS	*$119,100*	*$61*
LASSEN	27,572	$130,739	$130,523	$0		*$130,523*	*-$216*
MADERA	158,474	$142,449	$156,747	$14,032	Central California EMS	*$142,715*	*$266*
MARIN	257,774	$176,921	$176,640	$0		*$176,640*	*-$281*
MARIPOSA	18,037	$127,024	$128,613	$1,572	Mountain Valley EMS	*$127,041*	*$17*
MENDOCINO	86,669	$142,507	$142,362	$0		*$142,362*	*-$145*
MERCED	284,836	$181,438	$182,061	$0		*$182,061*	*$623*
MODOC	9,491	$126,905	$126,901	$0		*$126,901*	*-$4*
MONO	13,295	$121,636	$127,663	$6,044	ICEMA	*$121,619*	*-$17*
MONTEREY	437,318	$212,814	$212,607	$0		*$212,607*	*-$207*

DRAFT

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

DRAFT FY 22-23 HPP Allocations (Base: $125,000)							
Local Health Department	**Population**	**21-22 Allocation**	**22-23 Allocation**	**Multi-County LEMSA Amount**	**Multi-County LEMSA**	**Final 22-23 Allocation**	*Change*
NAPA	137,637	$152,687	$152,573	$0		*$152,573*	*-$114*
NEVADA	97,466	$138,918	$144,525	$5,613	Sierra-Sac Valley EMS	*$138,912*	*-$6*
ORANGE	3,153,764	$760,862	$756,790	$0		*$756,790*	*-$4,072*
PLACER	404,994	$199,750	$206,132	$5,613	Sierra-Sac Valley EMS	*$200,519*	*$769*
PLUMAS	18,116	$128,635	$128,629	$0		*$128,629*	*-$6*
RIVERSIDE	2,454,453	$611,165	$616,698	$0		*$616,698*	*$5,533*
SACRAMENTO	1,561,014	$434,611	$437,716	$0		*$437,716*	*$3,105*
SAN BENITO	63,526	$137,412	$137,726	$0		*$137,726*	*$314*
SAN BERNARDINO	2,175,909	$515,019	$560,897	$44,039	ICEMA	*$516,858*	*$1,839*
SAN DIEGO	3,315,404	$790,527	$789,171	$0		*$789,169*	*-$1,358*
SAN FRANCISCO	875,010	$303,717	$300,290	$0		*$300,290*	*-$3,427*
SAN JOAQUIN	783,534	$278,999	$281,964	$0		*$281,964*	*$2,965*
SAN LUIS OBISPO	271,172	$180,191	$179,324	$0		*$179,324*	*-$867*
SAN MATEO	765,245	$278,922	$278,301	$0		*$278,301*	*-$621*
SANTA BARBARA	441,172	$214,943	$213,379	$0		*$213,379*	*-$1,564*
SANTA CLARA	1,934,171	$515,550	$512,470	$0		*$512,470*	*-$3,080*
SANTA CRUZ	261,115	$178,992	$177,309	$0		*$177,309*	*-$1,683*
SHASTA	177,797	$154,829	$160,618	$5,613	Sierra-Sac Valley EMS	*$155,005*	*$176*
SIERRA	3,189	$125,637	$125,639	$0		*$125,639*	*$2*
SISKIYOU	44,330	$128,238	$133,881	$5,613	Sierra-Sac Valley EMS	*$128,268*	*$30*
SOLANO	438,527	$212,631	$212,850	$0		*$212,850*	*$219*
SONOMA	484,207	$223,133	$222,001	$0		*$222,001*	*-$1,132*
STANISLAUS	555,968	$188,871	$236,376	$47,147	Mountain Valley EMS	*$189,229*	*$358*
SUTTER	101,289	$139,443	$145,291	$5,613	Sierra-Sac Valley EMS	*$139,678*	*$235*
TEHAMA	65,354	$132,352	$138,092	$5,613	Sierra-Sac Valley EMS	*$132,479*	*$127*
TRINITY	13,535	$127,697	$127,711	$0		*$127,711*	*$14*
TULARE	481,733	$206,513	$221,505	$14,032	Central California EMS	*$207,473*	*$960*
TUOLUMNE	53,465	$135,932	$135,711	$0		*$135,711*	*-$221*

DRAFT

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

DRAFT FY 22-23 HPP Allocations (Base: $125,000)							
Local Health Department	**Population**	**21-22 Allocation**	**22-23 Allocation**	**Multi-County LEMSA Amount**	**Multi-County LEMSA**	**Final 22-23 Allocation**	*Change*
VENTURA	835,223	$292,785	$292,319	$0		*$292,319*	*-$466*
YOLO	217,500	$169,133	$168,572	$0		*$168,572*	*-$561*
YUBA	79,407	$135,091	$140,908	$5,613	Sierra-Sac Valley EMS	*$135,295*	*$204*
TOTALS	29,422,397	12,738,516	13,019,155	**280,635**		**$12,738,518**	

Population	29,422,397
Local HPP Allocation	**$13,019,153**
Local Base Allocation	$125,000

DRAFT

Multi-County LEMSA Allocation	**Total**
Central California EMS	*$56,127*
Mountain Valley EMS	*$56,127*
Sierra-Sac Valley EMS	*$56,127*
North Coast EMS	*$56,127*
ICEMA	*$56,127*
Total	**$280,635**

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

FY 22-23 PHEP Allocations (Base: $110,000)					
Local Health Department	**Population**	**21-22 Allocation**	**22-23 Allocation**	**Final 22-23 Allocation**	*Change*
ALAMEDA (minus Berkeley)	1,539,830	$898,389	$886,064	**$886,064**	*-12,325*
ALPINE	1,135	$110,585	$110,572	**$110,572**	*-13*
AMADOR	37,377	$129,185	$128,838	**$128,838**	*-347*
BERKELEY	116,761	$172,419	$168,847	**$168,847**	*-3,572*
BUTTE	202,669	$217,083	$212,144	**$212,144**	*-4,939*
CALAVERAS	45,036	$132,926	$132,698	**$132,698**	*-228*
COLUSA	22,248	$121,153	$121,213	**$121,213**	*60*
CONTRA COSTA	1,153,854	$697,407	$691,535	**$691,535**	*-5,872*
DEL NORTE	26,949	$123,900	$123,582	**$123,582**	*-318*
EL DORADO	195,362	$208,393	$208,461	**$208,461**	*68*
FRESNO	1,026,681	$631,106	$627,440	**$627,440**	*-3,666*
GLENN	29,679	$124,971	$124,958	**$124,958**	*-13*
HUMBOLDT	130,851	$177,879	$175,948	**$175,948**	*-1,931*
IMPERIAL	186,034	$206,127	$203,760	**$203,760**	*-2,367*
INYO	18,563	$119,463	$119,356	**$119,356**	*-107*
KERN	914,193	$577,229	$570,747	**$570,747**	*-6,482*
KINGS	152,543	$188,219	$186,881	**$186,881**	*-1,338*
LAKE	63,940	$142,610	$142,225	**$142,225**	*-385*
LASSEN	27,572	$124,682	$123,896	**$123,896**	*-786*
MADERA	158,474	$190,530	$189,870	**$189,870**	*-660*
MARIN	257,774	$242,818	$239,916	**$239,916**	*-2,902*
MARIPOSA	18,037	$119,200	$119,091	**$119,091**	*-109*
MENDOCINO	86,669	$154,783	$153,681	**$153,681**	*-1,102*
MERCED	284,836	$254,372	$253,555	**$253,555**	*-817*
MODOC	9,491	$114,873	$114,783	**$114,783**	*-90*
MONO	13,295	$116,856	$116,701	**$116,701**	*-155*
MONTEREY	437,318	$334,635	$330,405	**$330,405**	*-4,230*

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

FY 22-23 PHEP Allocations (Base: $110,000)					
Local Health Department	**Population**	**21-22 Allocation**	**22-23 Allocation**	**Final 22-23 Allocation**	*Change*
NAPA	137,637	$180,825	$179,368	**$179,368**	*-1,457*
NEVADA	97,466	$159,961	$159,122	**$159,122**	*-839*
ORANGE	3,153,764	$1,736,591	$1,699,476	**$1,699,476**	*-37,115*
PLACER	404,994	$315,574	$314,114	**$314,114**	*-1,460*
PLUMAS	18,116	$119,298	$119,130	**$119,130**	*-168*
RIVERSIDE	2,454,453	$1,353,650	$1,347,028	**$1,347,028**	*-6,622*
SACRAMENTO	1,561,014	$902,010	$896,740	**$896,740**	*-5,270*
SAN BENITO	63,526	$141,751	$142,017	**$142,017**	*266*
SAN BERNARDINO	2,175,909	$1,220,355	$1,206,643	**$1,206,643**	*-13,712*
SAN DIEGO	3,315,404	$1,812,475	$1,780,941	**$1,780,938**	*-31,537*
SAN FRANCISCO	875,010	$567,173	$550,999	**$550,999**	*-16,174*
SAN JOAQUIN	783,534	$503,942	$504,896	**$504,896**	*954*
SAN LUIS OBISPO	271,172	$251,184	$246,669	**$246,669**	*-4,515*
SAN MATEO	765,245	$503,745	$495,678	**$495,678**	*-8,067*
SANTA BARBARA	441,172	$340,082	$332,348	**$332,348**	*-7,734*
SANTA CLARA	1,934,171	$1,109,058	$1,084,809	**$1,084,809**	*-24,249*
SANTA CRUZ	261,115	$248,115	$241,600	**$241,600**	*-6,515*
SHASTA	177,797	$200,663	$199,608	**$199,608**	*-1,055*
SIERRA	3,189	$111,630	$111,607	**$111,607**	*-23*
SISKIYOU	44,330	$132,640	$132,342	**$132,342**	*-298*
SOLANO	438,527	$334,167	$331,015	**$331,015**	*-3,152*
SONOMA	484,207	$361,031	$354,037	**$354,037**	*-6,994*
STANISLAUS	555,968	$393,992	$390,204	**$390,204**	*-3,788*
SUTTER	101,289	$161,303	$161,049	**$161,049**	*-254*
TEHAMA	65,354	$143,164	$142,938	**$142,938**	*-226*
TRINITY	13,535	$116,899	$116,822	**$116,822**	*-77*
TULARE	481,733	$354,410	$352,790	**$352,790**	*-1,620*
TUOLUMNE	53,465	$137,964	$136,946	**$136,946**	*-1,018*

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

FY 22-23 PHEP Allocations (Base: $110,000)					
Local Health Department	**Population**	**21-22 Allocation**	**22-23 Allocation**	**Final 22-23 Allocation**	*Change*
VENTURA	835,223	$539,207	$530,947	**$530,947**	*-8,260*
YOLO	217,500	$222,895	$219,619	**$219,619**	*-3,276*
YUBA	79,407	$150,170	$150,021	**$150,021**	*-149*
TOTALS	29,422,397	$21,457,717	$21,208,690	**$21,208,687**	

Population	29,422,397
Local PHEP Allocation	$24,998,383
Local Lab	$3,789,696
TOTAL Local PHEP Allocation (less Lab)	**$21,208,687**
Local Base Allocation	$110,000

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

FY 22-23 CRI Allocations

Local Health Department	Population	21-22 Allocation	22-23 Allocation	Final 22-23 Allocation	*change*
ALAMEDA (minus Berkeley)	1,539,830	$331,121	$374,873	**$374,873**	*43,752*
BERKELEY	116,761	$26,216	$28,426	**$28,426**	*2,210*
CONTRA COSTA	1,153,854	$246,709	$280,907	**$280,907**	*34,198*
EL DORADO	195,362	$41,325	$47,561	**$47,561**	*6,236*
FRESNO	1,026,681	$218,863	$249,946	**$249,946**	*31,083*
MARIN	257,774	$55,783	$62,755	**$62,755**	*6,972*
ORANGE	3,153,764	$683,164	$767,786	**$767,786**	*84,622*
PLACER	404,994	$86,341	$98,596	**$98,596**	*12,255*
RIVERSIDE	2,454,453	$522,330	$597,539	**$597,539**	*75,209*
SACRAMENTO	1,561,014	$332,642	$380,030	**$380,030**	*47,388*
SAN BENITO	63,526	$13,336	$15,465	**$15,465**	*2,129*
SAN BERNARDINO	2,175,909	$466,346	$529,727	**$529,727**	*63,381*
SAN DIEGO	3,315,404	$715,035	$807,138	**$807,137**	*92,102*
SAN FRANCISCO	875,010	$192,012	$213,022	**$213,022**	*21,010*
SAN MATEO	765,245	$165,372	$186,300	**$186,300**	*20,928*
SANTA CLARA	1,934,171	$419,602	$470,876	**$470,876**	*51,274*
YOLO	217,500	$47,416	$52,951	**$52,951**	*5,535*
TOTALS	21,211,252	$4,563,613	$5,163,898	**$5,163,897**	

Population	21,211,252
Local CRI Allocation	**$5,163,897**

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

FY 22-23 Lab Allocations				
Local Health Department	**22-23 Allocation**	**22-23 Lab Trainee**	**22-23 Lab Assistance**	**Final 22-23 Allocation**
FRESNO	$281,933	$0	$0	**$281,933**
HUMBOLDT	$281,933	$0	$0	**$281,933**
ORANGE	$281,933	$0	$0	**$281,933**
SACRAMENTO	$281,933	$0	$0	**$281,933**
SAN BERNARDINO	$281,933	$0	$0	**$281,933**
SAN DIEGO	$281,933	$0	$0	**$281,933**
SAN JOAQUIN	$281,933	$0	$0	**$281,933**
SAN LUIS OBISPO	$281,933	$0	$0	**$281,933**
SANTA CLARA	$281,933	$0	$0	**$281,933**
SHASTA	$281,933	$0	$0	**$281,933**
SONOMA	$281,933	$0	$0	**$281,933**
TULARE	$281,933	$0	$0	**$281,933**
TOTALS	$3,383,196	$0.00	$0.00	**$3,383,196**

		Pending Allocation
Local LRN-B Labs	12	
Local Lab Allocation	**$3,383,196**	
*Lab Trainee & Assist.	$406,500	$406,500
TOTAL Lab	$3,789,696	

*Lab Trainee and Assistance funds to train microbiologist.

1) Allocated during application approval process.

2) Refer to Local Funding Guidance, Attachment for Lab Trainee and Assistance.

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

FY 22-23 Pan Flu Allocations (Base: $60,000)		
Local Health Department	**Population**	**Final 22-23 Allocation**
ALAMEDA (minus Berkeley)	1,539,830	**$110,721**
ALPINE	1,135	**$60,037**
AMADOR	37,377	**$61,231**
BERKELEY	116,761	**$63,846**
BUTTE	202,669	**$66,676**
CALAVERAS	45,036	**$61,483**
COLUSA	22,248	**$60,733**
CONTRA COSTA	1,153,854	**$98,007**
DEL NORTE	26,949	**$60,888**
EL DORADO	195,362	**$66,435**
FRESNO	1,026,681	**$93,818**
GLENN	29,679	**$60,978**
HUMBOLDT	130,851	**$64,310**
IMPERIAL	186,034	**$66,128**
INYO	18,563	**$60,611**
KERN	914,193	**$90,113**
KINGS	152,543	**$65,025**
LAKE	63,940	**$62,106**
LASSEN	27,572	**$60,908**
LONG BEACH	467,730	**$75,407**
LOS ANGELES (minus Long Beach & Pasadena)	9,431,422	**$370,662**
MADERA	158,474	**$65,220**
MARIN	257,774	**$68,491**
MARIPOSA	18,037	**$60,594**
MENDOCINO	86,669	**$62,855**
MERCED	284,836	**$69,382**
MODOC	9,491	**$60,313**
MONO	13,295	**$60,438**
MONTEREY	437,318	**$74,405**

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

FY 22-23 Pan Flu Allocations (Base: $60,000)		
Local Health Department	**Population**	**Final 22-23 Allocation**
NAPA	137,637	**$64,534**
NEVADA	97,466	**$63,210**
ORANGE	3,153,764	**$163,882**
PASADENA	145,306	**$64,786**
PLACER	404,994	**$73,340**
PLUMAS	18,116	**$60,597**
RIVERSIDE	2,454,453	**$140,847**
SACRAMENTO	1,561,014	**$111,418**
SAN BENITO	63,526	**$62,092**
SAN BERNARDINO	2,175,909	**$131,672**
SAN DIEGO	3,315,404	**$169,206**
SAN FRANCISCO	875,010	**$88,822**
SAN JOAQUIN	783,534	**$85,809**
SAN LUIS OBISPO	271,172	**$68,932**
SAN MATEO	765,245	**$85,206**
SANTA BARBARA	441,172	**$74,532**
SANTA CLARA	1,934,171	**$123,710**
SANTA CRUZ	261,115	**$68,601**
SHASTA	177,797	**$65,856**
SIERRA	3,189	**$60,105**
SISKIYOU	44,330	**$61,460**
SOLANO	438,527	**$74,445**
SONOMA	484,207	**$75,949**
STANISLAUS	555,968	**$78,313**
SUTTER	101,289	**$63,336**
TEHAMA	65,354	**$62,153**
TRINITY	13,535	**$60,446**
TULARE	481,733	**$75,868**
TUOLUMNE	53,465	**$61,761**

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

FY 22-23 Pan Flu Allocations (Base: $60,000)		
Local Health Department	**Population**	**Final 22-23 Allocation**
VENTURA	835,223	**$87,511**
YOLO	217,500	**$67,164**
YUBA	79,407	**$62,616**
TOTALS	39,466,855	**$4,960,000**

Population	39,466,855
Pan Flu Allocation	**$4,960,000**
Base Allocation	$60,000

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

CA Department of Finance
Population Estimates
Report E-1
Released: January 1, 2021

Local Health Department	22-23 Population
ALAMEDA	1,656,591
ALAMEDA (minus Berkeley)	1,539,830
ALPINE	1,135
AMADOR	37,377
BERKELEY	116,761
BUTTE	202,669
CALAVERAS	45,036
COLUSA	22,248
CONTRA COSTA	1,153,854
DEL NORTE	26,949
EL DORADO	195,362
FRESNO	1,026,681
GLENN	29,679
HUMBOLDT	130,851
IMPERIAL	186,034
INYO	18,563
KERN	914,193
KINGS	152,543
LAKE	63,940
LASSEN	27,572
LONG BEACH	467,730
LOS ANGELES (minus Long Beach & Pasadena)	9,431,422
MADERA	158,474
MARIN	257,774
MARIPOSA	18,037
MENDOCINO	86,669
MERCED	284,836
MODOC	9,491
MONO	13,295
MONTEREY	437,318

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

CA Department of Finance
Population Estimates
Report E-1
Released: January 1, 2021

Local Health Department	22-23 Population
NAPA	137,637
NEVADA	97,466
ORANGE	3,153,764
PASADENA	145,306
PLACER	404,994
PLUMAS	18,116
RIVERSIDE	2,454,453
SACRAMENTO	1,561,014
SAN BENITO	63,526
SAN BERNARDINO	2,175,909
SAN DIEGO	3,315,404
SAN FRANCISCO	875,010
SAN JOAQUIN	783,534
SAN LUIS OBISPO	271,172
SAN MATEO	765,245
SANTA BARBARA	441,172
SANTA CLARA	1,934,171
SANTA CRUZ	261,115
SHASTA	177,797
SIERRA	3,189
SISKIYOU	44,330
SOLANO	438,527
SONOMA	484,207
STANISLAUS	555,968
SUTTER	101,289
TEHAMA	65,354
TRINITY	13,535
TULARE	481,733
TUOLUMNE	53,465

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

Attachment 1 v1

CA Department of Finance
Population Estimates
Report E-1
Released: January 1, 2021

Local Health Department	22-23 Population
VENTURA	835,223
YOLO	217,500
YUBA	79,407
TOTAL	**39,466,855**

California	39,466,855

Letter of Intent

Emergency Preparedness Office
Public Health and Medical Emergency Preparedness Program
Local Implementing Agency Funding Application

Fiscal Years (FY) FY 2022-23 through FY 2026-27
(July 1, 2022 to June 30, 2027)

Complete and email this form by 4:00pm April 19, 2022 to: LHBTProg@cdph.ca.gov

Emergency Preparedness Office
California Department of Public Health

1) Please complete the fields below for your Agency:

Project Representative:
Title:
Agency:
Address:
Telephone:
Email:

2) Please check the boxes below that indicate the funding source your Agency will apply.

- ☐ a) Public Health Emergency Preparedness (PHEP)
- ☐ b) Hospital Preparedness Program (HPP)
- ☐ c) Pandemic Influenza (Pan Flu)
- ☐ d) PHEP & Cities Readiness Initiative (CRI)
- ☐ e) PHEP & Laboratory (Lab)
- ☐ f) PHEP, CRI & Lab

3) Please complete the fields below in order to expedite processing your agreement.

Does your Agency require a board resolution for a new agreement?	
When are your scheduled board meeting dates between May and September 2022?	
Does your Agency require the contract be in hand to get on the Agenda?	
When do you need the contract? (i.e. two weeks before, one month before, etc.)	

4) By signing below,your Agency agrees to prepare the required documents for this funding application.

Signature of Project Director or Designee **Date**

Printed name

Attachment 3

PROJECT REPRESENTATIVES The Project Representatives during the term of this agreement will be:

California Department of Public Health	Grantee:
	Name:
	Address:
	City, ZIP:
	Phone:
	Email:

Direct all inquiries to the following representatives:

California Department of Public Health	Grantee:
	Name:
	Address:
	City, ZIP:
	Phone:
	Email:

All payments from CDPH to the Grantee; shall be sent to the following address:

Remittance Address
Grantee:
Attention:
Address:
City, ZIP:
Phone:
Email:

Attachment 4

Fiscal Year (FY) 2022 – 2027
Funding Guidance

Public Health and Health Care Coalition Emergency Preparedness Guidance

California Department of Public Health

Emergency Preparedness Office

Emergency Preparedness Office
California Department of Public Health
1615 Capitol Avenue, Suite 73.516
PO Box 997377, MS 7204
Sacramento, CA 95899

This material was produced by the California Department of Public Health's Emergency Preparedness Office with funding from the CDC, ASPR and California as Pandemic Influenza. This document contains both Federal and State dates and requirements that are subject to change due to emergency response efforts. Notification of such changes will be provided upon receipt.

TIMELINE

DATE	ACTIVITY
April 12, 2022	Funding Application Package release
April 19, 2022	Letter of Intent (Attachment 2) and Project Representative information (Attachment 3)
April 19 & 20, 2022	Application Webinar, all LHD call
May 20, 2022	Application Package
June 2022	Application Approval Letter
July 1, 2022	Five-Year Grant Agreement begins

Application Package Checklist

Application Document	Completed
All Grants	
Annual Single Audit of FY 21-22	
Budget Personnel Summary FY 22-23 (Attachment H)	
Contact Information FY 22-23 (Attachment I)	
Gov. Agency Taxpayer ID Form (Attachment J)	
Public Health Emergency Preparedness (PHEP)	
PHEP Workplan FY 22-23 (Attachment A)	
PHEP Budget FY 22-23 (Attachment E)	
Hospital Preparedness Program (HPP)	
HPP Workplan FY 22-23 (Attachment B)	
HPP Budget FY 22-23 (Attachment F)	
Pandemic Influenza (Pan Flu)	
Pan Flu Workplan FY 22-23 (Attachment C)	
Pan Flu Budget FY 22-23 (Attachment G)	
Cities Readiness Initiative (CRI) Jurisdictions	
PHEP CRI Budget FY 22-23 (Attachment E)	
Laboratory Response Network – Biological (LRN-B) Jurisdictions	
PHEP Lab Budget FY 22-23 (Attachment E)	
Multi-County LEMSA Jurisdictions	
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IF Applicable	
Fiscal Corrective Action Plan (CAP) (Attachment K)	
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Application funding is subject to change at any time because of changes in Federal or State program funding amendments.

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A. Introduction

The Emergency Preparedness Office (EPO) of the California Department of Public Health (CDPH) is soliciting applications from all Local Health Departments (LHDs) to provide public health and medical emergency preparedness funding for LHDs to plan, train, exercise and improve local public health and medical emergency response and recovery from a disaster. Funding sources include: the Centers for Disease Control and Prevention (CDC), for Public Health Emergency Preparedness (PHEP) planning, Cities Readiness Initiative (CRI), and Laboratory (Lab); the Assistant Secretary for Preparedness & Response (ASPR) for Hospital Preparedness Program (HPP) planning; and the State of California for Pandemic Influenza (Pan Flu) planning.

This application begins the process by which CDPH-EPO will prepare a five-year agreement. The CDPH-EPO authority for these grant agreements is vested in the California Health and Safety Code, Sections 100150-100236, 100250-100255, 100325-100950, 101315, 101319, 131000-131020, and 131050-131231; Government Code, Sections 8574.48 and 8587.8-8587.9; and California Code of Regulations, Titles 17 and 22. The services in this grant agreement are identified as 100% local assistance funding in our agency's budget and meet the conditions of State Contracting Manual 3.17.

The budget period (BP) for all funding streams begins on July 1st and ends on June 30th of each Fiscal Year (FY). The funding streams included in this Guidance are listed below:

- Public Health Emergency Preparedness (PHEP)
  - Cities Readiness Initiative (PHEP CRI)
  - Laboratory (PHEP Lab)
- Hospital Preparedness Program (HPP)
- Pandemic Influenza (Pan Flu)

B. Funding Authorization

1. Pandemic and All-Hazards Preparedness and Advancing Innovation (PAHPAI) Act

The PAHPAI Act reauthorizes, revises, and establishes several programs and entities relating to public health emergency preparedness and response. Language from the PAHPAI Act reauthorizing PHEP and HPP programs is as follows:

> *TITLE II--IMPROVING PREPAREDNESS AND RESPONSE*
>
> *(Sec. 201) This section reauthorizes through FY2023 and revises the Public Health Emergency Preparedness cooperative-agreement program administered by the Centers*

for Disease Control and Prevention (CDC) to include evaluations using evidence-based benchmarks and objective standards.

(Sec. 202) This section reauthorizes through FY2023 and revises the Hospital Preparedness Program administered by the Office of the Assistant Secretary for Preparedness and Response (ASPR) to require applicants for cooperative agreements under the program to describe the applicant's approach for coordinating services and integrating health data.

a) PHEP

- Awarding Agency: Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)
- Funding Authority: Section 319C-1 of the Public Health Service (PHS) Act (title 47 United States Code (USC) 247d-3a), as amended.
- Award Recipient: California Department of Public Health
- Catalog of Federal Domestic Assistance (CFDA) Number: 93.069 – Public Health Emergency preparedness
- Assistance Type: Cooperative Agreement
- BP3 Grant Number: 5 NU90TP922005-03-00, Award Date: 04/26/2021
- Federal Award Identification Number (FAIN): NU90TP922005
- BP3 Notice of Funding Opportunity (NOFO) Number: CDC-RFA-TP19-1901
- Title of Project: Public Health Emergency Preparedness (PHEP) Cooperative Agreement
- Project Period: From 07/01/2019 through 06/30/2024
- PHEP Federal Project Description: The *Public Health Emergency Preparedness and Response Capabilities: National Standards of State, Local, Tribal, and Territorial Public Health* describes the 15 capability standards for PHEP recipients to strengthen during the 2019-2024 performance period. The capability standards inform the PHEP logic model, which is a high-level description of the PHEP program's general approach that displays "if-then" relationships between the program's strategies, activities, and outcomes. The logic model also highlights priority strategies and activities, provides examples of consequent outputs, and characterizes the intended outcomes that will result from building jurisdictional capabilities.

  PHEP recipients are expected to show measurable progress toward achieving the short-term and long-term outcomes during this five-year performance period. CDC will use its PHEP Operational Readiness Review (ORR) Reporting and Tracking System (PORTS) evaluation process to measure PHEP recipient progress in achieving desired outcomes.

  Subject to the availability of funding, CDC may introduce future projects that support advanced development of key public health preparedness capabilities in high population cities during the 2019-2024 performance period. This future project may support high

population cities with identifying gaps and strengthening chemical and radiological preparedness.

b) HPP

- Awarding Agency: Department of Health and Human Services, Assistant Secretary for Preparedness & Response (ASPR)
- Funding Authority: Section 319C-2 of the Public Health Services (PHS) Act (title 42 United States Code (USC) 247d-3b), as amended.

  Section 311 of the PHS Act (title 42 USC 243), subject to available funding and other requirements and limitations
- Award Recipient: California Department of Public Health
- Catalog of Federal Domestic Assistance (CFDA) Number: 93.889 – National Bioterrorism Hospital Preparedness
- Assistance Type: Formula Grant
- BP2 Grant Number: 5 U3REP190564-02-00
- Federal Award Identification Number (FAIN): U3REP190564
- BP3 Funding Opportunity Announcement (FOA) Number: EP-U3R-19-001
- Title of Project: Hospital Preparedness Program Cooperative Agreement
- Project Period: From 07/01/2019 through 06/30/2024
- HPP Federal Project Description: ASPR's HPP funding is to strengthen and enhance the acute care medical surge capacity through the maintenance and growth of strong Health Care Coalitions (HCCs) within each HPP-funded state, territory, freely associated state, and locality. HPP funds are to build acute care medical surge capacity by ensuring that HPP recipients focus on objectives and activities that advance progress toward meeting the goals of the four capabilities detailed in the 2017-2022 Health Care Preparedness and Response Capabilities and document progress in establishing or maintaining response-ready health care systems through strong HCCs.

c) Pan Flu

Match to federal funding, authorized by the annual California Budget Act

PROGRAM AUTHORITY 4040-Public Health Emergency Preparedness: Health and Safety Code, Sections 100150-100236, 100250-100255, 100325-100950, 101315, 101319, 131000-131020, and 131050-131231; Government Code, Sections 8574.48 and 8587.8-8587.9; and California Code of Regulations, Titles 17 and 22.

4040010 - Emergency Preparedness

The Public Health Emergency Preparedness program coordinates preparedness and response activities for all public health emergencies, including natural disasters, acts of terrorism, and pandemic diseases. The program plans and supports surge capacity in the

medical care and public health systems to meet needs during emergencies. The program also administers federal and state funds that support Public Health emergency preparedness activities.

C. General Information

1. Funding Objective

CDPH-EPO is issuing a funding application request to Local Health Departments or their designated entity for a five-year grant period from July 1, 2022, to June 30, 2027. CDPH-EPO funds PHEP, HPP, Pan Flu, CRI and Lab to LHDs to complete service delivery within their jurisdiction, and to promote planning and preparedness for a response to all public health and medical emergencies, including natural disasters, acts of terrorism, and infectious diseases. The local emergency preparedness program plans shall support surge capacity in public health systems and the health care delivery system to meet the needs during emergencies.

The objective is to award funding for work with PHEP, HPP, Pan Flu, CRI and Lab eligible LHDs. Successful applicants will use jurisdictional hazard and vulnerability assessments, exercises, and real events to assess gaps, and develop improvement plans to inform and galvanize process improvement. Improvements and updates should be at least every three years and used to inform policy, processes, training and exercising needed to be ready for a public health and/or medical emergency that threats the public's health and the stability of the health care delivery system with a long-term goal of sustaining readiness.

2. Funding Amount

CDPH-EPO will award approximately $48M each FY dependent upon the annual Federal Continuation Guidance and State award. Attachment 1 is the DRAFT Local Allocation table for FY 2022-23 for each LHJ by funding stream. Each FY CDPH-EPO will release the annual Local Allocation table along with State Continuation Guidance based on federal funding authority and State awards. Refer to Continuation Guidance for additional information.

3. Eligibility

Applicants must be a California Local Health Department or Agency or a Local Health Department's designated entity, from here on referred to as Local Health Jurisdiction (LHJ) that meets all the criteria below:

i. Operate within the county they authorize to serve,
ii. Provide proof of non-profit status as part of the response to the Funding Application Request (for example, a copy of your signed 501(c) (3) IRS form),
iii. Address public health and/or medical emergency preparedness and response planning and implementation and sustainment,
iv. Follow the California Public Health and Medical Emergency Operations Manual (EOM), California's Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

v. Demonstrate experience or capacity to provide public health and/or medical emergency preparedness and response planning and implementation to the jurisdiction,
vi. Collaborate and coordinate with public health and medical emergency preparedness response partners and stakeholders representing the diverse assets, diverse populations in order to meet the public health and medical emergency preparedness and response needs of community, including addressing and promoting the following efforts: tribal engagement, at-risk populations and health equity, and
vii. Possess the capacity to adhere to the agreement, fiscal and program reporting requirements of CDPH-EPO, CDC and ASPR.

D. Grant Agreement Award Process

Awarded Grant Agreements will be executed by June 30, 2022, for work to begin on July 1, 2022. CDPH-EPO reserves the right to fund any or none of the applications submitted.

Awards will be made to LHJs, whose applications are determined to be technically complete and whose professional qualifications and experience meet the terms of the Funding Application Package. The selection process may include a request for additional information to support the application. In addition, telephone interviews and/or site visits may take place between the selection processes, grant agreement negotiations, and grant agreement award dates.

E. Application Instructions

1. Intent to Apply

Prospective applicants who intend to apply are required to indicate their intention to apply, by submitting the Letter of Intent and Project Representatives. Failure to submit the mandatory, non-binding Letter of Intent will result in application rejection. The mandatory Letter of Intent is non-binding and prospective applicants are not required to apply merely because a Letter of Intent is submitted.

Submitting a Mandatory, Non-Binding Letter of Intent & Project Representatives
The mandatory, non-binding Letter of Intent and Project Representatives must be received by 4:00 pm (PST) on April 19, 2022. Submit the Letter of Intent via email. Email Subject Line: Letter of Intent for Funding Application FY 2022-2027 to LHBTProg@cdph.ca.gov and cc your Contract Manager.

2. Application Webinar

An Application Webinar will be scheduled in April 19 & 20, 2022. The purpose of the webinar is to review the information in this Funding Application Package and answer any questions applicants have regarding the application process.

3. Submission of Application

Submit all required application documents to LHBTProg@CDPH.ca.gov, and cc your Contract Manager, with an email subject line: *LHJ Name* Application documents, in the body of the email list all the attachments included. Application documents 4I-4M are due not later than May 20, 2022.

CDPH-EPO reserves the right to reject any or all applications and/or cancel the grant agreement made under this Funding Application Package. Acceptance of an application is subject to negotiations of an agreement between CDPH-EPO and the applicant.

All materials submitted in response to this Funding Application Package will become the property of CDPH-EPO at the time the application is received. All applicants agree that in applying, they authorize CDPH-EPO to verify any or all claimed information.

All applications must be complete when submitted. CDPH-EPO reserves the right to contact applicants during any application evaluation phase to clarify the content of the application and request changes.

Application will be considered as a representation that:

i. The LHJ and any subcontractor(s) have carefully investigated all conditions which affect, now and in the future, the performance of the work covered by the application,
ii. The LHJ and any subcontractor(s) are fully informed concerning the conditions to be encountered, quantity and quality of work to be performed, and
iii. The LHJ and any subcontractor(s) are familiar with all Federal and State laws that affect the work to be conducted and the persons employed in the work.

Information, Addenda, or Changes

If any clarifications or modifications to this Funding Application Package are necessary, all questions and answers, addenda, or changes will be communicated to the applicant from LHBTProg@cdph.ca.gov. It is the responsibility of applicants to request to join CDPH-EPO emergency preparedness email distribution lists and keep their contact information up to date.

4. Required Application Documents

Complete and submit the required application documents for FY 2022-23. All required application documents for a complete application are included in the checklist on page 2 and detailed below. LHJs work plans and budgets for the current FY will be incorporated into the applicant's five-year agreement.

There are four Workplans; one for each grant (PHEP, HPP and Pan Flu) and one for the Multi-County Local Emergency Medical Services Agencies (MCLEMSA). All local applicants must complete and submit a workplan for each applicable funding stream indicated in Attachment 2 (Letter of Intent). Workplan Instructions are included in Appendix C, this appendix will be updated each FY and be included in the annual Continuation Guidance.

- **Attachment A: PHEP Workplan FY 22-23**

- **Attachment B: HPP Workplan FY 22-23**
- **Attachment C: Pan Flu Workplan FY 22-23**
- **Attachment D: Multi-County LEMSA Workplan FY 22-23**

The budget period for all application funding streams is July 1 to June 30. All budgets are based on the annual allocations for the upcoming FY, use Attachment I – DRAFT Local Allocation tables. Budget Instructions are outlined in Appendix A, this appendix will be updated each FY and be included in the annual Continuation Guidance.

- **Attachment E: PHEP Budget FY 22-23**
- **Attachment F: HPP Budget FY 22-23**
- **Attachment G: Pan Flu Budget FY 22-23**
- **Attachment E: PHEP CRI Budget FY 22-23**
- **Attachment E: PHEP Lab Budget FY 22-23**
- **Attachment H: Budget Personnel Summary FY 22-23**

5. FY Allocations

The DRAFT allocation tables for PHEP, PHEP CRI, PHEP Lab, HPP and Pan Flu funding are listed in Attachment 1, will be updated each FY, and be included in the annual Continuation Guidance.

a) Local Emergency Medical Services Agency (LEMSA) Allocations

Local Entities receiving HPP funding will fund their jurisdiction's single county LEMSA at $43,175. There are 25 LHJs that share a LEMSA, the five multi-county LEMSAs contract directly with CDPH-EPO, are required to complete the same workplan activities as the single county LEMSAs, multi-county LEMSAs complete Attachment D.

b) Cities Readiness Initiative (CRI)

California has sixteen LHJs outside of Los Angeles County designated as a CRI jurisdiction. California's higher risk Metropolitan Statistical Areas (MSAs) are Los Angeles-Long Beach-Anaheim, San Diego-Carlsbad, and San Francisco-Oakland-Hayward. *City of Berkeley receives CRI funding; it is not counted as a separate CRI jurisdiction by the CDC. CRI LHJs complete Attachment E (PHEP Budget).

California CRI – Local Entities		
Alameda	Orange	San Diego
*City of Berkeley	Placer	San Francisco
Contra Costa	Riverside	San Mateo
El Dorado	Sacramento	Santa Clara
Fresno	San Benito	Yolo
Marin	San Bernardino	

c) Local Laboratory Response Network – Biological (LRN-B)

Fourteen of California's public health labs are designated as LRN-B Reference Public Health Laboratories, see table below. *Twelve LRN-B Reference Public Health Laboratories are allocated $281,933 of PHEP funding each year. LRN-B LHJs complete Attachment E (PHEP Budget).

LRN-B Reference Public Health Laboratories		
California Department of Public Health	*Sacramento	*Santa Clara
*Fresno	*San Bernardino	*Shasta
*Humboldt	*San Diego	*Sonoma
Los Angeles	*San Joaquin	*Tulare
*Orange	*San Luis Obispo	

An Annual Single Audit for the previous fiscal year, must be provided annually. The Annual Single Audit is reviewed and provided to CDPH's internal audits program prior to the applicant's audit. The Single Audit applies to state, local government, and nonprofit recipients. Single Audit must be submitted to the Federal Audit Clearinghouse (FAC), and to any Federal agency who specifically requests it. Federal guidelines require recipients to submit the documents no more than 30 days after the auditor issues its report or 9 months after the final day of the audit period, whichever comes first. Refer to https://www.ecfr.gov/cgi-bin/text-idx?node=sp2.1.200.f. All LHJs must provide their Annual Single Audit, **if** the audit is not available at the time the Application Package is due, please provide a letter from your health officer or fiscal officer stating when the Annual Single Audit will be provided. All LHJs provide their Single Audit for the previous FY.

- **Annual Single Audit of FY 21-22**

Current contact information for the emergency preparedness and response programs in LHJs must be submitted and kept up to date throughout the fiscal year. Complete and submit Contact Information, Attachment I. All LHJs complete Attachment I

- **Attachment I - Contact Information FY 22-23**

Government Agency Taxpayer ID form, CDPH9083, is used to confirm applicant's payment address each fiscal year for Quarter 1 payments and future invoice reimbursements. Applicants must include this form each FY. All LHJs complete Attachment J.

- **Attachment J: Government Agency Taxpayer ID form**

6. If Applicable

A Health Officer Letter is required when the Local Health Department or Agency designates another entity to perform the programmatic and fiscal duties during the five-year agreement.

- Health Officer Letter

Local Public Health Laboratories designated as a Laboratory Response Network – Biological (LRN-B) are eligible to apply for additional funding to support Microbiologist training. For more information on how to apply for the PHEP Laboratory Training and Assistance funds, refer to Attachment M.

- Attachment M: PHEP Lab Training and Assistance application

The Inventory Disposal Schedule, Attachment L, is used to report any single piece of equipment with a value of $5,000 or more that was disposed of during the fiscal year.

- Attachment L: Inventory Disposal Schedule

If the Local Entity has any outstanding audit finding(s) from prior years, a Fiscal CAP is required for each fiscal year when the audit finding(s) are unresolved.

- Attachment K: Fiscal Corrective Action Plan

7. Application Questions

Submit all application questions or concerns to LHBTProg@CDPH.ca.gov, and cc your Contract Manager, with an email subject line: *LHJ Name* Application Question, in the body of the email include your question, or outline your concerns and attach any relevant documents.

F. Funding Requirements

Each FY applicants are required to complete the following activities.

a) Capabilities Planning Guides

LHJs are required to complete the Public Health and Health Care Capabilities Planning Guides (CPGs). The CPG data are a point in time self-assessment of current preparedness abilities, used to identify gaps and guide planned activities for the upcoming FY. CDPH-EPO will provide the CPG questions and instructions on completing and submitting the CPG responses in the second quarter of each FY.

b) Emergency Preparedness Training Workshop (EPTW)

All LHJ Program Coordinators are required to attend the annual CDPH-EPO Emergency Preparedness Training Workshop (EPTW). Each FY EPTW will notify all LHJs via email and provide a link to the EPTW website with the dates, location, registration fee, agenda, and other details. CDPH-EPO encourages Local Entity staff, HPP Healthcare Partners, Healthcare Coalition partners, local Office of Emergency Services and Local Emergency Medical Services (LEMSA) staff to attend the EPTW.

c) Inventory

All LHJs must maintain a list of equipment and/or property purchased with federal and State funds for emergency planning and preparedness. LHJs must include both major and minor equipment and/or property on their inventory list and follow the Code of Federal Regulations (CFR) for purchasing and disposing of equipment and/or property if purchased with federal funds. LHJs will be required to complete federal documentation of purchases and disposals of equipment and/or property that costs $5,00 or more, to CDPH-EPO.

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

ii. Minor equipment/property: A tangible item having a base unit cost of less than $5,000 with a life expectancy of one (1) year or more and is either furnished by CDPH or the cost is reimbursed through this Agreement.

d) Mid-Year and Year End Reporting

Each FY programmatic and fiscal progress reports are due for all funding streams to CDPH-EPO twice a year at mid-year and end of year. The programmatic progress report is included within the Workplans and the instructions for completing the report section are within the Work Plan Instructions. The progress expenditure report templates and instructions will be provided via email prior to the due dates.

Due Dates:

- Mid-Year Reports (all): January 31, 2023
- Year End Work Plan Progress Reports: July 30, 2023
- Year End Expenditure Report Approval: 10 days after the approval of a Local Entity' Final Invoice

Submit all Progress Reports via email to LHBTProg@cdph.ca.gov and copy your assigned Project Officer and Contract Manager.

e) Performance Measures

All LHJs may be required to submit federal and State performance measures for each funding stream. LHJs will be informed of what performance measures apply, by funding stream within the Local Work Plans and/or via email. In addition, LHJs may be requested to submit additional data and documents during the five-year agreement as required by the federal funding authority and/or CDPH-EPO.

f) Site Visits

CDPH-EPO Project Officers and Contract Managers will conduct annual site visits of all LHJs or their designated entities to review progress on grant deliverables and activities and provide technical assistance. Site visits are an opportunity for LHJs to share best practices, trainings, exercises, and other events demonstrating grant progress, as well as discuss any challenges or

barriers. Annual site visits may be virtual or in-person, depending on state and/or local restrictions.

g) Statewide Medical Health Exercise (SWMHE)

All LHJs must participate in the annual Statewide Medical and Health Exercise (SWMHE). Each FY SWMHE will notify all LHJs via email and provide a link to the SWMHE website with the dates, incident, location(s), capabilities being tested, and other details. LHJs should utilize their participation in this exercise to complete multiple exercise requirements and encourage participation from all members of their Health Care Coalition, LEMSA and OES.

G. Additional Information

Additional information to assist LHJs with their application, managing and reporting progress.

i. Appendix A - Budget Instructions

Instructions on how to complete the budget templates, include expanded authority (carry-forward) funds and budget revisions.

ii. Appendix B - What's Allowable Matrix

Guide to items that are allowable to purchase by budget category and purpose.

iii. Appendix C - Work Plan Instructions

Instructions on how to complete the work plan templates, including progress reporting.

H. Audit

All funding is subject to an audit by CDPH's Internal Audits program for each FY funding was received. CDPH-EPO assesses the risk of each LHJ based on their ability to meet deliverable deadlines, provide complete and accurate reports, appropriately budget and expend their funds. The assessment is utilized by CDPH's Internal Audits program to determine the type of audit, desktop or onsite, to be performed. CDPH's Internal Audits aims to perform a fiscal audit on all federal funds for each LHJ at least once during a three-year period.

I. Continuation Guidance

Successive fiscal years applicants will receive an annual Continuation Guidance which will include updated federal and State funding requirements, and the annual allocation for the upcoming fiscal year. Updated application documents, per the checklist on page 2, must be completed and submitted each successive fiscal year upon request during the five-year agreement. All LHJs will receive an email notification prior to the upcoming FY providing the annual Continuation Guidance, the annual allocations, updates to the Local work plan activities and deliverables and updates from Federal and State.

Attachment A

Date:

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 to FY 2026-27
Local Health Department Work Plan for
Public Health Emergency Preparedness (PHEP)

[Local Entity Name]

Region:

Population size:

PHEP Requirements

Attachment A

This is a short list of requirements for the Public Health Emergency Preparedness (PHEP) funding.

Instruction
Please use the drop down menus in each "box" and select an option.

Requirement
Use the drop down to indicate the year the requirement was or will be completed.

Conduct a public health full Jurisdictional Risk Assessment (JRA) must be completed at least once every five years (rolling five years).
See Domain 1, Domain Activity 1.1

Exercises
Use the drop down to indicate the year the exercise was or will be completed.

DRILL: Facility setup must be completed once a year.
See Domain 4, Domain Activity 1.1-1.2 for more information.

DRILL: Staff notification and assembly must be completed once a year.
See Domain 4, Domain Activity 1.1-1.2 for more information.

DRILL: Site activation must be completed once a year.
See Domain 4, Domain Activity 1.1-1.2 for more information.

TABLE TOP: Anthrax must be complete at least once every five years (rolling five years).
See Domain 4, Domain Activity 1.4 for more information.

TABLE TOP: Pandemic influenza must be completed at least once every five years (rolling five years).
See Domain 4, Domain Activity 1.3 for more information.

FULL-SCALE: Pandemic influenza, for the critical work force, at least once every five years (rolling five years).
See Domain 4, Domain Activity 1.3 for more information.

FULL-SCALE: Joint PHEP-HPP exercise at least once every five years (rolling five years).
See Domain 1, Domain Activity 2.2 for more information

FULL-SCALE: Anthrax dispensing exercise at least once every five years (rolling five years). MSAs only.
See Domain 4, Domain Activity 1.4 for more information.

AAR/IP
Submission with each incident of a functional and full-scale exercise each year.

EPTW
Attend the Emergency Preparedness Training Workshop (EPTW) each year.

MYTEP
Multi-year Training and Exercise Plan (MYTEP) that specifies at least two years of trainings and exercises, must be updated each year. MYTEP should address the needs and priorities identified in previous AARs/Ips and demonstrate coordination with partners and stakeholders.

Plans
Use the drop down to indicate the activity that will occur for the plan in the FY.
Develop and maintain current version of the following plans (may be included as annexes or components in larger plans).
Listed plans are referenced throughout this work plan.
Listed plans must be reviewed, updated and signed by the respective partners at least once every three years and made available for review prior to site visits.

All hazards preparedness and response plan.
See Domain 1, Domain Activity 6.1 for more information.

Infectious disease response plan.
See Domain 1, Domain Activity 6.1 for more information.

Pandemic influenza plan.
See Domain 1, Domain Activity 6.1 for more information.

Medical countermeasure distribution and dispensing plans.
See Domain 1, Domain Activity 6.1 for more information.

Continuity of operations (COOP) plans.
See Domain 1, Domain Activity 6.1 and Domain 6, Activity 2.7 for more information.

Chemical, biological, radiological, and nuclear (CBRN) threat response plans.
See Domain 1, Domain Activity 6.1 for more information.

Plan(s) that support the volunteer recruitment and management.
See Domain 5, Activity 4.2 for more information.

[Local Entity Name]

Domain 1:	**Strengthen Community Resilience**
Description:	Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.

1 **Known Gaps:**	

Capability 1:	Community Preparedness
Capability 2:	Community Recovery

2 **Classify Activity:**		*Are you Building or Sustaining this Domain?*

Outcomes:	1 Analyze JRA results to determine strategic priorities, identify program gaps, and prioritize preparedness investments. 2 Develop a comprehensive whole-community approach to preparedness management. 3 Have a comprehensive preparedness program including a whole community approach and engaged ESF partners. 4 Create a progressive, multiyear training and exercise program with increasingly complex exercises to improve operational readiness across multiple hazards.

		3 FY 2022-23							3 FY 2023-24						
Domain Activity 1:	**Determine the Risks to the Health of the Jurisdiction**	**FY 2022-23 Activity Type**	**Estimated Completion**	**4 MY Report**		**5 YE Report**		**Notes**	**FY 2023-24 Activity Type**	**Estimated Completion**	**4 MY Report**		**5 YE Report**		**Notes**
				Status	**Primary Barrier**	**Status**	**Primary Barrier**				**Status**	**Primary Barrier**	**Status**	**Primary Barrier**	
Activities 1	LHDs will collaborate in conjunction with stakeholders, partners and tribal entities to complete a JRA once every 5 years (FY 2019-2024), to identify potential hazards, vulnerabilities, and risks within the community that relate to the public health, medical, and mental/behavioral health systems and the access and functional needs of at-risk individuals. FY 21-22 Continue to work on this activity and deliverable and report. *FY 22-23 Continue to work on this activity and deliverable and report.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 7* *FY 2019-20 Local PHEP Work Plan, Capability 1, Function 1, Activity 2* *PHEP Capabilities Guide pages 20-22*														
Activities 2															
3															
4															

Functions used to guide your planned activities	
1	Capability 1, F1 Determine the risks to the health of the jurisdiction.
Outputs from the planned activities	
1	Complete a JRA once within the 5-year period (FY 2019-2024). (Activity 1)
Outputs 2	
3	
4	
Notes 1	
2	
3	

Domain Activity 2:	Ensure HPP Coordination (HPP Coordination occurs throughout PHEP, not limited to the activities below.)	3 FY 2022-23 FY 2022-23 Activity Type	Estimated Completion	4 MY Report Status	4 MY Report Primary Barrier	5 YE Report Status	5 YE Report Primary Barrier	Notes	3 FY 2023-24 FY 2023-24 Activity Type	Estimated Completion	4 MY Report Status	4 MY Report Primary Barrier	5 YE Report Status	5 YE Report Primary Barrier	Notes
Activities 1	LHDs will continue assessing risk, planning, coordinating, and exercising with HPP counterparts, including HCC's. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide HPP Coordination. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide HPP Coordination.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 7-8* *FY 2019-20 Local PHEP Work Plan, multiple locations, key word search HPP and HCC.* *PHEP Capabilities Guide, multiple locations* , key word search HPP and HCC. *FY 22-23 HPP Workplan, Capability 2, Phase 3, Objective 3, Activity 2.2*														
2	LHD's will plan and participate in at least one joint exercise with HPP and emergency management at least once in every 5 year period (currently 2019-2024). LHDs can meet this requirement with a functional exercise, full scale exercise, or real incident. Recommend meeting multiple program requirements with this exercise or real incident, by including PHEP, HPP, MCM, CRI and other exercise requirements. FY 21-22 Continue to work on this activity and deliverable and report. *FY 22-23 Continue to work on this activity and deliverable and report.* Reference: *CDPH Statewide Medical & Health Exercise, https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe.aspx* *CDC NoFO PHEP CDC RFA TP19-1901, page 7-8, 38-41* *FY 2019-20 Local PHEP Work Plan, Capability 1, Function 4, Activity 2* *PHEP Capabilities Guide, Capability 3, Skills & Training* *FY 21-22 HPP Workplan, Capability 1, Phase 3, Objective 4, Activity 3.1*														
Activities 3															
4															
5															

Functions used to guide your planned activities	
1	Capability 1, F3 Coordinate with partners and share information through community social networks.
2	Capability 1, F4 Coordinate training and provide guidance to support community involvement with preparedness efforts.

Outputs from the planned activities	
1	Coordinated planning and preparedness activities with HPP/HCC partners. (Activity 1)
2	Develop or assist in the development of an AAR/IP within 90 days of the *exercise or real event. (Activity 2)*
3	Share with all appropriate stakeholders or verify sharing of finalized AAR/IP. (Activity 2)
4	*FY 22-23* Complete CDPH survey of top improvements identified in *FY 21-22.* (Activity 2)
Outputs 5	
6	
7	
Notes 1	
2	
3	

			3 FY 2022-23							3 FY 2023-24						
Domain Activity 3:		Plan for the Whole Community	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
					Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status	Primary Barrier	
Activities	1	LHDs will have procedures in place to identify individuals with access and functional needs that may be at risk of being disproportionately impacted by incidents with public health consequences. LHDs can use the CMIST framework to update and maintain procedures to identify at-risk populations disproportionally impacted by incidents or events as defined in the CMIST framework. Communication; Maintaining Health; Independence; Support, Safety and Self-determination; Transportation (CMIST). FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 8* *FY 2019-20 Local PHEP Work Plan, Capability 1, Function 4, Activity 2* *PHEP Capabilities Guide, page 20* *FY 22-23 HPP Workplan, Capability 1, Phase 1, Objective 2, Activity 4.4*														
	2	LHDs, in coordination with HPP, will continue to encourage participation of social services including faith based partners, child service providers, community based organizations, mental/behavioral health organizations in community preparedness planning to address needs during an emergency in the jurisdiction. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 8-9* *FY 2019-20 Local PHEP Work Plan, Capability 1, Functions 1-4* *PHEP Capabilities Guide, multiple locations, key word search social services, faith based, child services, community, and mental/behavioral health* *FY 22-23 HPP Workplan, Capability 1, Phase 1, Objective 2, Activity 4.4*														
	3	Identify LHD's role in family reunification. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 9* *FY 2019-20 Local PHEP Work Plan, Capability 1, Functions 2, Activity 1* *PHEP Capabilities Guide, multiple locations, key word search family reunification*														
Activities	4															
	5															
	6															

Functions used to guide your planned activities		
	1	Capability 1, F1 Determine the risks to the health of the jurisdiction.
	2	Capability 1, F2 Strengthen community partnerships to support public health preparedness.
	3	Capability 1, F3 Coordinate with partners and share information through community social networks.
	4	Capability 1, F4 Coordinate training and provide guidance to support community involvement with preparedness efforts.
	5	Capability 2, F1 Identify and monitor community recovery needs.
	6	Capability 2, F2 Support recovery operations for public health and related systems for the community
Outputs from the planned activities		
	1	Document procedures that identify at-risk populations and those individuals with access and functional needs that may be disproportionately impacted. (Activity 1)
	2	Document partners and stakeholders. (Activity 2)
	3	Document role and responsibility in family reunification. (Activity 3)
Outputs	4	
	5	
	6	
Notes	1	
	2	
	3	

			3 FY 2022-23							3 FY 2023-24						
Domain Activity 4:		**Focus on Tribal Planning and Engagement**	**FY 2022-23 Activity Type**	**Estimated Completion**	**4 MY Report**		**5 YE Report**		**Notes**	**FY 2023-24 Activity Type**	**Estimated Completion**	**4 MY Report**		**5 YE Report**		**Notes**
					Status	**Primary Barrier**	**Status**	**Primary Barrier**				**Status**	**Primary Barrier**	**Status**	**Primary Barrier**	
Activities	1	LHD's should engage with federally recognized Native American Tribal entities for emergency preparedness planning and response activities. LHD's whose boundaries include tribal reservations and tribal communities will attempt to engage with federally recognized American Indian tribes for emergency preparedness planning and response activities. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide tribal engagement. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide tribal engagement.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 9-10* *FY 2019-20 Local PHEP Work Plan, Capability 1, Function 2, Activity 7* *PHEP Capabilities Guide, multiple locations* , key word search Tribal, Tribes, and native *FY 22-23 HPP Workplan, Capability 1, Phase 1, Objective 5, Activity 3.1*														
Activities	2															
	3															
	4															

Functions used to guide your planned activities	
1	Capability 1, F2 Strengthen community partnerships to support public health preparedness.
2	Capability 1, F3 Coordinate with partners and share information through community social networks.
3	Capability 1, F4 Coordinate training and provide guidance to support community involvement with preparedness efforts.

Outputs from the planned activities	
1	Document engagement efforts on Tribal planning (Activity 1)
2	In person meeting or attempt(s) to have an in person meeting. (Activity 1)
3	~~FY 20-21~~ Utilize new engagement techniques, as needed, based on lessons learned during COVID-19. (Activity 1)
Outputs 4	
5	
6	
Notes 1	
2	
3	

Domain Activity 5:	Ensure Emergency Support Function (ESF) Cross-Discipline Coordination and Partner and Stakeholder Collaboration	3 FY 2022-23							3 FY 2023-24						
		FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status	Primary Barrier	
Activities 1	LHDs, in coordination with HPP, will continue to encourage participation of government agencies and stakeholders with an ESF role including the MHOAC, RDMHS, emergency management, EMS, behavioral/mental *health, environmental health, organiza* tions serving older adults, and education and child care systems. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating this process. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating this process.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 10* *FY 2019-20 Local PHEP Work Plan, Capability 1, Function 3, Activity 3* *PHEP Capabilities Guide, multiple locations* , key word search ESF, Partner and Stakeholder. *CDPH training on Environmental Health Training in Emergency Response (EHTER) is available, contact: Allison.Wilder@cdph.ca.gov* *FY 22-23 HPP Workplan, Capability 2, Objective 1, Activity 2.1 - 2.3*														
Activities 2															
3															
4															

Functions used to guide your planned activities	
1	Capability 1, F3 Coordinate with partners and share information through community social networks.
2	Capability 2, F2 Support recovery operations for public health and related systems for the community

Outputs from the planned activities	
1	Identify and document partners and stakeholders with a role in ESF 8 (Activity 1)
2	~~FY 21-22~~ Update and maintain ESF 8 list of partners and stakeholders. (Activity 1)
Outputs 3	
4	
5	
Notes 1	
2	
3	

			3 FY 2022-23							3 FY 2023-24						
Domain Activity 6:		**Strengthen and Implement Plans through Training and Exercising**	**FY 2022-23 Activity Type**	**Estimated Completion**	**4 MY Report**		**5 YE Report**		**Notes**	**FY 2023-24 Activity Type**	**Estimated Completion**	**4 MY Report**		**5 YE Report**		**Notes**
					Status	**Primary Barrier**	**Status**	**Primary Barrier**				**Status**	**Primary Barrier**	**Status**	**Primary Barrier**	
Activities	1	LHDs will develop and maintain training and exercise plans for building and/or sustaining public health preparedness and response capability. -All-hazards preparedness and response plan -Infectious disease response plan -Pandemic Influenza plan -Medical countermeasures distribution and dispensing plans -Continuity of operations plans (COOP) -Chemical, biological, radiological, and nuclear (CBRN) threat response plans - Plans that support the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) or volunteer management plan -Communications plan Plans must be reviewed, and updated at least every 3 years. FY 21-22 Continue to work on this activity and deliverable and report. Utilize COVID-19 and other response activities, AAR(s) and IP(s) to update preparedness and response plans. Use the PHEP Capabilities Guide for a list of stakeholders to include in planning process. *FY 22-23 Continue to work on this activity and deliverable and report. Utilize COVID-19 and other response activities, AAR(s) and IP(s) to update preparedness and response plans. Use the PHEP Capabilities Guide for a list of stakeholders to include in planning process.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 11-12* *FY 2019-20 Local PHEP Work Plan, Capability 1, Function 2, Activity 5* *PHEP Capabilities Guide, multiple locations* , key word search the plans listed above. *FY 2019-20, thru to 2022-2023 Pan Flu Workplan.* *FY 22-23 HPP Workplan, Capability 1, Phase 1, Objective 2, Activity 1.1*														
	2	LHDs will participate in the Emergency Preparedness Training Workshop (EPTW). Develop and provide multiyear training and exercise plans (MYTEPS) that specify at least two years of trainings and exercises. The MYTEP should address the needs and priorities identified in previous AARs/IPs; demonstrate coordination with applicable entities, partners, and stakeholders; and describe methods to leverage and allocate resources to the maximum extent possible. FY 20-21 EPTW canceled. *FY 21-22 EPTW canceled.* *FY 22-23 EPTW will be held in the spring.* FY 21-22 MYTEP(s) developed based on lessons learned from previous year. *FY 22-23 MYTEP(s) developed based on lessons learned from previous year.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 11* *FY 2019-20 Local PHEP Work Plan, Capability 1, Functions 4, Activity 1* *PHEP Capabilities Guide, multiple locations, key word search multi-year, train, exercise, after-action, and improvement plan.* *FY 22-23 HPP Workplan, Capability 1, Phase 2, Objective 4, Activity 2.2*														
	3	LHDs will develop evaluative processes to review, revise, and maintain plans based on the resulting priorities, needs, findings, and corrective actions of exercises, real incidents, trainings, and assessments. These processes must be used to develop and inform AARs/IPs. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 11-12* *FY 2019-20 Local PHEP Work Plan, Capability 1, Functions 4, Activity 1* *PHEP Capabilities Guide, multiple locations, key word search multi-year, train, exercise, after-action, and improvement plan*														
Activities	4															
	5															
	6															

Functions used to guide your planned activities		
	1	Capability 1, F1 Determine the risks to the health of the jurisdiction.
	2	Capability 1, F4 Coordinate training and provide guidance to support community involvement with preparedness efforts.
	3	Capability 2, F2 Support recovery operations for public health and related systems for the community
Outputs from the planned activities		
	1	Develop MYTEPs that specify at least two years of training and exercises. (Activity 2)
	2	Document evaluation and improvement planning. (Activity 3)
	3	Coordinate training and exercise implementation with partners and stakeholders. (Activity 1)
	4	Develop and maintain plans appropriately. (Activity 1)
Outputs	5	
	6	
	7	
Notes	1	
	2	
	3	

Domain Activity 7:		Obtain Public Comment and Input	3 FY 2022-23							3 FY 2023-24						
			FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
					Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status	Primary Barrier	
Activities	1	LHDs will share with stakeholders and community partners public health emergency preparedness and response plans as appropriate for input. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide obtaining input and comment. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide obtaining input and comment.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 12* *FY 2019-20 Local PHEP Work Plan, Capability 1, Function 2, Activity 5; Capability 2, Function 3, Activity 1* *PHEP Capabilities Guide, multiple locations* , key word search public input.														
Activities	2															
	3															
	4															

Functions used to guide your planned activities		
	1	Capability 1, F2 Strengthen community partnerships to support public health preparedness.
Outputs from the planned activities		
	1	Document stakeholder and community partner input. (Activity 1)
Outputs	2	
	3	
	4	
Notes	1	
	2	
	3	

[Local Entity Name]

Domain 2:	**Strengthen Incident Management**
Description:	Incident management is the ability to activate, coordinate and manage health and medical emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

1 Known Gaps:	

Capability 3:	Emergency Operations Coordination

2 Classify Activity:		*Are you Building or Sustaining this Domain?*

Outcomes:	1 Continuity of emergency operations throughout the response and recovery of a public health incident.

			3 FY 2022-23							3 FY 2023-24						
Domain Activity 1:		**Activate and Coordinate Public Health Emergency Operations**	**FY 2022-23 Activity**	**Estimated Completion**	**4 MY Report**		**5 YE Report**		**Notes**	**FY 2023-24 Activity Type**	**Estimated Completion**	**4 MY Report**		**5 YE Report**		**Notes**
					Status	**Primary Barrier**	**Status**	**Primary Barrier**				**Status**	**Primary Barrier**	**Status**	**Primary Barrier**	
Activities	1	LHDs will update and maintain procedures for activating, operating, managing, and staffing the public health emergency operations center. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 12-13* *FY 2019-20 Local PHEP Work Plan, Capability 3, Function 1, Activities 1, 4; Function 2, Activity 3* *PHEP Capabilities Guide pages 34-41*														
	2	LHDs will train response staff, formal and/or informal, in the EOM, SEMS, NIMS and EOC/DOC section specific processes. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide staff training on incident management. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide staff training on incident management.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 12-14* *FY 2019-20 Local PHEP Work Plan, Capability 3, Function 1, Activities 2-5; Function 2, Activities 2 & 4; Function 4, Activities 1-4* *PHEP Capabilities Guide pages 12-41* *FY 22-23 HPP Workplan, Capability 1, Phase 2, Objective 4, Activity 1.1*														
	3	LHDs will update the EOC/DOC medical health personnel responder list. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 12-14* *FY 2019-20 Local PHEP Work Plan, Capability 3, Function 1, Activity 2; Function 2, Activity 1* *PHEP Capabilities Guide pages 12-41*														
	4	LHDs will have a plan for demobilization to return to "ready state" of operations. *FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating the demobilization process.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 12-14* *FY 2019-20 Local PHEP Work Plan, Capability 3, Function 5, Activities 1-3* *PHEP Capabilities Guide pages 41-42*														
Activities	5															
	6															
	7															

Functions used to guide your planned activities		
	1	Capability 3, F1 Conduct preliminary assessment to determine the need for activation of public health emergency operations.
	2	Capability 3, F2 Activate public health emergency operations.
	3	Capability 3, F3 Develop and maintain an incident response strategy.
	4	Capability 3, F4 Manage and maintain the public health response.
	5	Capability 3, F5 Demobilize and evaluate public health emergency operations.
Outputs from the planned activities		
	1	Trained staff on updated policies and procedures for activating, operating, and managing emergency response and recovery. (Activity 2)
	2	~~FY 21-22~~ LHDs will have updated operation center procedures. (Activity 1)
	3	~~FY 21-22~~ Current list of staff trained to work in the EOC/DOC. (Activity 3)
	4	~~FY 21-22~~ Update Demobilization Plan. (Activity 4)
Outputs	5	
	6	
	7	
Notes	1	
	2	
	3	

[Local Entity Name]

Domain 3:	**Strengthen Information Management**
Description:	Information management is the ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, and accessible information, alerts, and warnings using a whole community approach. It also includes the ability to exchange health information and situational awareness with federal, state, local, territorial, and tribal governments and partners.

1 **Known Gaps:**	

Capability 4:	Emergency Public Information and Warning
Capability 6:	Information Sharing

2 **Classify Activity:**		*Are you Building or Sustaining this Domain?*

Outcomes:	1 Establish a standardized system for information sharing which will assess situational awareness and create a common operating picture. 2 Have access to a standardized joint information system to develop, coordinate, disseminate timely and accurate information alerts, warnings, and notification to the public including at risk populations..

Domain Activity 1:	Maintain Situational Awareness during Incidents	3 FY 2022-23							3 FY 2023-24							3 FY 2024-25
		FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2024-25 Activity
				Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status	Primary Barrier		
Activities 1	LHDs will establish a common operating picture, that facilitates coordinated information sharing among all public health, health care and necessary partners and stakeholders, for example environmental health. This includes state, local, tribal, and the region and their respective preparedness programs, public health laboratories, communicable disease programs and programs addressing health care-acquired infections. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 16* *FY 2019-20 Local PHEP Work Plan, Capability 6, Function 2, Activities 1, 2, 10* *PHEP Capabilities Guide pages 62-69*															
2	LHDs will sustain a program that facilitates coordinated information sharing among all public health, health care, and necessary partners and stakeholders. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide information sharing processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide information sharing processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 16* *FY 2019-20 Local PHEP Work Plan, Capability 6, Function 1, Activities 1-2; Function 2, Activities 3-7* *PHEP Capabilities Guide pages 62-69*															
Activities 3																
4																
5																

Functions used to guide your planned activities	
1	Capability 6, F1 Identify stakeholders that should be incorporated into information flow and define information sharing needs.
2	Capability 6, F2 Identify and develop guidance standards and systems for information exchange.
3	Capability 6, F3 Exchange information to determine a common operating picture.

Outputs from the planned activities	
1	Have or have access to a tool that collects information to create situational awareness in a common operating picture. Provide documentation of utilizing the information tool during real world incident, exercise, and/or planned event.
2	~~FY 21-22~~ LHD staff trained on information sharing process.
Outputs 3	
4	
5	

Notes	
1	
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3	

Domain Activity 2:	Coordinate Information Sharing	3 FY 2022-23							3 FY 2023-24							3 FY 2024-25
		FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2024-25 Activity Type
				Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status	Primary Barrier		
Activities 1	LHDs will have or have access to communication systems that maintain or improve reliable, resilient, interoperable and redundant information and communication systems and platforms, including those for bed availability, EMDS data, and patient tracking , and provide access to HCC members and other partners and stakeholders. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating information coordination. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating information coordination.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 16-17* *FY 2019-20 Local PHEP Work Plan, Capability 6, Function 2, Activities 5, 6,8, 9; Function 3, Activities 6, 7* *PHEP Capabilities Guide pages 62-69* *FY 22-23 HPP Workplan, Capability 2, Phase 1, Objective 2, Activity 1.2-1.3*																
2	LHDs will provide situational awareness information to MHOAC program, during emergency response operations and as requested. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating information sharing techniques. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating information sharing techniques.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 16-17* *FY 2019-20 Local PHEP Work Plan, Capability 6, Function 3, Activities 3* *PHEP Capabilities Guide pages 62-69*																
3	LHDs will utilize the California Health Alert Network (CAHAN) to share emergent public health and medical threats. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating information sharing processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating information sharing processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 16-17* *FY 2019-20 Local PHEP Work Plan, Capability 6, CAHAN* *PHEP Capabilities Guide pages 62-69*																
Activities 4																
5																
6																

Functions used to guide your planned activities	
1	Capability 6, F1 Identify stakeholders that should be incorporated into information flow and define information sharing needs.
2	Capability 6, F2 Identify and develop guidance standards and systems for information exchange.
3	Capability 6, F3 Exchange information to determine a common operating picture.

Outputs from the planned activities	
1	Provide Documentation showing use of communication systems during real life incident, exercise, and/or event. (Activity 1)
2	Provide flash report and situation reports to your MHOAC Program, during real events or exercises as needed. (Activity 2)
3	LHDs will maintain participation in the California Health Alert Network and participate in all contact drills. (Activity 3)
Outputs 4	
5	
Notes 1	
2	
3	

Domain Activity 3:		Coordinate Emergency Information and Warning	3 FY 2022-23							3 FY 2023-24							3 FY 2024-25
			FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2024-25 Activity
					Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status	Primary Barrier		
Activities	1	LHDs will, in coordination with HCC, develop, and disseminate information, alerts, warnings, and notifications to the public. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 17* *FY 2019-20 Local PHEP Work Plan, Capability 4, Function 1, Activities 1 & 4; Function 5, Activities 1-3* *PHEP Capabilities Guide pages 43-51* *FY 22-23 HPP Workplan, Capability 2, Phase 3, Objective 3, Activity 3.3*															
	2	LHDs have or have access to a Communications Plan that utilizes crisis and emergency risk communication (CERC) principles, including PIO roles, responsibility, and trainings, and the joint information system activation criteria. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 17* *FY 2019-20 Local PHEP Work Plan, Capability 4, Function 2, Activities 1-2; Function 3, Activity 1* *PHEP Capabilities Guide pages 43-51*															
Activities	3																
	4																

Functions used to guide your planned activities	
1	Capability 4, F1 Activate the emergency public information system
2	Capability 4, F2 Determine the need for a Joint Information System
3	Capability 4, F3 Establish and participate in information system operations
4	Capability 4, F4 Establish avenues for public interaction and information exchange
	Capability 4, F5 Issue public information, alerts, warnings, and notifications
5	Capability 6, F2 Identify and develop guidance standards and systems for information exchange.
6	Capability 6, F3 Exchange information to determine a common operating picture.

Outputs from the planned activities	
1	LHDs will have or have access to message templates based on Jurisdiction Risk Assessment (JRA) as appropriate. (Activity 1)
2	Documentation of crisis communication elements identified in exercises, real world incidents and or planned events. (Activity 2)
Outputs 3	
4	

Notes	
1	
2	
3	

PHEP Domain 4
Strengthen Countermeasures and Mitigation

Attachment A

[Local Entity Name]

Domain 4:	**Strengthen Countermeasures and Mitigation**
Description:	Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate nonpharmaceutical and responder safety and health measures during response to a public health incident.

1 Known Gaps:	

Capability 8:	Medical Countermeasure Dispensing and Administration
Capability 9:	Medical Materiel Management and Distribution
Capability 11:	Nonpharmaceutical Interventions
Capability 14:	Responder Safety and Health

2 Classify Activity:		*Are you Building or Sustaining this Domain?*

Outcomes:	1 Continuity of emergency operations management for emergency or incident requiring MCM dispensing/distribution. 2 Before, during, and after an incident, ensure the safety and health of responders. 3 Timely implementation of public health intervention and control measures.

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			[3] FY 2022-23							[3] FY 2023-24						
Domain Activity 1:		Develop and Exercise Plans for MCM Distribution, Dispensing, and Vaccine Administration	FY 2022-23 Activity Type	Estimated Completion	[4] MY Report		[5] YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	[4] MY Report		[5] YE Report		Notes
					Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status	Primary Barrier	
Activities	1	LHDs will develop and submit distribution drills; Site activation, staff call down, and pick list. FY 20-21 Activity and Output waived. *FY 21-22 Activity and Output waived.* *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 18* *FY 2019-20 Local PHEP Work Plan, Capability 8, Function 4* *PHEP Capabilities Guide pages 80-90*														
	2	LHDs will develop and submit dispensing drills; Facility set up, staff notification and assembly, and site activation. FY 20-21 Activity and Output waived. *FY 21-22 Activity and Output waived.* *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.* Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 18 FY 2019-20 Local PHEP Work Plan, Capability 8, Function 4 PHEP Capabilities Guide pages 80-90														
	3	LHDs will conduct pandemic influenza exercise; TTX, functional, and full scale if applicable. FY 20-21 May use COVID-19 to meet the Activity and Output. *FY 21-22 May use COVID-19 to meet the Activity and Output.* *FY 22-23 Continue to work on this activity and deliverable.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 18* *FY 2019-20 Local PHEP Work Plan, Capability 8, Function 4* *PHEP Capabilities Guide pages 80-90* *FY 2019-20, thru to 2022-2023 Pan Flu Workplan, Objective 7* *FY 21-22 HPP Workplan, Capability 4, Phase 3, Objective 2, Activity 9.10*														
	4	LHDs (CRI) will conduct anthrax exercises; TTX, full scale if applicable FY 20-21 May use COVID-19 to meet the Activity and Output. *FY 21-22 May use COVID-19 to meet the Activity and Output.* *FY 22-23 Continue to work on this activity and deliverable.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 18* *FY 2019-20 Local PHEP Work Plan, Capability 8, Function 4* *PHEP Capabilities Guide pages 80-90* *FY 22-23 HPP Workplan Capability 3, Phase 2, Objective 5, Activity 2.2*														
	5	LHDs will conduct annual CHEMPACK trainings and exercises, e.g., meetings, drills, workshop, TTX, functional or full-scale with appropriate partners. FY 20-21 Activity and Output waived. *FY 21-22 Activity and Output waived.* *FY 22-23 Continue to work on this activity and deliverable.* *Reference:* *CDC NoFO PHEP CDC RFA TP19-1901, page 18* *FY 2019-20 Local PHEP Work Plan, Capability 8, Function 4* *PHEP Capabilities Guide pages 80-90* *FY 22-23 HPP Workplan Capability 3, Phase 2, Objective 5, Activity 2.2*														
Activities	6															
	7															
	8															

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Functions used to guide your planned activities		
	1	Capability 8, F1 Determine medical countermeasures dispensing/administration strategies.
	2	Capability 8, F2 Receive medical countermeasures to be dispensed/administered.
	3	Capability 8, F3 Activate medical countermeasure dispensing/administration operations.
	4	Capability 8, F4 Dispense/administer medical countermeasures to targeted population(s).
	5	Capability 8, F5 Report adverse events.
Outputs from the planned activities		
	1	Implement corrective action plan(s) or improvement plan(s), based on exercise or real event.
	2	Verified site and staff contact list, as a result of submitted exercises and drills. (Activity 1)
	3	Complete PHEP reporting requirements.
	4	~~FY 21-22~~ Prepared for MCM activation.
Outputs	5	
	6	
	7	
Notes	1	
	2	
	3	

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Domain Activity 2:		Maintain Preparedness Plans Based on Risks	3 FY 2022-23							3 FY 2023-24						
			FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
					Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status	Primary Barrier	
Activities	1	LHDs will review and update MCM plans e.g., bioterror and emerging infectious disease. FY 20-21 Option to reduce or pause Activity and Output. *FY 21-22 Option to reduce or pause Activity and Output.* *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating of plans.* Reference: *FY 2020-21 Local PHEP Work Plan, Domain 1, Domain Activity 6* *CDC NoFO PHEP CDC RFA TP19-1901, page 19-20* *FY 2019-20 Local PHEP Work Plan, Capability 8, Function 1, Activity 2* *PHEP Capabilities Guide pages 80-84* *FY 22-23 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 3.3*														
Activities	2															
	3															
	4															

Functions used to guide your planned activities	
1	Capability 8, F1 Determine medical countermeasure dispensing/administration strategies.

Outputs from the planned activities	
1	Implement corrective action plan(s) or improvement plan(s), based on exercise or real event.
Outputs 2	
3	
4	

Notes	
1	
2	
3	

PHEP Domain 4
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			3 FY 2022-23							3 FY 2023-24						
Domain Activity 3:		**Participate in ORRs and Self Assessment**	**FY 2022-23 Activity Type**	**Estimated Completion**	**4 MY Report**		**5 YE Report**		**Notes**	**FY 2023-24 Activity Type**	**Estimated Completion**	**4 MY Report**		**5 YE Report**		**Notes**
					Status	**Primary Barrier**	**Status**	**Primary Barrier**				**Status**	**Primary Barrier**	**Status**	**Primary Barrier**	
Activities	1	LHDs (CRI) will participate in bi-annual review with CDPH and DSLR. FY 20-21 Activity and Output waived. FY 21-22 Activity and Output Waived. *FY 22-23 Continue to work on this activity and deliverable.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 22-23* *FY 2019-20 Local PHEP Work Plan, Capability 8, Function 6* *PHEP Capabilities Guide pages 80-91*														
	2	LHDs (CRI) will complete ~~annual self assessment by June 25.~~ training for the new ORR self assessment system (PORTS). FY 20-21 Activity and Output waived. *FY 21-22 Activity and Output waived.* *FY 22-23 Continue to work on this activity and deliverable.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 22-23* *FY 2019-20 Local PHEP Work Plan, Capability 8, Function 6* *PHEP Capabilities Guide pages 80-91*														
Activities	3															
	4															
	5															

Functions used to guide your planned activities	
1	Capability 8
Outputs from the planned activities	
1	~~Complete ORR assessment.~~ Complete *PORTS* Training for new assessment system. (Activity 2)
2	Complete CRI reporting requirements.
Outputs 3	
4	
5	
Notes 1	
2	
3	

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			3 FY 2022-23							3 FY 2023-24						
Domain Activity 4:		**Submit Updated MCM Action Plans**	**FY 2022-23 Activity Type**	**Estimated Completion**	**4 MY Report**		**5 YE Report**		**Notes**	**FY 2023-24 Activity Type**	**Estimated Completion**	**4 MY Report**		**5 YE Report**		**Notes**
					Status	**Primary Barrier**	**Status**	**Primary Barrier**				**Status**	**Primary Barrier**	**Status**	**Primary Barrier**	
Activities	1	LHDs (CRI) will submit MCM action plans at the end of Q1 and Q3. FY 20-21 Option to reduce or pause Activity and Output. *FY 21-22 Option to reduce or pause Activity and Output.* *FY 22-23 Continue to work on this activity and deliverable.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 23-24* *FY 2019-20 Local PHEP Work Plan, Capability 8, Function 2, Activities 1-3; Function 4, Activities 1, 4.* *PHEP Capabilities Guide pages 80-91* *FY 22-23 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 3.3*														
Activities	2															
	3															
	4															

Functions used to guide your planned activities	
1	Capability 8, F2 Receive medical countermeasures to be dispensed/administered.
2	Capability 8, F4 Dispense/administer medical countermeasures to targeted populations.

Outputs from the planned activities	
1	Submitted MCM action plan. (Activity 1)
Outputs 2	
3	
4	

Notes	
1	
2	
3	

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Domain Activity 5:		Update Local Distribution Site Survey	[3] FY 2022-23 FY 2022-23 Activity Type	Estimated Completion	[4] MY Report Status	[4] MY Report Primary Barrier	[5] YE Report Status	[5] YE Report Primary Barrier	Notes	[3] FY 2023-24 FY 2023-24 Activity Type	Estimated Completion	[4] MY Report Status	[4] MY Report Primary Barrier	[5] YE Report Status	[5] YE Report Primary Barrier	Notes
Activities	1	LHDs will review inventory tracking process. FY 20-21 Option to reduce or pause Activity and Output. *FY 21-22 Option to reduce or pause Activity and Output.* *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating inventory processes.* Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 23-24 FY 2019-20 Local PHEP Work Plan, Capability 9, Function 1, Activities 1. PHEP Capabilities Guide pages 92-97														
	2	LHDs will train staff on inventory tracking process. FY 21-22 Continue to work on this activity and deliverable. *FY 22-23 Continue to work on this activity and deliverable.* Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 23-24 FY 2019-20 Local PHEP Work Plan, Capability 9, Function 1, Activities 6. PHEP Capabilities Guide pages 92-97														
	3	LHDs will complete and submit CDPH LDS data sheet. FY 20-21 Activity and Output waived. *FY 21-22 Activity and Output waived.* *FY 22-23 Continue to work on this activity and deliverable.* Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 23-24 FY 2019-20 Local PHEP Work Plan, Capability 9, Function 1, Activities 1-6. PHEP Capabilities Guide pages 92-97														
Activities	4															
	5															
	6															

Functions used to guide your planned activities	
1	Capability 9, F1 Direct and activate medical materiel management and distribution.
Outputs from the planned activities	
1	Trained inventory management staff. (Activity 2)
2	Submitted CDPH LDS data sheet. (Activity3)
3	~~FY 21-22~~ Submit inventory list to CDPH by June 30 *each FY*.
Outputs 4	
5	
6	
Notes 1	
2	
3	

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Domain Activity 6:		Coordinate Nonpharmaceutical Interventions (NPIs)	3 FY 2022-23							3 FY 2023-24						
			FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
					Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status	Primary Barrier	
Activities	1	LHDs will coordinate with stakeholders/partners to define procedures, triggers and necessary authorizations to implement NPIs. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating NPI procedures. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating NPI procedures.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 24* *FY 2019-20 Local PHEP Work Plan, Capability 11, Function 1, Activities 1-2; Function 2, Activity 1.* *PHEP Capabilities Guide pages 112-119* *FY 22-23 HPP Workplan, Capability 4, Phase 1 and Phase 3, Surge Annexes (Infectious Disease, Burn Surge, Radiation, and Chemical)*														
Activities	2															
	3															
	4															

Functions used to guide your planned activities	
1	Capability 11, F1 Engage partners and identify factors that impact nonpharmaceutical interventions.
2	Capability 11, F2 Determine nonpharmaceutical interventions.
Outputs from the planned activities	
1	LHDs will have a reviewed and revised isolated quarantine plan and/or NPI plans and policies. (Activity 1)
Outputs 2	
3	
4	
Notes 1	
2	
3	

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Domain Activity 7:		Support the Protection of Responders Health and Safety	[3] FY 2022-23 FY 2022-23 Activity Type	Estimated Completion	[4] MY Report Status	[4] MY Report Primary Barrier	[5] YE Report Status	[5] YE Report Primary Barrier	Notes	[3] FY 2023-24 FY 2023-24 Activity Type	Estimated Completion	[4] MY Report Status	[4] MY Report Primary Barrier	[5] YE Report Status	[5] YE Report Primary Barrier	Notes
Activities	1	Determine exposure prevention measures (e.g. decontamination, evacuation strategies). FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating exposure processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating exposure processes.* References: *FY 22-23 HPP Workplan, Capability 3, Phase 1, Objective 6, Activity 1.1*														
	2	LHD to assist, train, or provide resources necessary to protect public health first responders, critical workforce personnel, and critical infrastructure workforce from hazards during a public health response and recovery. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating training on responder safety and health processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating training on responder safety and health processes.* References: *FY 22-23 HPP Workplan, Capability 3, Phase 2, Objective 5, Activity 2.2*														
Activities	3															
	4															
	5															

Functions used to guide your planned activities	
1	Capability 14, F1 Identify responder safety and health risks.
2	Capability 14, F2 Identify risk-specific responder safety and health training.
Outputs from the planned activities	
1	Documentation of trained staff on PPE, MCM, workplace violence, psychological first aid, other resources specific to an emergency that would protect responders. (Activity 2)
2	LHDs has updated and reviewed all policies, plans, and procedures related to responder health and safety. (Activity 1)
Outputs 3	
4	
5	
Notes 1	
2	
3	

[Local Entity Name]

Domain 5:	**Strengthen Surge Management**
Description:	Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.

1 **Known Gaps:**	

Capability 5:	Fatality Management
Capability 7:	Mass Care
Capability 10:	Medical Surge
Capability 15:	Volunteer Management

2 **Classify Activity:**		*Are you Building or Sustaining this Domain?*

Outcomes:	1 Efficient coordination of activities to manage public health and medical surge. 2 Optimal coordination of public health, health care, mental/behavioral health, environmental health, and human services needs during mass care operations 3 Improved partnerships to address public health needs during fatality management operations 4 Timely coordination and support from volunteers during a medical surge response

Domain Activity 1:		Coordinate Activities to Manage Public Health and Medical Surge	3 FY 2022-23 FY 2022-23 Activity Type	Estimated Completion	4 MY Report Status	4 MY Report Primary Barrier	5 YE Report Status	5 YE Report Primary Barrier	Notes	3 FY 2023-24 FY 2023-24 Activity Type	Estimated Completion	4 MY Report Status	4 MY Report Primary Barrier	5 YE Report Status	5 YE Report Primary Barrier	Notes	3 FY 2024-25 FY 2024-25 Activity	Estimated Completion	4 MY Report Status	4 MY Report Primary Barrie
Activities	1	LHDs will maintain MHOAC procedures for engaging the health care system and HCC to collect, provide, and receive information to create a shared situational awareness and common operating picture. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 23-24* *FY 2019-20 Local PHEP Work Plan, Capability 10, Function 1, Activities 1-6.* *PHEP Capabilities Guide pages 92-97* *FY 22-23 HPP Workplan, Capability 2, Phase 1, Objective 1, Activity 2.1 and 2.2* *FY 22-23 HPP Workplan, Capability 1. Phase 1, Objective 2, Activity 2.3*																		
	2	LHDs will have or have access to procedures in place to support family reunification. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 23-24* *FY 2019-20 Local PHEP Work Plan, Capability 10, Function 3, Activities 3.* *PHEP Capabilities Guide pages 109-110*																		
	3	LHDs will have plans in place that clearly define the public health roles and responsibilities during surge operations and outline procedures on how public health will engage the health care system to provide and receive situational awareness through the surge event. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 23-24* *FY 2019-20 Local PHEP Work Plan, Capability 10, Function 1, Activities 1.* *PHEP Capabilities Guide pages 109-110* *FY 22-23 HPP Workplan, Capability 2, Phase 1, Objective 1, Activity 2.2*																		
Activities	4																			
	5																			
	6																			

Functions used to guide your planned activities	
	1 Capability 10, F1 Assess the nature and scope of the incident.
	2 Capability 10, F3 Support jurisdictional medical surge operations.
Outputs from the planned activities	
	1 Updated procedures or processes for supporting family reunification. (Activity 2)
	2 Updated written plans that identify PH's role and responsibilities during surge operations. (Activity 3)
	3 ~~FY 21-22~~ MHOAC procedures updated based on Improvement Plans. (Activity 1)
Outputs	4
	5
	6
Notes	1
	2
	3

Domain Activity 2:		Coordinate Public Health, Health Care, Mental/Behavioral Health, and Human Services Needs during Mass Care Operations	3 FY 2022-23							3 FY 2023-24							3 FY 2024-25			
			FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2024-25 Activity Type	Estimated Completion	4 MY Report	
					Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status	Primary Barrier				Status	rimary Barrie
Activities	1	LHDs will maintain their identified support roles during mass care operations. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating public health's role. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating public health's role.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 26* *FY 2019-20 Local PHEP Work Plan, Capability 7, Function 1, Activity 1* *PHEP Capabilities Guide pages 70-79*																		
	2	LHDs should support family reunification, including any special considerations for children as part of their demobilization mass care operations procedures. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating this process. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating this process.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 26* *FY 2019-20 Local PHEP Work Plan, Capability 7, Function 4, Activity 3* *PHEP Capabilities Guide pages 70-79*																		
Activities	3																			
	4																			
	5																			

Functions used to guide your planned activities	
1	Capability 7, F1 Determine public health role in mass care operations.

Outputs from the planned activities	
1	Maintained procedures that identify PH's support role during mass care operations in coordination with partners. (Activity 1)
2	Updated procedures or processes for the support of family reunification during demobilization. (Activity 2)
Outputs 3	
4	
5	

Notes	
1	
2	
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Domain Activity 3:		Coordinate with Partners to Address Public Health Needs during Fatality Management Operations	3 FY 2022-23							3 FY 2023-24							3 FY 2024-25			
			FY 2022-23 Activity Type	Estimated Completion	4 MY Report Status	4 MY Report Primary Barrier	5 YE Report Status	5 YE Report Primary Barrier	Notes	FY 2023-24 Activity Type	Estimated Completion	4 MY Report Status	4 MY Report Primary Barrier	5 YE Report Status	5 YE Report Primary Barrier	Notes	FY 2024-25 Activity	Estimated Completion	4 MY Report Status	4 MY Report Primary Barrie
Activities	1	LHDs will define public health's role in fatality management. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide fatality management partners. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide fatality management partners.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 26-27* *FY 2019-20 Local PHEP Work Plan, Capability 5, Function 1, Activity 2* *PHEP Capabilities Guide pages 52-55*																		
	2	LHDs will maintain ability to provide recommendations for hazardous specific fatality situations. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating recommendations. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating recommendations.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 26-27* *FY 2019-20 Local PHEP Work Plan, Capability 5, Function 2, Activities 1-2* *PHEP Capabilities Guide pages 55-58*																		
Activities	3																			
	4																			

Functions used to guide your planned activities	
1	Capability 5, F1 Determine the public health agency role in fatality management
2	Capability 5, F2 Identify and facilitate access to public health resources to support fatality management operations

Outputs from the planned activities	
1	Updated procedures that contain the collection and analysis of incident data.
2	Documentation of Crisis Communication elements identified in exercises, real world incidents and or planned events.
Outputs 3	
4	

Notes	
1	
2	
3	

Domain Activity 4:		Coordinate Medical and Other Volunteers to Support Public Health and Medical Surge	[3] FY 2022-23							[3] FY 2023-24							[3] FY 2024-25			
			FY 2022-23 Activity Type	Estimated Completion	[4] MY Report		[5] YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	[4] MY Report		[5] YE Report		Notes	FY 2024-25 Activity Type	Estimated Completion	[4] MY Report	
					Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier
Activities	1	LHDs will maintain, test/train the Disaster Healthcare Volunteer system (ESAR-VHP) to register and verify credentials of medical volunteers. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating volunteer processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating volunteer processes.* Reference: *FY 21-22 HPP Workplan, Capability 4, Phase 3, Objective 2, Activity 1.1*																		
	2	LHDs will develop, refine or maintain written plans that identify the public health role(s) and responsibilities in supporting volunteer management operations. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating public health's role. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating public health's role.* Reference: *FY 22-23 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 3.3*																		
Activities	3																			
	4																			
	5																			

Functions used to guide your planned activities	
1	Capability 15, F1 Recruit, coordinate and train volunteers.
Outputs from the planned activities	
1	Up-to-date DHV system which includes licensed healthcare professionals. (Activity 1)
2	Updated written plans that identify the PH role and responsibilities in supporting volunteer operations. (Activity 2)
Outputs 3	
4	
Notes 1	
2	
3	

Required by State Activity 1:		Support HPP Medical Surge Planning	3 FY 2022-23 FY 2022-23 Activity Type	Estimated Completion	4 MY Report Status	4 MY Report Primary Barrier	5 YE Report Status	5 YE Report Primary Barrier	Notes	3 FY 2023-24 FY 2023-24 Activity Type	Estimated Completion	4 MY Report Status	4 MY Report Primary Barrier	5 YE Report Status	5 YE Report Primary Barrier	Notes	3 FY 2024-25 FY 2024-25 Activity Type	Estimated Completion	4 MY Report Status	4 MY Report Primary Barrie
Activities	1	FY 21-22 LHDs will assist and provide subject matter expertise to the Hospital Preparedness Program's (HPP) development of their Health Care Coalition (HCC) level Response Plan Annex on Infectious Disease Surge. Utilize existing LHD Pandemic Influenza plan for Infectious Disease. Refer to the PHEP Capabilities Guide for a list of stakeholders to include in planning process. *FY 22-23 Continue to assist in the maintenance, testing and updating of the HCC Infectious Disease Surge Annex.* References: *CDC NoFO PHEP CDC RFA TP19-1901, page 11-12* *FY 2019-20 Local PHEP Work Plan, Capability 1, Function 2, Activity 5* *PHEP Capabilities Guide, multiple locations, key word search the plan.* *FY 2019-20, 2020-21 and 2021-2022 Pan Flu Workplan.* *FY 22-23 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 3.6*																		
	2	FY 21-22 LHDs will assist and provide subject matter expertise to the Hospital Preparedness Program's (HPP) development of their Health Care Coalition (HCC) level Response Plan Annex on Burn Surge. Refer to the PHEP Capabilities Guide for a list of stakeholders to include in planning process. *FY 22-23 Continue to assist in the maintenance, testing and updating of the HCC Burn Surge Annex.* References: *CDC NoFO PHEP CDC RFA TP19-1901, page 11-12* *FY 2019-20 Local PHEP Work Plan, Capability 1, Function 2, Activity 5* *PHEP Capabilities Guide, multiple locations, key word search the plan.* *FY 22-23 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 3.5*																		
	3	FY 21-22 LHDs will assist and provide subject matter expertise to the Hospital Preparedness Program's (HPP) development of their Health Care Coalition (HCC) level Response Plan Annex on Radiation Surge. Refer to the PHEP Capabilities Guide for a list of stakeholders to include in planning process. *FY 22-23 Continue to assist in the development of the HCC Radiation Surge Annex.* References: *CDC NoFO PHEP CDC RFA TP19-1901, page 11-12* *FY 2019-20 Local PHEP Work Plan, Capability 1, Function 2, Activity 5* *PHEP Capabilities Guide, multiple locations, key word search the plan.* *FY 22-23 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 3.7* *CDPH training on Environmental Health Training in Emergency Response (EHTER) is available, contact: Allison.Wilder@cdph.ca.gov*																		
	4	FY 21-22 LHDs will assist and provide subject matter expertise to the Hospital Preparedness Program's (HPP) development of their Health Care Coalition (HCC) level Response Plan Annex on Chemical Surge. Refer to the PHEP Capabilities Guide for a list of stakeholders to include in planning process. *FY 22-23 Continue to assist in the development of the HCC Chemical Surge Annex.* References: *CDC NoFO PHEP CDC RFA TP19-1901, page 11-12* *FY 2019-20 Local PHEP Work Plan, Capability 1, Function 2, Activity 5* *PHEP Capabilities Guide, multiple locations, key word search the plan.* *FY 22-23 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 3.8* *CDPH training on Environmental Health Training in Emergency Response (EHTER) is available, contact: Allison.Wilder@cdph.ca.gov*																		
	5	FY 21-22 LHDs will review the State's Crisis Standards of Care guidelines. *FY 22-23 Continue to work on this activity and deliverable.* Reference: *https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/California%20SARS-CoV-2%20Crisis%20Care%20Guidelines%20-June%208%202020.pdf*																		
	6	FY 21-22 LHDs will participate in the Statewide Medical Health Exercise of Crisis Standards of Care, date to be announced. *FY 21-22 This activity was waived.* *FY 22-23 LHDs will participate in the Statewide Medical Health Exercise of Crisis Standards of Care, date to be announced.* Reference: *CDPH Statewide Medical & Health Exercise,* *https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe.aspx*																		
Activities	7																			
	8																			
	9																			

Functions used to guide your planned activities	
1	Capability 10, F3 Support jurisdictional medical surge operations.

Outputs from the planned activities	
1	~~FY 21-22~~ LHD Infectious Disease plan utilized by HCC. (Activity 1)
2	~~FY 21-22~~ LHD provide subject matter expertise to HCCs development of their Burn Surge Annex. (Activity 2)
3	~~FY 21-22~~ LHD provide subject matter expertise to HCCs development of their Radiation Surge Annex. (Activity 3)

[Local Entity Name]

Domain 6:	Strengthen Biosurveillance
Description:	Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public.

1 Known Gaps:	

Capability 12:	Public Health Laboratory Testing
Capability 13:	Public Health Surveillance and Epidemiological Investigation

2 Classify Activity:		*Are you Building or Sustaining this Domain?*

Outcomes:	1 Maintain full ability to conduct rapid and accurate laboratory tests to identify biological agents. 2 Maintain full ability to collect and analyze data for surveillance and epidemiological investigation.

			3 FY 2022-23							3 FY 2023-24						
Domain Activity 1:		**Conduct Epidemiological Surveillance and Investigation**	**FY 2022-23 Activity Type**	**Estimated Completion**	**4 MY Report**		**5 YE Report**		**Notes**	**FY 2023-24 Activity Type**	**Estimated Completion**	**4 MY Report**		**5 YE Report**		**Notes**
					Status	**Primary Barrier**	**Status**	**Primary Barrier**				**Status**	**Primary Barrier**	**Status**	**Primary Barrier**	
Activities	1	LHDs will continue to develop, maintain, support, and strengthen surveillance and detection systems and epidemiological processes. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 27-30* *Pan Flu Work Plan, utilize immunization registry for epidemiological surveillance* *FY 2019-20 Local PHEP Work Plan, Capability 13, Function 1, Activities 1, 2 & 9.* *PHEP Capabilities Guide pages 128-137*														
	2	Collaborate to enhance essential surveillance systems. LHDs should enhance the public health information system workforce and advance electronic information exchange. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating surveillance processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating surveillance processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 27-30* *FY 2019-20 Local PHEP Work Plan, Capability 13, Function 1, Activities 3, 4, 5, 6.* *PHEP Capabilities Guide pages 128-137*														
	3	LHDs will identify and have access to personnel trained to manage and monitor routine jurisdictional surveillance, and epidemiological investigation systems, and support surge requirements in response to threats. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide surveillance personnel training. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide surveillance personnel training.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 27-30* *FY 2019-20 Local PHEP Work Plan, Capability 13, Function 2, Activity 7.* *PHEP Capabilities Guide pages 128-137*														

4	LHDs will have a process in place to establish partnerships, conduct investigations, and share information with other governmental agencies, partners, and organizations. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 27-30* *FY 2019-20 Local PHEP Work Plan, Capability 13, Function 1, Activities 7; Function 2, Activities 2 & 3.* *PHEP Capabilities Guide pages 128-137*														
5	LHDs will evaluate effectiveness of public health surveillance and epidemiological investigation processes and systems. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes and systems. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes and systems.*														
6	LHDs whose jurisdictional border is shared with Mexico, will conduct border health surveillance activities. *FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating surveillance processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 27-30* *FY 2019-20 Local PHEP Work Plan, Capability 13, Function 1, Activity 7.* *PHEP Capabilities Guide pages 128-137*														
7	LHDs will implement process(es) for using poison control center data for public health surveillance. *FY 21-22 Continue to work on this activity and deliverable.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 27-30* *FY 2019-20 Local PHEP Work Plan, Capability 13, Function 1, Activity 8.* *PHEP Capabilities Guide pages 128-137* For more details regarding how Poison Control can assist please contact SEHeard@CalPoison.org.														

8	LHDs will maintain access to electronic death registration (EDR) systems. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating this processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating this processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 27-30* *FY 2019-20 Local PHEP Work Plan, Capability 13, Function 3, Activity 2.* *PHEP Capabilities Guide pages 128-137*														
Activities 9															
10															
11															

Functions used to guide your planned activities	
1	Capability 13, F1 Conduct or support public health surveillance.
2	Capability 13, F2 Conduct public health surveillance and epidemiological investigations.
3	Capability 13, F3 Recommend, monitor and analyze mitigation actions.
	Capability 13, F4 Improve public health surveillance and epidemiological investigation systems.
Outputs from the planned activities	
1	*Documentation of surveillance and detection systems. (Activity 1)*
2	*Documentation of access to trained personnel. (Activity 3)*
3	Documentation of evaluation of effectiveness. (Activity 5)
4	*Documentation of processes for partnering with poison control. (Activity 7)*
5	~~FY 21-22~~ Enhanced early detection of potential public health threats. (Activity 2)
6	~~FY 21-22~~ LHDs that have border points of entry, enhanced early detection of potential public health threats entering the State. (Activity 6)
Outputs 7	
8	
9	
Notes 1	
2	
3	

Domain Activity 2:	Conduct Laboratory Testing Reference: Pan Flu Work Plan	3 FY 2022-23 FY 2022-23 Activity Type	Estimated Completion	4 MY Report Status	4 MY Report Primary Barrier	5 YE Report Status	5 YE Report Primary Barrier	Notes	3 FY 2023-24 FY 2023-24 Activity Type	Estimated Completion	4 MY Report Status	4 MY Report Primary Barrier	5 YE Report Status	5 YE Report Primary Barrier	Notes
Activities 1	LHDs, whose jurisdiction includes a LRN-B Lab, will meet LRN-B proficiency testing (PT) requirements. This is a PHEP Benchmark. FY 21-22 Continue to work on this activity and deliverable. *FY 22-23 Continue to work on this activity and deliverable.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 30-35* *FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activities 1 & 4.* *PHEP Capabilities Guide pages 120-127*														
2	LHDs, whose jurisdiction includes a LRN-B Lab, will meet or sustain standard reference laboratory requirements as appropriate. FY 21-22 Continue to work on this activity and deliverable. *FY 22-23 Continue to work on this activity and deliverable.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 30-35* *FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activities 1 & 4.* *PHEP Capabilities Guide pages 120-127*														
3	LHDs, whose jurisdiction includes a LRN-B Lab, should have the ability to expeditiously transport, test and report threat samples with 24 hours. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating these processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating these processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 30-35* *FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activities 4 & 12.* *PHEP Capabilities Guide pages 120-127*														
4	LHDs, whose jurisdiction includes a LRN-B Lab, will ensure there are established partnerships and processes for addressing joint investigations of intentional public health threats or incidents between the appropriate authorities. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating these processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating these processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 30-35* *FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activity 5.* *PHEP Capabilities Guide pages 120-127*														
5	LHDs, whose jurisdiction includes a LRN-B Lab, must maintain a list of sentinel laboratories with current contact information and engage sentinel laboratories utilizing contact drills to support the detection of emerging infectious diseases (EIDs). *FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating these processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 30-35* *FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activity 10.* *PHEP Capabilities Guide pages 120-127*														

6	Maintain staffing and equipment requirements. LHDs, whose jurisdiction includes a LRN-B Lab, must ensure the LRN-B standard laboratory checklist requirements are met. *FY 21-22 Continue to work on this activity and deliverable.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 30-35* *FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activity 9.*														
7	LHDs, whose jurisdiction includes a public health lab, will maintain a current laboratory COOP plan to ensure the ability to conduct ongoing testing for routine and emerging public health threats and exercise their laboratory COOP plan at least once every five years. *FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating the COOP.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 30-35* *FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activity 7.* *PHEP Capabilities Guide pages 120-127*														
8	LHDs, whose jurisdiction includes a public health lab, will maintain certification for packaging and shipping. *FY 21-22 Continue to work on this activity and deliverable.* FY 22-23 Continue to work on this activity and deliverable. Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 30-35* *FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activity 11.* *PHEP Capabilities Guide pages 120-127*														
9	LHDs, whose jurisdiction includes a public health lab, will maintain lab workforce for surge capacity, preventative maintenance agreements and standard laboratory checklist requirements for staffing and equipment. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating lab staffing. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating lab staffing.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 30-35* *FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activity 9.* *PHEP Capabilities Guide pages 120-127*														
10	LHDs, whose jurisdiction includes a public health lab, will continue to submit data to CalREDIE. *FY 21-22 Continue to work on this activity and deliverable.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 30-35* *FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activity 9.* *PHEP Capabilities Guide pages 120-127*														
11	LHDs, without a public health lab, will maintain a contract with a local public health lab for testing, packaging, shipping and coordination of sample transport. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating these processes. *FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating these processes.* Reference: *CDC NoFO PHEP CDC RFA TP19-1901, page 30-35* *PHEP Capabilities Guide pages 120-127*														
Activities 12															
13															
14															

Functions used to guide your planned activities		
	1	Capability 12, F1 Conduct laboratory testing and report results.
	2	Capability 12, F2 Enhance laboratory communications and coordination.
	3	Capability 12, F3 Support training and outreach.
Outputs from the planned activities		
	1	Maintain a local public health lab or contract with a local public health lab for testing, packaging, shipping and coordination of sample transport.
	2	Maintain CDC Federal Select Agents Program (FSAP) certification for select agent testing as appropriate.
	3	Maintain packaging and shipping certifications. (Activity 8)
	4	Contract or MOU with a public health lab. (Activity 11)
	5	Public Health labs maintain and/or update the COOP. (Activity 7)
	6	Maintain staffing and equipment as appropriate. (Activity 6)
	7	~~FY 21-22~~ LRN-B Lab maintained.
	8	~~FY 21-22~~ Enhanced coordination with appropriate authorities. (Activity 4)
	9	~~FY 21-22~~ A process for maintaining lab functionality during a surge. (Activity 9)
	10	~~FY 21-22~~ A process for submitting data to CalREDIE. (Activity 10)
	11	~~FY 21-22~~ Sentinel laboratories current contacts and contact drills. (Activity 5)
Outputs	12	
	13	
	14	
Notes	1	
	2	
	3	

Attachment A

Application	Definitions
Known Gaps[1]	
Known Gaps	Enter gaps identified from jurisdictional Capabilities Planning Guide (CPGs) survey, trainings, exercises, real events, after action reports and/or improvement plans that you want to resolve during the fiscal year.
Classify Activity[2]	
Sustain	A capability is built and ready for an emergency and/or disaster. Sustainment is working through the preparedness cycle; train, exercise, evaluate and improve in order to retain the ability and improve based on current jurisdictional hazards.
Build	A capability is incomplete. Building activities include research, development, identifying key partners and stakeholders, establishing relationships, defining roles, responsibilities, draft, public comment, etc..
Fiscal Year (FY) Activity[3]	
Plan/Develop	Strategic and operational planning establishes priorities, identifies expected levels of performance and capability requirements, provides the standard for assessing capabilities and helps stakeholders learn their roles. The planning elements identify what an organization's Standard Operating Procedures (SOPs) or Emergency Operations Plans (EOPs) should include for ensuring that contingencies are in place for delivering the capability during a large-scale disaster.
Organize/Equip	Organizing and equipping include identifying what competencies and skill sets people should possess and ensuring an organization has the correct personnel. Additionally, it includes identifying and acquiring standard equipment an organization may need to use in times of emergency.
Train	Training with the knowledge, skills, and abilities needed to perform key tasks required during a specific emergency situation.
Exercise	Exercises enable entities to identify strengths and incorporate them within best practices to sustain and enhance existing capabilities. They also provide an objective assessment of gaps and shortfalls within plans, policies and procedures to address areas for improvement prior to a real-world incident. Exercises help clarify roles and responsibilities among different entities, improve inter-agency coordination and communications and identify needed resources and opportunities for improvement.
Evaluate/Improve	Quality improvement thru after action Reports (AARs), collecting lessons learned, develop improvement plans, and track corrective actions to address gaps and deficiencies identified in exercises or real-world events to continuously improve and strengthen preparedness.
Updating	Modernize, make current and/or include the most recent information.
Not Applicable	Does not apply my jurisdiction. For example, a Public Health Lab, non CRI etc.
Estimated Completion[3]	
This fiscal year by Q2	The activity will be complete by the end of the second quarter of the fiscal year.
This fiscal year by Q4	The activity will be complete by the end of the fourth quarter of the fiscal year.
Continuous	The activity occurs throughout the year.
Out year	Not working on the activity this fiscal year, it will be addressed in the future.

Attachment A

Reporting

Status[4-5]	
Complete	The Activity has been fully executed/in place to satisfy all requirements.
In progress, on schedule	This Activity is work in progress and will be completed by the Estimated Completion time.
In progress, off schedule	This Activity is work in progress and will be not be completed/late by the Estimated Completion time.
Not Started	No work has been done on this Activity.
Canceled	This activity will not be finished/completed this FY.

Primary Barrier[4-5]	
None	No barriers to completing this Activity and corresponding Outputs.
Lack of Funding	In sufficient funding to complete this Activity and corresponding Outputs.
Lack of Personnel	In sufficient staff or subject matter experts to complete this Activity and corresponding Outputs.
Administrative	Jurisdictional administrative processes delayed and/or pushed back the the next FY this Activity.
Time Constraint	Various factors limited the amount of time needed to complete this Activity. A few example, deadlines, workload, and reso
Waiting on EPO	Waiting on EPO to provide materials, resources or guidelines that impedes completion of this Activity.
Real Event	Jurisdiction
Other, provide in the *Notes* section.	Add additional information in the Notes section of this Activity.

Attachment B

Date:

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 to FY 2026-27 Local Health Department Work Plan for Hospital Preparedness Program (HPP) and the Health Care Coalition

DRAFT

[Local Entity Name]

Region:

Population size:

Attachment B

[Local Entity Name]

This is a short list that includes requirements, a checklist and clarifications for the Hospital Preparedness Program (HPP) funding. This list is not exhaustive, HCCs are required to study the HPP Capability Guide and HPP Performance Measures and therein

HPP Performance Measures Implementation Guides

Link: https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/hpp-pmi-guidance-2017.pdf

Link: https://www.phe.gov/Preparedness/planning/hpp/reports/pmi-guidance-2019-2023/Pages/default.aspx

Pages 90-96 in the 2019-2023 HPP Performance Measures Implementation Guide contain a crosswalk of performance measures to HPP Workplan activities.

HPP Capability Guide

Link: https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf

HPP Coalition Assessment Tool (CAT)

HPP Performance Measures are reported in the Coalition Assessment Tool (CAT) and to CDPH. CDPH will utilize information in the CAT to meet CDPH's required HPP reporting. CDPH will require HCCs to provide required deliverables and data that are not contained in the CAT. If you need to update your CAT point of contact and access, use the email provided below.

Link: https://HPPCAT.hhs.gov

Email: CAT@HHS.gov

DRAFT

Requirement	
	HPP-PHEP-EMA Joint Exercise: **Select** from the dropdown menu the year of the exercise. This exercise must be a standalone functional or full scale joint exercise once every five years (rolling five years). This exercise **must** include a surge of patients into the health care system. *FY 2021-22 HPP Funding Opportunity Announcement, page 16.*
	Pediatric Surge Care Annex, Exercise: **Select** from the dropdown menu the year of the exercise. This exercise must be completed within five-years (FY 2019-20 to FY 2023-24) via a real event, tabletop or discussion exercise format. *See Capability 4, Phase 3, Objective 2, Activity 4.6.*
	Radiation Emergency Surge Annex, Exercise: **Select** from the dropdown menu the year of the exercise if selected over the Chemical Emergency Surge Annex exercise. This exercise must be completed within five-years (FY 2019-20 to FY 2023-24) via a real event, tabletop or discussion exercise format. *See Capability 4, Phase 3, Objective 2, Activity 5.7* .
↑ **or** ↓	(Radiation or Chemical Exercise)
	Chemical Emergency Surge Annex, Exercise: **Select** from the dropdown menu the year of the exercise if selected over the Radiation Emergency Surge Annex exercise. This exercise must be completed within five-years (FY 2019-20 to FY 2023-24) via a real event, tabletop or discussion exercise format. *See Capability 4, Phase 3, Objective 2, Activity 5.8.*
	Burn Surge Annex, Exercise: **Select** from the dropdown menu the year of the exercise. This exercise must be completed within five-years (FY 2019-20 to FY 2023-24) via a real event, tabletop or discussion exercise format. *See Capability 4, Phase 3, Objective 2, Activity 6.9.*
	Infectious Disease Preparedness and Surge Annex, Exercise: **Select** from the dropdown menu the year of the exercise. This exercise must be completed within five-years (FY 2019-20 to FY 2023-24) via a real event, tabletop or discussion exercise format. *See Capability 4, Phase 3, Objective 2, Activity 9.10*
FY 2022-23	Participate in State Wide Medical Health Exercise of Crisis Standards of Care CONOPS. *See Capability 4, Phase 3, Objective 1, Activity 3.1.*

Provide a current inventory: **Select** which quarter to provide the list of all HCC resources purchased in the previous fiscal year that would be utilized during an exercise or real event each year to CDPH. *State Site Visit/State Audit requirement.*

Checklist

Performance Measure 4: Complete HCC member updates, in CDPH template by the due date.

Performance Measure 6: Other Exercise Requirements within the CAT, Exercise Tool report exercise dates and complete a datasheet for all required exercises.

Performance Measure 9: Complete Jurisdictional Risk Assessment Survey provided by CDPH by the due date.

Performance Measure 10: After Action Reporting (AAR) and Improvement Planning (IP) Matrix, complete within the CAT within the Exercise Tool.

Performance Measures 12 & 13: Redundant Communications Drills 1 & 2, enter data into the CAT. The second drill must be six months after the first.

Capability Assessments must be completed within the CAT before the end of year due date.

Performance Measure HPP-PHEP J.1, Information Sharing: Report Essential Elements of Information (EEIs), situation reporting, to CDPH as requested during exercises and real events.

CAHAN Communication Drills, quarterly.

Disaster Health Volunteers (DHV) Program must be maintained annually. *See Capability 4, Phase 3, Objective 2, Activity 1.1*

Clarifications

Performance Measure 22: This is a Hospital performance measure collected by the Emergency Medical Services for Children (EMSC). This should align with your Pediatric Surge Annex.

Performance Measure HPP-PHEP J.2, Volunteers: This is a State level performance measure.

Performance Measures 23-28: Annual Hospital Surge Test (HST) in the CAT within the Exercise Tool. **Only complete if,** you have a hospital that is in a Frontier and Remote Area (FAR) level four. https://www.ers.usda.gov/data-products/frontier-and-remote-area-codes/

HCC Exercise with an FCC to participate in the NDMS patient movement in the CAT within the Exercise Tool. **Only complete if,** you have a Federal Coordination Center (FCC) in your jurisdiction. https://asprtracie.hhs.gov/technical-resources/resource/5622/national-disaster-medical-system-federal-coordinating-center-guide

If there is a difference between the Performance Measures and HPP Funding Opportunity Announcement (FOA), the most current requirement is listed in this work plan, at this point in time it is based on the Performance Measures Implementation Guide 2019-2023.

Attachment B

[Local Entity Name]

Capability 1:	Foundation for Health Care and Medical Readiness
Goal:	The community's health care organizations and other stakeholders – coordinated through a sustainable Hea have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, train managing resources.

1 Known Gaps:	

2 Classify Activity:		*Are you Building or Sustaining this Capability?*

DRAFT

PHASE 1: Plan and Prepare

		3 FY 2022-23
Objective 1	**Establish and Operationalize a Health Care Coalition (HCC)**	**FY 2022-23 Activity Type**
Activity 2	**Identify HCC Members**	
1	HCCs will annually provide a listing of all core members and additional coalition members. EPO will provide a template with instructions and a due date in Q1. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 46* *FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 1* *2017-2022 Health Care Preparedness and Response Capabilities, page 11-12* *2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 3, page 11-12* *2019-2023 HPP Performance Measures Implementation Guidance*	

2	Core HCC members should be represented at all HCC meetings, virtually or in-person. Core members should sign all HCC-related documentation and participate in all HCC exercises. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 46* *FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 1* *2017-2022 health Care Preparedness and Response Capabilities, page 11-12* *2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 3, 4 and 5, page 11-16* *2019-2023 HPP Performance Measures Implementation Guidance*	
Activity 3	**Establish HCC Governance**	
3	HCCs will maintain engagement with the Clinical Advisor. *Include this position in your HPP Budget.* *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 48-49* *FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 7 and 8* *2017-2022 health Care Preparedness and Response Capabilities, page 11-12* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov*	

Attachment B

	4	HCCs will continue to maintain a HCC Readiness and Response Coordinator. *Include this position in your HPP Budget.* *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 48-49* *FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 7 and 9* *2017-2022 health Care Preparedness and Response Capabilities, page 11-12* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov*	
Activities	5		
	6		
	7		
Outputs from the planned activities			
	1	Provide a listing of all core and additional coalition members in Q1 (Activity 2.1).	
	2	Provide an agenda and sign-in sheets from HCC meetings and trainings (Activity 2.2).	
Outputs	3		
	4		
	5		
Notes	1		
	2		
	3		

		3 FY 2022-23
Objective 2	**Identify Risks and Needs**	**FY 2022-23 Activity Type**
Activity 1	**Assess Hazard Vulnerability and Risks**	
1	HCCs will continue to annually update their Hazard Vulnerability Assessment (HVA). *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 49-50* *FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 3* *2017-2022 Health Care Preparedness and Response Capabilities, page 13-14* *ASPR TRACIE: https://asprtracie.hhs.gov/technical-resources/3/hazard-vulnerability-risk-assessment/1* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1*	
2	HCC funded projects must go toward a risk(s) identified in the HVA, identified gap(s), and/or corrective actions. Utilize "Known Gaps" at the beginning of each Capability in this work plan. Upload work plan and budget into the CAT 30 days after award. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 49* *FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 5, 10* *2017-2022 Health Care Preparedness and Response Capabilities, page 13-14* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov*	
Activity 2	**Assess Regional Health Care Resources**	

Attachment B

	3	HCCs will continue to annually update and maintain a resource inventory assessment to identify health care resources and services at the jurisdictional level and have available for the RDMHS. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 50* *FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 4* *2017-2022 Health Care Preparedness and Response Capabilities, page 14-15* *FY 21-22 PHEP Workplan, Domain 5, Domain Activity 1, Activity 1*	
Activity 4		**Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, People with Disabilities, and Others with Unique Needs**	
	4	HCCs will continue to annually assess community planning for at risk populations. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 50-51* *FY 2019-20 Local HPP Work Plan, Capability 1, Objective 2, Activity 1* *2017-2022 Health Care Preparedness and Response Capabilities, page 15* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 3, Activity 1 and Activity 2*	
Activities	5		
	6		
	7		
Outputs from the planned activities			
	1	HCCs will have an updated HVA by June 30 (Activity 1.1).	
	2	HCCs will have HPP Work Plan and Budget into the CAT within 30 days of award (Activity 1.2).	

Attachment B

	3	HCCs will have an updated inventory list available upon request (Activity 2).
Outputs	4	
	5	
	6	
Notes	1	
	2	
	3	

Attachment B

		3 FY 2022-23
Objective 3	**Develop a HCC Preparedness Plan**	**FY 2022-23 Activity Type**
Activity 1	Same as above.	
1	HCCs will continue to update and maintain their Preparedness Plan. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 51-52* *FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 6* *2017-2022 Health Care Preparedness and Response Capabilities, page 17-18* *2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 4, page 13-14* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov*	
Activities 2		
3		
4		
Outputs from the planned activities		
1	HCCs will have an updated Preparedness Plan by June 30 (Activity 1).	
Outputs 2		
3		
4		
Notes 1		
2		
3		

		3 FY 2022-23
Objective 5	**Ensure Preparedness is Sustainable**	**FY 2022-23 Activity Type**
Activity 3	**Engage Clinicians**	
1	HCCs will continue to engage health care executives, clinicians, community leaders, and tribal representatives in debriefs/hot washes. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 52-53* *FY 2019-20 Local HPP Work Plan, Capability 1, Objective 5, Activity 2* *2017-2022 Health Care Preparedness and Response Capabilities, page 23-24* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 4, Activity 1*	
Activity 4	**Engage Community Leaders**	
2	HCCs will continue to engage community leaders, organizations, and the media in exercises to promote resilience of the entire community. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 52-53* *FY 2019-20 Local HPP Work Plan, Capability 1, Objective 5, Activities 1-2* *2017-2022 Health Care Preparedness and Response Capabilities, page 23-24*	
Activity 5	**Promote Sustainability of HCC**	

Attachment B

	3	HCCs will continue to promote sustainability of HCC by considering cost share with other organizations with similar requirements and leverage group buying power. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 53-54* *FY 2019-20 Local HPP Work Plan, Capability 1, Objective 5, Activities 1 and 3* *2017-2022 Health Care Preparedness and Response Capabilities, page 24*	
Activities	4		
	5		
	6		
Outputs from the planned activities			
	1	HCCs will provide documentation of engagement (Activity 3.1 & Activity 4.2).	
Outputs	2		
	3		
	4		
Notes	1		
	2		
	3		

Attachment B

PHASE 2: Train and Equip

		3 FY 2022-23
Objective 4	**Train and Prepare the Health Care and Medical Workforce**	**FY 2022-23 Activity Type**
Activity 1	**Promote Role-Appropriate NIMS Implementation**	
1	HCCs will continue to promote role-appropriate National Incident Management System (NIMS) and Standardized Emergency Management System (SEMS) trainings. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 54* *FY 2019-20 Local HPP Work Plan, Capability 1, Objective 4, Activity 1* *2017-2022 Health Care Preparedness and Response Capabilities, page 19*	
Activity 2	**Educate and Train on Identified Preparedness and Response Gaps**	
2	HCCs will continue to provide trainings based on risks, resource gaps, deliverables and corrective actions. HCCs will upload a list of planned training activities within 30 days of award. *FY 20-21 Waived.* *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 54* *FY 2019-20 Local HPP Work Plan, Capability 1, Objective 4, Activity 1* *2017-2022 Health Care Preparedness and Response Capabilities, page 19* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 2* *FY 21-22 PHEP Workplan Domain 2, Domain Activity 1, Activity 2*	
Activities 3		
4		
5		

Attachment B

Outputs from the planned activities		
	1	HCCs will upload a list of planned training activities within 30 days of award (Activity 2.2).
Outputs	2	
	3	
	4	
Notes	1	
	2	
	3	

PHASE 3: Exercise and Respond

		3 FY 2022-23
Objective 4	**Train and Prepare the Health Care and Medical Work Force**	**FY 2022-23 Activity Type**
Activity 3	**Plan and Conduct Coordinated Exercises with HCC Members and Other Response Organizations**	
1	HPP, PHEP and all HCCs will participate in the annual Statewide Medical Health Exercise (SWMHE). *FY 20-21 Canceled.* *FY 21-22 Canceled.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 55* *FY 2019-20 Local HPP Work Plan, Capability 1, Objective 4, Activity 3 and 5* *2017-2022 Health Care Preparedness and Response Capabilities, page 20-21* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 2, Activity 2*	
Activities 2		
3		
4		
Outputs from the planned activities		
1	HCCs will provide after action reports (AARs) and improvement plans (IPs) (Activity3.1).	
Outputs 2		
3		
4		
Notes 1		
2		
3		

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						3 FY 2023-24	
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion
	Status	Primary Barrier	Status	Primary Barrier			

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						3 FY 2023-24	
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion
	Status	Primary Barrier	Status	Primary Barrier			

Attachment B

						3 FY 2023-24	
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion
	Status	Primary Barrier	Status	Primary Barrier			

Attachment B

						3 FY 2023-24	
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion
	Status	Primary Barrier	Status	Primary Barrier			

Attachment B

						3 FY 2023-24	
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion
	Status	Primary Barrier	Status	Primary Barrier			

Attachment B

						3 FY 2023-24	
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion
	Status	Primary Barrier	Status	Primary Barrier			

[Local Entity Name]

Capability 2:	Health Care and Medical Response Coordination
Goal:	Health care organizations, the HCC, their jurisdiction(s), and the state's/jurisdiction's ESF-8 lead agency collaborate to share and analyze information, manage and share resources, and coordinate strategies to care to all populations during emergencies and planned events.

1 Known Gaps:	

2 Classify Activity:		*Are you Building or Sustaining this Capability?*

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PHASE 1: Plan and Prepare

		3 FY 2022-23
Objective 1	Develop and Coordinate Health Care Organization and HCC Response Plans	FY 2022-23 Activity Type
Activity 2	Develop a HCC Response Plan	
1	HCCs, in coordination with PHEP, will review and update their Response Plan annually and upload into the CAT. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 56-57* *FY 2019-20 Local HPP Work Plan, Capability 2, Objective 1, Activity 2* *2017-2022 Health Care Preparedness and Response Capabilities, page 27-28* *2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 5, page 15-16* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 5, Activity 1* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1* *FY 21-22 PHEP Workplan, Domain 5, Domain Activity 1, Activity 1* *2019-2023 HPP Performance Measures Implementation Guidance*	

	2	HCCs, in coordination with PHEP, will update and maintain current operational roles, situational awareness, information sharing and resource management in their Response Plan annually. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 57* *FY 2019-20 Local HPP Work Plan, Capability 2, Objective 1, Activity 2* *2017-2022 Health Care Preparedness and Response Capabilities, page 27-28* *2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 5, page 15-16* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 5, Activity 1* *FY 21-22 PHEP Workplan, Domain 5, Domain Activity 1, Activity 1* *FY 21-22 PHEP Workplan, Domain 5, Domain Activity 1, Activity 3* *2019-2023 HPP Performance Measures Implementation Guidance*	
	3	HCCs will continue to participate with PHEP to update and maintain the jurisdictions All Hazards Preparedness and Response Plan annually. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 57* *2017-2022 Health Care Preparedness and Response Capabilities, page 27-28* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 5, Activity 1* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1* *2019-2023 HPP Performance Measures Implementation Guidance*	
Activities	4		
	5		
	6		
Outputs from the planned activities			
	1	HCCs will have an updated Response Plan by June 30 (Activity 2.1, 2.2, 2.3).	
Outputs	2		

		3 FY 2022-23
Objective 2	**Utilize Information Sharing Processes and Platforms**	**FY 2022-23 Activity Type**
Activity 1	**Develop Information Sharing Procedures**	
1	HCCs will continue to update their essential elements of information (EEIs) in their Response Plan, annually. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 58* *FY 2019-20 Local HPP Work Plan, Capability 2, Objective 2, Activities 3 and 5* *2017-2022 Health Care Preparedness and Response Capabilities, page 28* *2019-2023 HPP Performance Measures Implementation Guidance*	
2	HCCs, in coordination with PHEP, will annually maintain ability to access timely, relevant, and actionable information about their members during emergencies ~~by June 30, 2021.~~ *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 58* *FY 2019-20 Local HPP Work Plan, Capability 2, Objective 2, Activities 1-2* *2017-2022 Health Care Preparedness and Response Capabilities, page 28-29* *FY 21-22 PHEP Workplan, Domain 3, Domain Activity 2, Activity 1* *FY 21-22 Pan Flu Workplan, Objective 3*	

	3	HCCs will identify reliable, resilient, interoperable, and redundant information and communication systems and platforms, including those for bed availability and patient tracking, and provide access to HCC members and other stakeholders. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 58* *FY 2019-20 Local HPP Work Plan, Capability 2, Objective 2, Activities 1-2* *2017-2022 Health Care Preparedness and Response Capabilities, page 29* *FY 21-22 PHEP Workplan, Domain 3, Domain Activity 2, Activity 1* *FY 21-22 Pan Flu Workplan, Objective 3* *2019-2023 HPP Performance Measures Implementation Guidance*	
Activities	4		
	5		
	6		
Outputs from the planned activities			
	1	HCCs Response Plan will include updated EEIs annually (Activity 1.1).	
	2	HCCs will have proof of participation in information sharing exercises (Activity 1.3).	
Outputs	3		
	4		
	5		
Notes	1		
	2		
	3		

PHASE 2: Train and Equip

		3 FY 2022-23
Objective 3	**Coordinate Response Strategy, Resources, and Communications**	**FY 2022-23 Activity Type**
Activity 4	**Communicate with the Public During an Emergency**	
1	HCCs, in coordination with PHEP, will provide public information officer (PIO) training to those who are designated to act in that capacity during an emergency and for HCC members in need of such training, annually ~~by June 30, 2022~~. This training should include Crisis and Emergency Risk Communication (CERC) training. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 59* *FY 2019-20 Local HPP Work Plan, Capability 2, Objective 3, Activities 4* *2017-2022 Health Care Preparedness and Response Capabilities, page 31*	
Activities 2		
3		
4		
Outputs from the planned activities		
1	HCCs will provide a list of participants and an agenda for each completed training (Activity 4).	
Outputs 2		
3		
4		
Notes 1		
2		
3		

PHASE 3: Exercise and Respond

		3 FY 2022-23
Objective 3	**Coordinate Response Strategy, Resources, and Communications**	**FY 2022-23 Activity Type**
Activity 1	**Identify and Coordinate Resource Needs during an Emergency**	
1	HCCs will continue to share information and coordination activities with HCC members, and HCC members will have access to information sharing platforms, annually. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 59* *FY 2019-20 Local HPP Work Plan, Capability 2, Objective 3, Activities 3* *2017-2022 Health Care Preparedness and Response Capabilities, page 29-31*	
Activity 2	**Coordinate Incident Action Planning During an Emergency**	
2	HCCs, in coordination with PHEP, will continue to maintain the ability to coordinate incident action planning during a real event/exercise as reflected in applicable plans, annually. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 59* *FY 2019-20 Local HPP Work Plan, Capability 2, Objective 3, Activity 2* *2017-2022 Health Care Preparedness and Response Capabilities, page 30* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 2, Activity 1*	
Activity 3	**Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency.**	

	3	HCCs will assist their members with developing the ability to rapidly alert and notify their employees, patients and visitors to provide situational awareness, protect their health and safety and facilitate provider-to-provider communication annually ~~by June 30, 2022~~. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 60* *FY 2019-20 Local HPP Work Plan, Capability 2, Objective 3, Activity 3* *2017-2022 Health Care P* *preparedness and Response Capabilities, page 30-31* *FY 21-22 PHEP Workplan, Domain 3, Domain Activity 3, Activity 1* *FY 21-22 Pan Flu Workplan, Objective 3*	
Activities	4		
	5		
	6		
Outputs from the planned activities			
	1	HCCs will provide a copy of an incident action plan upon request (Activity 2.2).	
Outputs	2		
	3		
	4		
Notes	1		
	2		
	3		

Attachment B

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						3 FY 2023-24	
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion
	Status	Primary Barrier	Status	Primary Barrier			

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						3 FY 2023-24	
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion
	Status	Primary Barrier	Status	Primary Barrier			

Attachment B

						3 FY 2023-24	
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion
	Status	Primary Barrier	Status	Primary Barrier			

Attachment B

						3 FY 2023-24	
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion
	Status	Primary Barrier	Status	Primary Barrier			

Attachment B

[Local Entity Name]

Capability 3:	Continuity of Health Care Service Delivery
Goal:	Health care organizations, with support from the HCC and the state's/jurisdiction's ESF-8 lead agency uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care i Health care workers are well-trained, well-educated, and well-equipped to care for patients during em Simultaneous response and recovery operations result in a return to normal or, ideally, improved oper

1 Known Gaps:	

2 Classify Activity:		*Are you Building or Sustaining this Capability?*

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PHASE 1: Plan and Prepare

Objective 2	Plan for Continuity of Operations	3 FY 2022-23 FY 2022-23 Activity Type
Activity 2	Develop a HCC Continuity of Operations Pan	
1	HCCs will support Health Care Organizations in development or maintenance of their continuity of operations plan (COOP) by January 30, 2022, thereafter annually. The HCO plans will inform the HCC COOP. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 60-61* *FY 2019-20 Local HPP Work Plan, Capability 3, Objective 2, Activity 1* *2017-2022 Health Care Preparedness and Response Capabilities, page 34* *2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 5, page 15-16* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1*	

	2	HCCs will develop or maintain a coalition COOP annually ~~by June 30, 2022~~ and upload into the CAT. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 60-61* *FY 2019-20 Local HPP Work Plan, Capability 3, Objective 2, Activity 2* *2017-2022 Health Care Preparedness and Response Capabilities, page 34* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov*	
Activities	3		
	4		
	5		

Outputs from the planned activities		
	1	HCCs will submit a COOP plan into the CAT (Activity 2.2).
Outputs	2	
	3	
	4	
Notes	1	
	2	
	3	

Attachment B

		3 FY 2022-23
Objective 3:	**Maintain Access to Non-Personnel Resources During an Emergency**	**FY 2022-23 Activity Type**
Activity 1	**Assess Supply Chain Integrity**	
1	HCCs will continue to assess supply chain integrity by developing a vendor management process to address limited supply ordering for all HCC members and neighboring HCCs in an emergency. HCCs will share with neighboring HCCs annually ~~by June 30, 2022~~ and upload into the CAT. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 62* *FY 2019-20 Local HPP Work Plan, Capability 3, Objective 3, Activity 1* *2017-2022 Health Care Preparedness and Response Capabilities, page 35* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov*	
Activity 2	**Assess and Address Equipment, Supply and Pharmaceutical Requirements**	
2	HCCs will continue to assess and address equipment, supply, and pharmaceutical requirements annually, and update inventory list. Inventory management program protocol for all cached materials will be updated annually and uploaded into the CAT within 30 days after award. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 62-63* *FY 2019-20 Local HPP Work Plan, Capability 3, Objective 3, Activity 2* *2017-2022 Health Care Preparedness and Response Capabilities, page 36-7* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov*	
Activities 3		

Attachment B

	4		
	5		
Outputs from the planned activities			
	1	HCCs will upload a vendor management process into the CAT (Activity 1.1).	
	2	HCCs will upload an inventory management program protocol into the CAT (Activity 1.2).	
Outputs	3		
	4		
	5		
Notes	1		
	2		
	3		

Attachment B

		3 FY 2022-23
Objective 6	**Plan for Health Care Evacuation and Relocation**	**FY 2022-23 Activity Type**
Activity 1	**Develop and Implement Evacuation and Relocation Plans**	
1	HCCs will continue to support HCC member's development or maintenance of their evacuation, transportation and relocation plans, annually. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 63* *FY 2019-20 Local HPP Work Plan, Capability 3, Objective 3, Activity 2* *2017-2022 Health Care Preparedness and Response Capabilities, page 40-42* *FY 21-22 PHEP Workplan, Domain 4, Domain Activity 7, Activity 1*	
Activities 2		
3		
Outputs from the planned activities		
1	HCCs will provide upon request meeting minutes and best practices (Activity 1.1).	
Outputs 2		
3		
4		
Notes 1		
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PHASE 2: Train and Equip

Objective 5:	Protect Responder Safety and Health	3 FY 2022-23 FY 2022-23 Activity Type
Activity 1	**Distribute Resources Required to Protect the Health Care Workforce**	
1	HCCs will annually support and promote regional PPE procurement, update inventory list, and include/update this process in the HCC Preparedness Plan. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 65* *FY 2019-20 Local HPP Work Plan, Capability 3, Objective 5* *2017-2022 Health Care Preparedness and Response Capabilities, page 36-37*	
Activity 2	**Train and Exercise to Promote Responder Safety and Health**	
2	HCCs, in coordination with PHEP, will continue to annually make available training opportunities to HCC members to promote responder safety and health. Include such trainings in the HCC training plan. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 65* *FY 2019-20 Local HPP Work Plan, Capability 3, Objective 5* *2017-2022 Health Care Preparedness and Response Capabilities, page 38-40* *FY 21-22 PHEP Workplan, Domain 4, Domain Activity 1, Activity 4 and Activity 6* *FY 21-22 PHEP Workplan, Domain 4, Domain Activity 7, Activity 2*	
Activities 3		
4		
5		
Outputs from the planned activities		

Attachment B

	1	HCCs will provide a list of participants and an agenda for each completed training (Activity 2.2).
	2	HCCs will provide MCM dispensing plans reflecting the HCCs role (Activity 2.1).
Outputs	3	
	4	
	5	
Notes	1	
	2	
	3	

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						3 FY 2023-24		
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	Status
	Status	Primary Barrier	Status	Primary Barrier				

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						3 FY 2023-24		
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	
	Status	Primary Barrier	Status	Primary Barrier				Status

Attachment B

						3 FY 2023-24		
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	
	Status	Primary Barrier	Status	Primary Barrier				Status

Attachment B

						3 FY 2023-24		
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	Status
	Status	Primary Barrier	Status	Primary Barrier				

Attachment B

				3 FY 2024-25						
4 MY Report	5 YE Report		Notes	FY 2024-25	Estimated	4 MY Report		5 YE Report		Notes
Primary Barrier	Status	Primary Barrier				Status	mary Barr	Status	mary Barr	

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				3 FY 2024-25						
4 MY Report	5 YE Report		Notes	FY 2024-25	Estimated	4 MY Report		5 YE Report		Notes
Primary Barrier	Status	Primary Barrier				Status	mary Barr	Status	mary Barr	

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3 FY 2025-26							3 FY 2026-27					
FY 2025-26	Estimated	4 MY Report		5 YE Report		Notes	FY 2026-27	Estimated	4 MY Report		5 YE Report	
		Status	mary Bar	Status	mary Bar				Status	mary Bar	Status	mary Bar

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3 FY 2025-26							3 FY 2026-27					
FY 2025-26 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2026-27 Activity Type	Estimated Completion	4 MY Report		5 YE Report	
		Status	mary Bar	Status	mary Bar				Status	mary Bar	Status	mary Bar

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3 FY 2025-26							3 FY 2026-27					
FY 2025-26	Estimated	4 MY Report		5 YE Report		Notes	FY 2026-27	Estimated	4 MY Report		5 YE Report	
		Status	mary Bar	Status	mary Bar				Status	mary Bar	Status	mary Bar

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3 FY 2025-26							3 FY 2026-27					
FY 2025-26	Estimated	4 MY Report		5 YE Report		Notes	FY 2026-27	Estimated	4 MY Report		5 YE Report	
		Status	mary Bar	Status	mary Bar				Status	mary Bar	Status	mary Bar

Attachment B

[Local Entity Name]

Capability 4:	Medical Surge
Goal:	Health care organizations deliver timely and efficient care to their patients even when the demand for health exceeds available supply. The HCC, in collaboration with the state's/jurisdiction's ESF-8 lead agency, coord and available resources for its members to maintain conventional surge response. When an emergency ove HCC's collective resources, the HCC supports the health care delivery system's transition to contingency an response and promotes a timely return to conventional standards of care as soon as possible.

1 Known Gaps:	

2 Classify Activity:		*Are you Building or Sustaining this Capability?*

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PHASE 1: Plan and Prepare

		3 FY 2022-23
Objective 1	**Plan for a Medical Surge**	**FY 2022-23 Activity Type**
Activity 1	**Incorporate Medical Surge Planning into Health Care Organization Emergency Operations Plan**	
1	HCC members will continue to work together to manage staffing resources including volunteers within hospitals and other health care settings, and include/update annually such strategy in preparedness and response plans. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 66-67* *FY 2019-20 Local HPP Work Plan, Capability 4, Objective 1, Activity 11* *2017-2022 Health Care Preparedness and Response Capabilities, page 45*	
Activity 3	**Incorporate Medical Surge Planning into HCC Response Plan**	

2	HCCs will continue to serve as planning resources and subject matter experts to PHEP program and LHDs as they develop or augment existing response plans, annually. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 70* *2017-2022 Health Care Preparedness and Response Capabilities, page 47-48* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1* *FY 21-22 PHEP Workplan, Domain 4, Domain Activity 2, Activity 1* *FY 21-22 PHEP Workplan, Domain 4, Domain Activity 4, Activity 1* *FY 21-22 PHEP Workplan, Domain 5, Domain Activity 4, Activity 2*	
3	FY 21-22 HCCs will develop complementary coalition-level annexes to their base medical surge/trauma mass casualty Response Plan to manage a large number of casualties with specific needs. Consider regional plans. Reference: *ASPR HPP FOA EP-U3R-19-001, pages 70-74* *2017-2022 Health Care Preparedness and Response Capabilities, page 51* *2019-2023 HPP Performance Measures Implementation Guidance* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1*	

4	HCCs will continue to maintain and update their Pediatric Surge Annex of their Response Plan, annually. Updates will be uploaded into the CAT. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 71* *FY 2019-20 Local HPP Work Plan, Capability 4, Objective 1, Activity 5* *2017-2022 Health Care Preparedness and Response Capabilities, page 51* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1*	

5	Develop an Infectious Disease Surge or Burn Surge Annex to HCC Response Plan by June 2021. If selected over an Infectious Disease Surge Annex, HCCs will develop their Burn Surge Annex of their Response Plan, a draft is due April 1, 2021, and the final by June 30, 2021 and upload into the CAT. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 71* *FY 2019-20 Local HPP Work Plan, Capability 4, Objective 1, Activity 6* *2017-2022 Health Care Preparedness and Response Capabilities, page 52* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov* *FY 21-22 PHEP Workplan, Domain 5, Required by State Activity 1, Activity 2*	

6	Develop an Infectious Disease Surge or Burn Surge Annex to HCC Response Plan by June 2022. If a Burn Surge Annex was not selected and developed, HCCs will develop their Infectious Disease Surge Annex of their Response Plan, a draft is due April 1, 2022, and the final by June 30, 2022 and upload into the CAT. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 72* *FY 2019-20 Local HPP Work Plan, Capability 4, Objective 1, Activity 7* *2017-2022 Health Care Preparedness and Response Capabilities, page 53-54* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov* *FY 21-22 Pan Flu Workplan, Objective 1* *FY 21-22 PHEP Workplan, Domain 5, Required by State Activity 1, Activity 1*	
7	HCCs will develop their Radiation Surge Annex of their Response Plan, a draft is due April 1, 2023, and the final by June 30, 2023 and uploaded into the CAT. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 73* *FY 2019-20 Local HPP Work Plan, Capability 4, Objective 1, Activity 8* *2017-2022 Health Care Preparedness and Response Capabilities, page 51-52* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1* *FY 21-22 PHEP Workplan, Domain 5, Required by State Activity 1, Activity 3*	

	8	HCCs will develop their Chemical Surge Annex of their Response Plan, a draft is due April 1, 2024, and the final by June 30, 2024 and uploaded into the CAT. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 73-74* *FY 2019-20 Local HPP Work Plan, Capability 4, Objective 1, Activity 9* *2017-2022 Health Care Preparedness and Response Capabilities, page 51-52* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1* *FY 21-22 PHEP Workplan, Domain 5, Required by State Activity 1, Activity 4*	
	9	HCCs will continue to coordinate with the PHEP program and CDPH for integrating crisis care elements into their Response plans annually ~~by June 30, 2022~~ and upload into the CAT. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 76* *FY 2019-20 Local HPP Work Plan, Capability 4, Objective 1, Activity 3* *2017-2022 Health Care Preparedness and Response Capabilities, page 47-51* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1* *FY 21-22 PHEP Workplan, Domain 4, Domain Activity 1, Activity 3*	
Activities	10		
	11		
	12		

Attachment B

Outputs from the planned activities		
	1	HCCs use the Disaster Healthcare Volunteer (DHV) program (Activity 1.1).
	2	HCCs will provide upon request Medical Response Corps (MRC) engagement activities (Activity 1.1).
	3	HCCs will upload their Pediatric Surge Annex into the CAT (Activity 3.5).
	4	HCCs will upload their Burn or Infectious Disease Surge Annex into the CAT (Activity 3.6).
	5	HCCs will uploaded their Radiation Surge Annex into the CAT (Activity 3.7).
	6	HCCs will have upload their Chemical Surge Annex into the CAT (Activity 3.8).
	7	HCCs will update their Response to include Crisis Care elements (Activity 3.9).
Outputs	8	
	9	
	10	
Notes	1	
	2	
	3	

PHASE 3: Exercise and Respond

		3 FY 2022-23
Objective 1:	**Plan for a Medical Surge**	**FY 2022-23 Activity Type**
Activity 3	**Incorporate Medical Surge Planning into HCC Response Plan**	
1	HCCs will participate in the SWMHE to validate CDPH's Crisis Standards of Care CONOPS in FY 2022-23. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 77* *FY 2019-20 Local HPP Work Plan, Capability 4, Objective 1, Activity 4* *2017-2022 Health Care Preparedness and Response Capabilities, page 47-51*	
2	HCCs will complete a redundant communications drill twice a year and enter the data into the CAT. These drills must be six months apart. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 59* *2017-2022 Health Care Preparedness and Response Capabilities, page 29* *2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 12 and 13, page 28-31* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov* *2019-2023 HPP Performance Measures Implementation Guidance*	
Activities 3		

Attachment B

	4		
	5		
Outputs from the planned activities			
	1	HCCs will participate in the SWMHE (Activity 3.1).	
	2	HCCs will input data from redundant communications drill into the CAT (Activity 3.2).	
Outputs	3		
	4		
	5		
Notes	1		
	2		
	3		

		3 FY 2022-23
Objective 2:	**Respond to a Medical Surge**	**FY 2022-23 Activity Type**
Activity 1	**Implement Emergency Department and Inpatient Medical Surge Response**	
1	HCCs, in coordination with PHEP, will incorporate the use of volunteers, Disaster Healthcare Volunteer (DHV) system, to support a medical surge response during training, drills and exercises, annually. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 77* *FY 2019-20 Local HPP Work Plan, Capability 4, Objective 2, Activity 13* *2017-2022 Health Care Preparedness and Response Capabilities, page 48-49* *FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1* *FY 21-22 PHEP Workplan, Domain 5, Domain Activity 4, Activity 1* *2019-2023 HPP Performance Measures Implementation Guide*	

2	HCCs will conduct a Coalition Surge Test (CST) annually, results entered into the CAT. *FY 20-21 Waived.* *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *FY 2019-20 Local HPP Work Plan, Capability 4, Objective 2, Activity 14* *2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 14-21, page 32-49* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov* *2019-2023 HPP Performance Measures Implementation Guidance*	
3	HCCs will complete the Surge Estimator Tool by March 31, 2022 and March 31, 2024 to support determination of their surge capacity. *Only hospitals that provide emergency services* are to be included. Data to be entered into the CAT. Reference: *ASPR HPP FOA EP-U3R-19-001, pages 78* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov*	

Activity 3	Develop an Alternate Care System	
4	HCCs, in collaboration with CDPH, LHDs and emergency management, will develop and/or maintain an alternate care system annually ~~by June 30, 2022~~ and upload into the CAT. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 78-79* *FY 2019-20 Local HPP Work Plan, Capability 4, Objective 2, Activity 3* *2017-2022 Health Care Preparedness and Response Capabilities, page 50-51* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov*	
5	HCCs, in coordination with PHEP, will continue to provide subject matter expertise to LHDs, for providing medical care to sheltered and/or congregate locations during an incident. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 79* *2017-2022 Health Care Preparedness and Response Capabilities, page 50-51* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov*	
Activity 4	**Provide Pediatric Care During a Medical Surge Response**	

6	HCCs will test/exercise their Pediatric Surge Care Annex during a medical surge response or tabletop/discussion exercise format. Completed and upload results/data into the CAT by the end of the five-year project period (FY 2019-20 to FY 2023-24). *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 79* *FY 2019-20 Local HPP Work Plan, Capability 4, Objective 2, Activity 4* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov*	

Activity 5	Provide Surge Management During a Chemical or Radiation Emergency Event	
7	HCCs will test/exercise their Radiation Emergency Surge Annex, if chosen over the Chemical Emergency Surge Annex exercise, during a medical surge or tabletop/discussion exercise format, ~~by June 30, 2023~~ and upload the results/data into the CAT by the end of the five-year project period (FY 2019-20 to FY 2023-24). *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 79* *FY 2019-20 Local HPP Work Plan, Capability 4, Objective 2, Activity 5* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov*	
8	HCCs will test/exercise their Chemical Emergency Surge Annex, if chosen over the Radiation Emergency Surge Annex exercise, during a medical surge or tabletop/discussion exercise format, ~~by June 30, 2024~~ and upload the results/data into the CAT by the end of the five-year project period (FY 2019-20 to FY 2023-24). *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 79* *FY 2019-20 Local HPP Work Plan, Capability 4, Objective 2, Activity 6* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov*	
Activity 6	**Provide Burn Care During a Medical Surge Response**	

9	~~If a Burn Surge Annex was selected and developed,~~ HCCs will test/exercise their Burn Care Surge Annex during a medical surge or tabletop/discussion exercise format, ~~by June 30, 2021~~ and upload the results/data into the CAT by the end of the five-year project period (FY 2019-20 to FY 2023-24). *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 79* *FY 2019-20 Local HPP Work Plan, Capability 4, Objective 2, Activity 7* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov*	

Activity 9		Enhance Infectious Disease Preparedness and Surge Response	
	10	~~If an Infectious Disease Surge Annex was selected and developed,~~ HCCs will test/exercise their Infectious Disease Preparedness and Surge Annex during a medical surge or tabletop/discussion exercise format, ~~by June 30, 2022~~ and upload the results/data into the CAT by the end of the five-year project period (FY 2019-20 to FY 2023-24). *FY 21-22 Continue to work on this activity and deliverable and report. HCCs may utilize COVID-19 response to meet this deliverable. A data sheet will need to be completed.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 80* *FY 2019-20 Local HPP Work Plan, Capability 4, Objective 2, Activity 10* *Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov* *FY 21-22 Pan Flu Workplan, Objective 1 and Objective 7*	
Activities	11		
	12		
	13		

Outputs from the planned activities	
1	HCCs will use the Disaster Healthcare Volunteer (DHV) program (Activity 1.1).
2	HCCs will provide upon request Medical Response Corps (MRC) engagement activities (Activity 1.1).
3	HCCs will input data from CST into the CAT (Activity 1.2).
4	HCCs will input data from Surge Estimator Tool into the CAT (Activity 1.3).
5	HCCs will provide their tele/virtual medicine policy (Activity 3.4).
6	HCCs will provide their policy for establishing an alternate care site (Activity 3.4).
7	HCCs will provide after action reports (AARs) and improvement plans (IPs) (Activities 4.6, 5.7, 5.8, 6.9, 9.10)

Attachment B

care services
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						3 FY 2023-24
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type
	Status	Primary Barrier	Status	Primary Barrier		

Attachment B

						3 FY 2023-24
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type
	Status	Primary Barrier	Status	Primary Barrier		

Attachment B

						3 FY 2023-24
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type
	Status	Primary Barrier	Status	Primary Barrier		

[Local Entity Name]

Capability 4:	Medical Surge
Goal:	Health care organizations deliver timely and efficient care to their patients even when the demand for h services exceeds available supply. The HCC, in collaboration with the state's/jurisdiction's ESF-8 lead a coordinates information and available resources for its members to maintain conventional surge respor emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery sys contingency and crisis surge response and promotes a timely return to conventional standards of care possible.

1 Known Gaps:	

2 Classify Activity:		*Are you Building or Sustaining this Capability?*

DRAFT

PHASE 1: Plan and Prepare

		3 FY 2022-23
Objective 1	**Plan for a Medical Surge**	**FY 2022-23 Activity Type**
Activity 2	**Incorporate Medical Surge Planning into Emergency Medical Services Emergency Operation Plan**	
1	EMS plans should incorporate disaster related dispatch, response, mutual aid and regional coordination, pre-hospital triage and treatment, transportation, supplies and equipment. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 68* *FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA* *2017-2022 Health Care Preparedness and Response Capabilities, page 46-47*	

2	EMS will work collaboratively with the LHD to identify a local initiative or project to meet local needs and delineate the LEMSA role from the LHD role. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA*	
Activity 3	**Incorporate Medical Surge Planning into HCC Response Plan**	
3	EMS will continue to participate in the review and update of the HCC Response Plan, to maintain the patient transportation process from, the field, to hospital, to interfacility, and to the region. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 68-76* *FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA* *2017-2022 Health Care Preparedness and Response Capabilities, page 46-48*	
4	EMS will continue to review and update information sharing protocols with HCC members, corroborate member needs and incorporate the process in the HCC Response Plan. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 68-76* *FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA* *2017-2022 Health Care Preparedness and Response Capabilities, page 46-48*	
Activities 5		
6		
7		
Outputs from the planned activities		

Attachment B

	1	HCCs will provide the EMS plans upon request (Activity 2.1).
	2	HCCs will provide a documentation of roles and responsibilities for local initiative or project (Activity 2.2).
	3	HCCs will provide a copy of the EMS transportation protocols upon request (Activity 3.3).
	4	
	5	
Outputs	6	
	7	
	8	
Notes	1	
	2	
	3	

PHASE 2: Train and Equip

		3 FY 2022-23
Objective 2:	**Respond to a Medical Surge**	**FY 2022-23 Activity Type**
Activity 3	**Incorporate Medical Surge Planning into HCC Response Plan**	
1	EMS will continue to provide training to HCC members on plans, policies and procedures for regional transportation of a patient(s) with a suspected and/or confirmed highly infectious disease. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 68-76* *FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA* *2017-2022 Health Care Preparedness and Response Capabilities, page 46-48*	
2	EMS will continue to provide training to HCC members on plans, policies and procedures for transitioning to a disaster response. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 68-76* *FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA* *2017-2022 Health Care Preparedness and Response Capabilities, page 46-48*	
Activities 3		
4		
5		
Outputs from the planned activities		
1	HCCs will provide upon request their patient movement plan, and patient tracking/reunification plan (Activity 3.1).	
2	HCCs will provide a list of participants and an agenda for each completed training (Activity 3.2).	

PHASE 3: Exercise and Respond

		3 FY 2022-23
Objective 2:	**Respond to a Medical Surge**	**FY 2022-23 Activity Type**
Activity 3	**Incorporate Medical Surge into HCC Response Plan**	
1	EMS will participate in the Coalition Surge Test (CST) annually. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 68-76* *FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA* *2017-2022 Health Care Preparedness and Response Capabilities, page 46-48* *2019-2023 HPP Performance Measures Implementation Guidance*	
2	EMS will complete a redundant communications drill twice a year with their HCC. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 60-61* *FY 2019-20 Local HPP Work Plan, Capability 3, Objective 2, Activity 1* *2017-2022 Health Care Preparedness and Response Capabilities, page 34* *2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 5, page 15-16*	

	3	EMS will participate in the annual SWMHE. *FY 20-21 Canceled.* *FY 21-22 Canceled.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 60-61* *FY 2019-20 Local HPP Work Plan, Capability 3, Objective 2, Activity 1* *2017-2022 Health Care Preparedness and Response Capabilities, page 34* *2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 5, page 15-16*	
	4	EMS will participate in the SWMHE to validate the CDPH's Crisis Standards of Care CONOPS in FY 2022-23. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 60-61* *FY 2019-20 Local HPP Work Plan, Capability 3, Objective 2, Activity 1* *2017-2022 Health Care Preparedness and Response Capabilities, page 34* *2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 5, page 15-16*	
Activities	5		
	6		
	7		
Outputs from the planned activities			
	1	HCCs will provide after action reports (AARs) and improvement plans (IPs) (Activities 3.1-3.4).	
Outputs	2		
	3		
	4		
Notes	1		

Attachment B

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						3 FY 2023-24	
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion
	Status	Primary Barrier	Status	Primary Barrier			

Attachment B

						3 FY 2023-24	
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion
	Status	Primary Barrier	Status	Primary Barrier			

Attachment B

						3 FY 2023-24	
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion
	Status	Primary Barrier	Status	Primary Barrier			

Attachment B

					3 FY 2024-25					
4 MY Report		5 YE Report		Notes	FY 2024-25	Estimated	4 MY Report		5 YE Report	
Status	Primary Barrier	Status	Primary Barrier				Status	mary Barr	Status	mary Barr

Attachment B

					3 FY 2024-25					
4 MY Report		5 YE Report		Notes	FY 2024-25	Estimated	4 MY Report		5 YE Report	
Status	Primary Barrier	Status	Primary Barrier				Status	mary Barr	Status	mary Barr

Attachment B

					3 FY 2024-25					
4 MY Report		5 YE Report		Notes	FY 2024-25	Estimated	4 MY Report		5 YE Report	
Status	Primary Barrier	Status	Primary Barrier				Status	mary Barr	Status	mary Barr

Attachment B

	3 FY 2025-26							3 FY 2026-27				
Notes	FY 2025-26	Estimated	4 MY Report		5 YE Report		Notes	FY 2026-27	Estimated	4 MY Report		5 YE R
			Status	mary Bar	Status	mary Bar				Status	mary Bar	Status

Attachment B

	3 FY 2025-26							3 FY 2026-27				
Notes	FY 2025-26	Estimated	4 MY Report		5 YE Report		Notes	FY 2026-27	Estimated	4 MY Report		5 YE R
			Status	mary Bar	Status	mary Bar				Status	mary Bar	Status

Attachment B

	3 FY 2025-26							3 FY 2026-27				
Notes	FY 2025-26	Estimated	4 MY Report		5 YE Report		Notes	FY 2026-27	Estimated	4 MY Report		5 YE R
			Status	mary Bar	Status	mary Bar				Status	mary Bar	Status

Attachment B

Application

Known Gaps[1]

Known Gaps

Classify Activity[2]

Sustain

Build

Fiscal Year (FY) Activity[3]

Plan/Develop

Organize/Equip

Train

Exercise

Evaluate/Improve

Updating

Not Applicable

Estimated Completion[3]

This fiscal year by Q2

This fiscal year by Q4

Continuous

Out year

Not Applicable

Reporting

Status[4-5]

Complete

In progress, on schedule

In progress, off schedule
Not Started
Canceled

Primary Barrier[4-5]

None
Lack of Funding
Lack of Personnel
Administrative
Time Constraint
Waiting on EPO
Real Event
Other, provide in the *Notes* section.

Attachment B

Definitions

Enter gaps identified from jurisdictional Capabilities Planning Guide (CPGs) survey, trainings, exercises, real events, after action reports and/or improvement plans that you want to resolve during the fiscal

A capability is built and ready for an emergency and/or disaster. Sustainment is working through the preparedness cycle; train, exercise, evaluate and improve in order to retain the ability and improve based on current jurisdictional hazards.
A capability is incomplete. Building activities include research, development, identifying key partners and stakeholders, establishing relationships, defining roles, responsibilities, draft, public comment, etc..

Strategic and operational planning establishes priorities, identifies expected levels of performance and capability requirements, provides the standard for assessing capabilities and helps stakeholders learn their roles. The planning elements identify what an organization's Standard Operating Procedures (SOPs) or Emergency Operations Plans (EOPs) should include for ensuring that contingencies are in place for delivering the capability during a large-scale disaster.
Organizing and equipping include identifying what competencies and skill sets people should possess and ensuring an organization has the correct personnel. Additionally, it includes identifying and acquiring standard equipment an organization may need to use in times of emergency.
Training with the knowledge, skills, and abilities needed to perform key tasks required during a specific emergency situation.
Exercises enable entities to identify strengths and incorporate them within best practices to sustain and enhance existing capabilities. They also provide an objective assessment of gaps and shortfalls within plans, policies and procedures to address areas for improvement prior to a real-world incident.
Exercises help clarify roles and responsibilities among different entities, improve inter-agency coordination and communications and identify needed resources and opportunities for improvement.
Quality improvement thru after action Reports (AARs), collecting lessons learned, develop improvement plans, and track corrective actions to address gaps and deficiencies identified in exercises or real-world events to continuously improve and strengthen preparedness.
Modernize, make current and/or include the most recent information.
Does not apply my jurisdiction. For example, a Public Health Lab, non CRI etc.

The activity will be complete by the end of the second quarter of the fiscal year.
The activity will be complete by the end of the fourth quarter of the fiscal year.
The activity occurs throughout the year.
Not working on the activity this fiscal year, it will be addressed in the future.
Does not apply my jurisdiction. For example, a Public Health Lab, non CRI etc.

The Activity has been fully executed/in place to satisfy all requirements.
This Activity is work in progress and will be completed by the Estimated Completion time.

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Attachment B

This Activity is work in progress and will be not be completed/late by the Estimated Completion time.
No work has been done on this Activity.
This activity will not be finished/completed this FY.

No barriers to completing this Activity and corresponding Outputs.
In sufficient funding to complete this Activity and corresponding Outputs.
In sufficient staff or subject matter experts to complete this Activity and corresponding Outputs.
Jurisdictional administrative processes delayed and/or pushed back the the next FY this Activity.
Various factors limited the amount of time needed to complete this Activity. A few example, deadlines, w
Waiting on EPO to provide materials, resources or guidelines that impedes completion of this Activity.
Jurisdiction

Add additional information in the Notes section of this Activity.

Annual	Region I	less than 200,000
FY 2022-23	Region II	between 200,000 and
FY 2023-24	Region III	greater than 700,000
FY 2024-25	Region IV	
FY 2025-26	Region V	Q2
FY 2026-27	Region VI	Q3
	Multiple Regions	Q4

Attachment C

Date:

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 to FY 2026-27 Local Health Department Work Plan for Pandemic Influenza (Pan Flu)

[Local Entity Name]

Region:

Population size:

[Local Entity Name]

Description:	Strengthen planning and response efforts in order to be prepared for an influenza Pandemic.

1 **Known Gaps:**	

2 **Classify Activity:**		*Are you Building or Sustaining influenza planning?*

Outcomes:	1 Up-to-date written policies and procedures in place to ensure pandemic influenza readiness and response, including LHD collaborative efforts with local and state partners, effective administration and documentation of vaccines, guidelines for prioritizing lab testing and distribution of materials to partners, document vaccine administration in the immunization registry, and procedures for communication to promote vaccine and preventative measures.
	2 Surveillance systems are maintained to ensure accurate and timely documentation of novel/variant influenza virus infections, influenza-associated deaths in children and/or case-specific data requested by state and federal partners. 3 Local public health laboratories maintain capability and capacity to type and subtype influenza viruses.
	4 Updated written procedures in place for monitoring exposed persons exposed to avian or novel influenza viruses, including laboratory testing and ensuring regular communication of activities and outcomes to state partners. 5 Conduct a mass vaccination clinic and complete an After Action Report/Improvement Plan (AAR/IP).
	6 Implementation of processes for ensuring optimal utilization of influenza vaccines within local communities, including target populations such as persons with underlying medical conditions and/or school-aged children.

			3 FY 2022-23							3 FY 2023-24				
Objective 1		**Update and/or maintain a local Pandemic Influenza Plan** Reference: *PHEP Work Plan, Domain 1, Activity 6: Strengthen and Implement Plans* *PHEP Work Plan, Domain 4, Activity 1: Develop and Exercise Plans for MCM Distribution, Dispensing and Vaccine Administration* *PHEP Work Plan, Domain 4, Activity 2: Maintain Preparedness Plans Based on Risks* *FY 21-22 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 2.6* *FY 21-22 HPP Workplan, Capability 4, Phase 3, Objective 2, Activity 9.10*	**FY 2022-23 Activity Type**	**Estimated Completion**	**4 MY Report**		**5 YE Report**		**Notes**	**FY 2023-24 Activity Type**	**Estimated Completion**	**4 MY Report**		
					Status	**Primary Barrier**	**Status**	**Primary Barrier**				**Status**	**Primary Barrier**	**Status**
Activities	1	Protocol describing how the LHD will work with local partners and health care coalitions to address pandemic influenza preparedness and response. FY 21-22 Continue to work on this activity and deliverable and report. *FY 22-23 Continue to work on this activity and deliverable and report.*												
	2	Update procedure for how LHD will ensure appropriate staff are prepared to order and receive pandemic influenza vaccines, administer vaccine and document pandemic vaccine administration in the immunization registry within 14 days. *FY 22-23 Continue to work on this activity and deliverable and report.* Reference: *CDPH's Immunization Program*: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/immunize.aspx California Immunization Registry (CAIR): http://cairweb.org/ https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/SDIR.html http://www.myhealthyfutures.org/												
	3	Update plan for how LHD will identify and vaccinate likely target populations, including Tier 1 through Tier 3 critical workforce and occupational groups. *FY 22-23 Continue to work on this activity and deliverable and report.* Reference: *CDC's Roadmap to Implementing Pandemic Influenza Vaccination of Critical Workforce. https://www.cdc.gov/flu/pandemic-resources/pdf/roadmap_panflu.pdf* *References:* *FY 21-22 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 2.6* *FY 21-22 HPP Workplan, Capability 4, Phase 3, Objective 2, Activity 9.10*												
	4	Update plans for disseminating CDPH/LHD guidelines for prioritization of influenza laboratory testing to public and private laboratories, healthcare facilities and providers, and other key healthcare partners within the jurisdiction during both the regular influenza season and in a pandemic. *FY 22-23 Continue to work on this activity and deliverable and report.*												
	5	Update procedures for preparedness and response communications, including outreach and educational efforts to promote vaccine and prevention measures and coordinating these efforts and messaging with key partners in the community. *FY 22-23 Continue to work on this activity and deliverable and report.*												
	6	Annually provide, and keep updated, the name and contact information for the LHD's Pandemic Influenza Coordinator or position responsible for ensuring completion of Pan Flu Work Plan activities and deliverables. *FY 22-23 Continue to work on this activity and deliverable and report*.												
Activities	7													
	8													
	9													

Outputs from the planned activities		
	1	Updated process for engaging local partners and stakeholders in influenza pandemic planning and preparedness.
	2	Updated vaccine administration and immunization registry process including documentation.
	3	Updated plan for vaccination plan for target populations and critical workforce.
	4	Updated plans for prioritizing lab testing.
	5	Updated communication procedures.
	6	Pan Flu Coordinator contact is current.
Outputs	7	
	8	
	9	
Notes	1	
	2	
	3	

Objective 2	Maintain a surveillance system for reporting novel/variant influenza virus infections and influenza-associated deaths in children <18 years of age, and report data via electronic or fax during the regular influenza season. Reference: PHEP Work Plan, Domain 3, Activity 2: Coordinate Information Sharing PHEP Work Plan, Domain 6, Activity 1: Conduct Epidemiological Surveillance CDC NoFO PHEP CDC RFA TP19-1901, page 16-17, 25-26 and 28-29	3 FY 2022-23							3 FY 2023-24				
		FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	4 MY Report		
				Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status
Activities 1	LHDs will report influenza-associated deaths in persons <18 years of age to CDPH within two weeks of death. *FY 22-23 Continue to work on this activity and deliverable and report.* Reference: *CDPH Influenza guidance:* *https://www.cdph.ca.gov/Programs/CID/DCDC/pages/immunization/influenza.aspx* *CDPH Influenza recommendations:* *https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/InfluenzaGuidance.pdf*												
2	LHDs will submit completed case report forms to CDPH for influenza-associated deaths in persons <18 years of age within two months of death. *FY 22-23 Continue to work on this activity and deliverable and report.* Reference: *Refer to references in Activity 1, above.*												
3	LHDs will utilize immunization registry for epidemiological surveillance. *FY 22-23 Continue to work on this activity and deliverable and report.*												
Activities 4													
5													
6													

Outputs from the planned activities	
1	Updated surveillance systems that provide accurate and timely data of novel/variant influenza virus infections and associated deaths.
2	Updated process for reporting of influenza associated deaths in person <18 years of age.
3	Updated process to provide data requested by State and Federal partners.
Outputs 4	
5	
6	
Notes 1	
2	
3	

Objective 3	Maintain the ability to conduct case-based surveillance for influenza as requested by CDC and/or CDPH. For example, all cases, hospitalizations, ICU admissions, or deaths, and report those cases via electronic means or fax during a pandemic. Reference: *PHEP Work Plan, Domain 3, Activity 2: Coordinate Information Sharing* *PHEP Work Plan, Domain 6, Activity 1: Conduct Epidemiological Surveillance* *FY 20-21 HPP Workplan, Capability 2, Phase 1, Objective 2, Activity 1.2 and 1.3* *FY 20-21 HPP Workplan, Capability 2, Phase 3, Objective 3, Activity 3.3* *CDC NoFO PHEP CDC RFA TP19-1901, page 16-17, 25-26 and 28-29*	3 FY 2022-23							3 FY 2023-24				
		FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	4 MY Report		
				Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status
Activities 1	Submit completed case report forms for persons with novel or variant influenza infections to CDPH within three days of confirmation. *FY 22-23 Continue to work on this activity and deliverable and report.* Reference: *CDPH Influenza guidance:* *https://www.cdph.ca.gov/Programs/CID/DCDC/pages/immunization/influenza.aspx* *CDPH Influenza recommendations:* *https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/InfluenzaGuidance.pdf*												
2	Report and submit completed case report forms for pandemic-associated influenza cases within the timeframe specified by CDPH during an influenza pandemic. *FY 22-23 Continue to work on this activity and deliverable and report.* Reference: *Refer to references in Activity 1, above.*												
3	LHDs will utilize immunization registry for epidemiological surveillance. *FY 22-23 Continue to work on this activity and deliverable and report.*												
Activities 4													
5													
6													

Outputs from the planned activities	
1	Updated case based surveillance systems that provide accurate and timely data of novel/variant influenza virus infections and associated deaths.
2	Updated process to provide data requested by State and Federal partners.
Outputs 3	
4	
5	
Notes 1	
2	
3	

Objective 4	Counties with a Public Health Laboratory **Maintain the ability of the public health laboratory to type and subtype influenza A viruses and lineage type influenza B viruses (if the laboratory is capable of lineage type testing) for any cases tested for influenza by status of clinical severity (e.g., hospitalized ICU/severe cases, outpatients, and/or fatal cases) during both the regular influenza season and in a pandemic and report results to CDPH through established reporting mechanisms.**	3 FY 2022-23							3 FY 2023-24				
		FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	4 MY Report		
				Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status
Activities 1	LHD's will maintain laboratory testing capability for influenza A/B typing and Flu A subtyping/Flu B lineage typing by rRT-PCR AND satisfactorily pass influenza proficiency testing requirements two times/year. *FY 22-23 Continue to work on this activity and deliverable and report.* Reference: *PHEP Work Plan, Domain 6 Biosurveillance* *CDPH Influenza guidance:* *https://www.cdph.ca.gov/Programs/CID/DCDC/pages/immunization/influenza.aspx*												
Activities 2													
3													
4													

Outputs from the planned activities	
1	Maintained laboratory testing capability for influenza.
2	Satisfactorily pass influenza proficiency testing requirements two times a year.
Outputs 3	
4	
5	
Notes 1	
2	
3	

		3 FY 2022-23							3 FY 2023-24				
Objective 5	**Counties with a Public Health Laboratory** **Submit influenza positive specimens to the CDPH Viral and Rickettsial Diseases Laboratory (VRDL) for antiviral resistance testing, as provided by CDPH's Immunization Branch, in accordance with the Association of Public Health Laboratories (APHL) Influenza Virologic Surveillance Right Size Roadmap.** Reference: *CDPH Immunization Branch:* *https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/immunize.aspx* *APHL Influenza Virologic Surveillance Right Size Roadmap:* *www.aphl.org/aboutAPHL/publications/Documents/ID_July2013_Influenza-Virologic-Surveillance-Right-Size-Roadmap.pdf*	**FY 2022-23 Activity Type**	**Estimated Completion**	4 **MY Report**		5 **YE Report**		**Notes**	**FY 2023-24 Activity Type**	**Estimated Completion**	4 **MY Report**		
				Status	**Primary Barrier**	**Status**	**Primary Barrier**				**Status**	**Primary Barrier**	**Status**
Activities 1	Immediately notify CDPH-VRDL of any Unsubtypeable or Inconclusive results that show a cycle threshold (Ct) value for Flu A ≤ 35. *FY 22-23 Continue to work on this activity and deliverable and report.* Reference: *CDPH Viral and Rickettsial Disease Laboratory:* *https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/VRDL_Influenza_Info.pdf*												
Activities 2													
3													
4													

Outputs from the planned activities	
1	Routine immediate notification to CDPH-VRDL of any Unsubtypeable or Inconclusive results that show a cycle threshold (Ct) value for Flu A ≤ 35.
Outputs 2	
3	
4	
Notes 1	
2	
3	

Objective 6	Conduct active or passive monitoring for influenza-like illness among persons exposed to avian or novel influenza viruses (e.g., persons exposed to poultry or other animals infected with avian influenza on farms inside or outside of CA, persons exposed to humans with novel or variant influenza virus infections such as H7N9, H5N1, H3N2v, or H1N2v). Reference: CDPH Influenza guidance: https://www.cdph.ca.gov/Programs/CID/DCDC/pages/immunization/influenza.aspx	3 FY 2022-23							3 FY 2023-24				
		FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	4 MY Report		
				Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status
Activities 1	Update and maintain procedures for monitoring persons exposed to avian or novel influenza viruses. *FY 22-23 Continue to work on this activity and deliverable and report.*												
2	Report monitoring activities and outcomes to CDPH electronically or via fax. *FY 22-23 Continue to work on this activity and deliverable and report.*												
3	Obtain specimens, from symptomatic persons being monitored for exposure to avian or novel influenza viruses, for testing at a public health laboratory and forward unsubtypable and indeterminate subtype specimens to VRDL for confirmatory testing at CDC. *FY 22-23 Continue to work on this activity and deliverable and report.*												
Activities 4													
5													
6													

Outputs from the planned activities	
1	Updated procedures for monitoring exposed persons, including laboratory testing, and ensuring regular communication of activities and outcomes to State partners.
Outputs 2	
3	
4	
Notes 1	
2	
3	

Objective 7	Conduct at least one mass vaccination clinic exercise and maximize attendance in order to test and evaluate the mass vaccination capability and capacity. Reference: *PHEP Work Plan, Requirements* *CDC NoFO PHEP CDC RFA TP19-1901, exercise requirements on page 39* *FY 21-22 HPP Workplan, Capability 4, Phase 3, Objective 2, Activity 9.10*	3 FY 2022-23							3 FY 2023-24				
		FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	4 MY Report		
				Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status
Activities 1	LHDs will identify high risk and priority target groups, including low income populations, in order to conduct outreach and provide educational materials, to increase attendance at the mass vaccination clinic exercise. *FY 22-23 Continue to work on this activity and deliverable and report.*												
2	LHDs will coordinate with the CDPH Immunization Branch to order and receive State purchased flu vaccine for mass vaccination clinic exercise. *FY 22-23 Continue to work on this activity and deliverable and report.* (If LHDs need additional doses or would like to offer other vaccines, contact CDPH's Immunization Branch.)												
3	LHDs will plan and conduct your mass vaccination clinic exercise in coordination with your Public Health Emergency Preparedness (PHEP) and Immunization programs. Utilize improvements plans from previous exercises after action reports (AARs) to fill gaps identified and improve the process. *FY 22-23 Continue to work on this activity and deliverable and report.*												
4	LHDs will enter into the immunization registry (within 14 days) all vaccine doses administered during the mass vaccination clinic exercise. *FY 22-23 Continue to work on this activity and deliverable and report.* Reference: California Immunization Registry (CAIR): http://cairweb.org/												
5	LHDs will in coordination with your Public Health Emergency Preparedness (PHEP) and Immunization programs, complete an after action report (AAR) including an improvement plan (IP) after the exercise. *FY 22-23 Continue to work on this activity and deliverable and report.*												
Activities 6													
7													
8													

Outputs from the planned activities	
1	Completed a mass vaccination exercise.
2	Completed a AAR and IP.
Outputs 3	
4	
5	
Notes 1	
2	
3	

Objective 8	In conjunction with the immunization coordinator, support efforts to intensify seasonal flu vaccination efforts to enhance pandemic influenza preparedness.	3 FY 2022-23							3 FY 2023-24				
		FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion	4 MY Report		
				Status	Primary Barrier	Status	Primary Barrier				Status	Primary Barrier	Status
Activities 1	Support the LHD immunization program to enter/record all doses of seasonal influenza vaccine administered by the LHD (in clinics or in LHD offices) in the immunization registry. Data should be recorded within 14 days of administration. *FY 22-23 Continue to work on this activity and deliverable and report.* Reference: *California Immunization Registry (CAIR): http://cairweb.org/* https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/SDIR.html http://www.myhealthyfutures.org/												
2	Support the LHD immunization program to ensure all state-purchased (VFC, 317 or State) seasonal influenza vaccines shared with and administered by local partners are documented in the immunization registry within 14 days of administration. *FY 22-23 Continue to work on this activity and deliverable and report.* Reference: *California Immunization Registry (CAIR): http://cairweb.org/* https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/SDIR.html http://www.myhealthyfutures.org/												
3	Promote increased seasonal influenza vaccine within the community, including target populations and school-aged children. *FY 22-23 Continue to work on this activity and deliverable and report.*												
4	*Suggested Activity :* Increase immunization of school-aged children as part of mass vaccination clinics.												
Activities 5													
6													
7													

Outputs from the planned activities	
1	Implementation of processes for ensuring optimal utilization of influenza vaccines within local communities, including target populations such as persons with underlying medical conditions and/or school-aged children.
Outputs 2	
3	
4	
Notes 1	
2	
3	

Application	Definitions
Known Gaps[1]	
Known Gaps	Enter gaps identified from jurisdictional Capabilities Planning Guide (CPGs) survey, trainings, exercises, real events, after action reports and/or improvement plans that you want to resolve during the fiscal year.
Classify Activity[2]	
Sustain	A capability is built and ready for an emergency and/or disaster. Sustainment is working through the preparedness cycle; train, exercise, evaluate and improve in order to retain the ability and improve based on current jurisdictional hazards.
Build	A capability is incomplete. Building activities include research, development, identifying key partners and stakeholders, establishing relationships, defining roles, responsibilities, draft, public comment, etc..
Fiscal Year (FY) Activity[3]	
Plan/Develop	Strategic and operational planning establishes priorities, identifies expected levels of performance and capability requirements, provides the standard for assessing capabilities and helps stakeholders learn their roles. The planning elements identify what an organization's Standard Operating Procedures (SOPs) or Emergency Operations Plans (EOPs) should include for ensuring that contingencies are in place for delivering the capability during a large-scale disaster.
Organize/Equip	Organizing and equipping include identifying what competencies and skill sets people should possess and ensuring an organization has the correct personnel. Additionally, it includes identifying and acquiring standard equipment an organization may need to use in times of emergency.
Train	Training with the knowledge, skills, and abilities needed to perform key tasks required during a specific emergency situation.
Exercise	Exercises enable entities to identify strengths and incorporate them within best practices to sustain and enhance existing capabilities. They also provide an objective assessment of gaps and shortfalls within plans, policies and procedures to address areas for improvement prior to a real-world incident. Exercises help clarify roles and responsibilities among different entities, improve inter-agency coordination and communications and identify needed resources and opportunities for improvement.
Evaluate/Improve	Quality improvement thru after action Reports (AARs), collecting lessons learned, develop improvement plans, and track corrective actions to address gaps and deficiencies identified in exercises or real-world events to continuously improve and strengthen preparedness.
Updating	Modernize, make current and/or include the most recent information.
Not Applicable	Does not apply my jurisdiction. For example, a Public Health Lab, non CRI etc.
Estimated Completion[3]	
This fiscal year by Q2	The activity will be complete by the end of the second quarter of the fiscal year.
This fiscal year by Q4	The activity will be complete by the end of the fourth quarter of the fiscal year.
Continuous	The activity occurs throughout the year.
Out year	Not working on the activity this fiscal year, it will be addressed in the future.

Reporting

Status[4-5]	
Complete	The Activity has been fully executed/in place to satisfy all requirements.
In progress, on schedule	This Activity is work in progress and will be completed by the Estimated Completion time.
In progress, off schedule	This Activity is work in progress and will be not be completed/late by the Estimated Completion time.
Not Started	No work has been done on this Activity.
Canceled	This activity will not be finished/completed this FY.

Primary Barrier[4-5]	
None	No barriers to completing this Activity and corresponding Outputs.
Lack of Funding	In sufficient funding to complete this Activity and corresponding Outputs.
Lack of Personnel	In sufficient staff or subject matter experts to complete this Activity and corresponding Outputs.
Administrative	Jurisdictional administrative processes delayed and/or pushed back the the next FY this Activity.
Time Constraint	Various factors limited the amount of time needed to complete this Activity. A few example, deadlines, workload, and reso
Waiting on EPO	Waiting on EPO to provide materials, resources or guidelines that impedes completion of this Activity.
Real Event	Jurisdiction
Other, provide in the *Notes* section.	Add additional information in the Notes section of this Activity.

Attachment D

Date:

California Department of Public Health
Emergency Preparedness Office

FY 2022-23 to FY 2026-27 Local Health Department Work Plan for Hospital Preparedness Program (HPP) and the Health Care Coalition

DRAFT

[Local Entity Name]

Region:

Population size:

[Local Entity Name]

This is a short list that includes requirements, a checklist and clarifications for the Hospital Preparedness Program (HPP) funding. This list is not exhaustive, HCCs are required to study the HPP Capability Guide and HPP Performance Measures and therein

HPP Performance Measures Implementation Guides

Link: https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/hpp-pmi-guidance-2017.pdf

Link: https://www.phe.gov/Preparedness/planning/hpp/reports/pmi-guidance-2019-2023/Pages/default.aspx

Pages 90-96 in the 2019-2023 HPP Performance Measures Implementation Guide contain a crosswalk of performance measures to HPP Workplan activities.

HPP Capability Guide

Link: https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf

HPP Coalition Assessment Tool (CAT)

HPP Performance Measures are reported in the Coalition Assessment Tool (CAT) and to CDPH. CDPH will utilize information in the CAT to meet CDPH's required HPP reporting. CDPH will require HCCs to provide required deliverables and data that are not contained in the CAT. If you need to update your CAT point of contact and access, use the email provided below.

Link: https://HPPCAT.hhs.gov

Email: CAT@HHS.gov

DRAFT

Requirement	
	HPP-PHEP-EMA Joint Exercise: **Select** from the dropdown menu the year of the exercise. This exercise must be a standalone functional or full scale joint exercise once every five years (rolling five years). This exercise **must** include a surge of patients into the health care system. *FY 2021-22 HPP Funding Opportunity Announcement, page 16.*
	Pediatric Surge Care Annex, Exercise: **Select** from the dropdown menu the year of the exercise. This exercise must be completed within five-years (FY 2019-20 to FY 2023-24) via a real event, tabletop or discussion exercise format. *See Capability 4, Phase 3, Objective 2, Activity 4.6.*
	Radiation Emergency Surge Annex, Exercise: **Select** from the dropdown menu the year of the exercise if selected over the Chemical Emergency Surge Annex exercise. This exercise must be completed within five-years (FY 2019-20 to FY 2023-24) via a real event, tabletop or discussion exercise format. *See Capability 4, Phase 3, Objective 2, Activity 5.7* .
↑ **or** ↓	(Radiation or Chemical Exercise)
	Chemical Emergency Surge Annex, Exercise: **Select** from the dropdown menu the year of the exercise if selected over the Radiation Emergency Surge Annex exercise. This exercise must be completed within five-years (FY 2019-20 to FY 2023-24) via a real event, tabletop or discussion exercise format. *See Capability 4, Phase 3, Objective 2, Activity 5.8.*
	Burn Surge Annex, Exercise: **Select** from the dropdown menu the year of the exercise. This exercise must be completed within five-years (FY 2019-20 to FY 2023-24) via a real event, tabletop or discussion exercise format. *See Capability 4, Phase 3, Objective 2, Activity 6.9.*
	Infectious Disease Preparedness and Surge Annex, Exercise: **Select** from the dropdown menu the year of the exercise. This exercise must be completed within five-years (FY 2019-20 to FY 2023-24) via a real event, tabletop or discussion exercise format. *See Capability 4, Phase 3, Objective 2, Activity 9.10*
FY 2022-23	Participate in State Wide Medical Health Exercise of Crisis Standards of Care CONOPS. *See Capability 4, Phase 3, Objective 1, Activity 3.1.*

Provide a current inventory: **Select** which quarter to provide the list of all HCC resources purchased in the previous fiscal year that would be utilized during an exercise or real event each year to CDPH. *State Site Visit/State Audit requirement.*

Checklist

Performance Measure 4: Complete HCC member updates, in CDPH template by the due date.

Performance Measure 6: Other Exercise Requirements within the CAT, Exercise Tool report exercise dates and complete a datasheet for all required exercises.

Performance Measure 9: Complete Jurisdictional Risk Assessment Survey provided by CDPH by the due date.

Performance Measure 10: After Action Reporting (AAR) and Improvement Planning (IP) Matrix, complete within the CAT within the Exercise Tool.

Performance Measures 12 & 13: Redundant Communications Drills 1 & 2, enter data into the CAT. The second drill must be six months after the first.

Capability Assessments must be completed within the CAT before the end of year due date.

Performance Measure HPP-PHEP J.1, Information Sharing: Report Essential Elements of Information (EEIs), situation reporting, to CDPH as requested during exercises and real events.

CAHAN Communication Drills, quarterly.

Disaster Health Volunteers (DHV) Program must be maintained annually. *See Capability 4, Phase 3, Objective 2, Activity 1.1*

Clarifications

Performance Measure 22: This is a Hospital performance measure collected by the Emergency Medical Services for Children (EMSC). This should align with your Pediatric Surge Annex.

Performance Measure HPP-PHEP J.2, Volunteers: This is a State level performance measure.

Performance Measures 23-28: Annual Hospital Surge Test (HST) in the CAT within the Exercise Tool. **Only complete if,** you have a hospital that is in a Frontier and Remote Area (FAR) level four. https://www.ers.usda.gov/data-products/frontier-and-remote-area-codes/

HCC Exercise with an FCC to participate in the NDMS patient movement in the CAT within the Exercise Tool. **Only complete if,** you have a Federal Coordination Center (FCC) in your jurisdiction. https://asprtracie.hhs.gov/technical-resources/resource/5622/national-disaster-medical-system-federal-coordinating-center-guide

If there is a difference between the Performance Measures and HPP Funding Opportunity Announcement (FOA), the most current requirement is listed in this work plan, at this point in time it is based on the Performance Measures Implementation Guide 2019-2023.

[Local Entity Name]

Capability 4:	Medical Surge
Goal:	Health care organizations deliver timely and efficient care to their patients even when the demand for h services exceeds available supply. The HCC, in collaboration with the state's/jurisdiction's ESF-8 lead a coordinates information and available resources for its members to maintain conventional surge respor emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery sys contingency and crisis surge response and promotes a timely return to conventional standards of care possible.

1 Known Gaps:	

2 Classify Activity:		*Are you Building or Sustaining this Capability?*

DRAFT

PHASE 1: Plan and Prepare

		3 FY 2022-23
Objective 1	**Plan for a Medical Surge**	**FY 2022-23 Activity Type**
Activity 2	**Incorporate Medical Surge Planning into Emergency Medical Services Emergency Operation Plan**	
1	EMS plans should incorporate disaster related dispatch, response, mutual aid and regional coordination, pre-hospital triage and treatment, transportation, supplies and equipment. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 68* *FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA* *2017-2022 Health Care Preparedness and Response Capabilities, page 46-47*	

2	EMS will work collaboratively with the LHD to identify a local initiative or project to meet local needs and delineate the LEMSA role from the LHD role. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA*	
Activity 3	**Incorporate Medical Surge Planning into HCC Response Plan**	
3	EMS will continue to participate in the review and update of the HCC Response Plan, to maintain the patient transportation process from, the field, to hospital, to interfacility, and to the region. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 68-76* *FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA* *2017-2022 Health Care Preparedness and Response Capabilities, page 46-48*	
4	EMS will continue to review and update information sharing protocols with HCC members, corroborate member needs and incorporate the process in the HCC Response Plan. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 68-76* *FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA* *2017-2022 Health Care Preparedness and Response Capabilities, page 46-48*	
Activities 5		
6		
7		
Outputs from the planned activities		

Attachment D

	1	HCCs will provide the EMS plans upon request (Activity 2.1).
	2	HCCs will provide a documentation of roles and responsibilities for local initiative or project (Activity 2.2).
	3	HCCs will provide a copy of the EMS transportation protocols upon request (Activity 3.3).
	4	
	5	
Outputs	6	
	7	
	8	
Notes	1	
	2	
	3	

PHASE 2: Train and Equip

		3 FY 2022-23
Objective 2:	**Respond to a Medical Surge**	**FY 2022-23 Activity Type**
Activity 3	**Incorporate Medical Surge Planning into HCC Response Plan**	
1	EMS will continue to provide training to HCC members on plans, policies and procedures for regional transportation of a patient(s) with a suspected and/or confirmed highly infectious disease. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 68-76* *FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA* *2017-2022 Health Care Preparedness and Response Capabilities, page 46-48*	
2	EMS will continue to provide training to HCC members on plans, policies and procedures for transitioning to a disaster response. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 68-76* *FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA* *2017-2022 Health Care Preparedness and Response Capabilities, page 46-48*	
Activities 3		
4		
5		
Outputs from the planned activities		
1	HCCs will provide upon request their patient movement plan, and patient tracking/reunification plan (Activity 3.1).	
2	HCCs will provide a list of participants and an agenda for each completed training (Activity 3.2).	

PHASE 3: Exercise and Respond

		3 FY 2022-23
Objective 2:	**Respond to a Medical Surge**	**FY 2022-23 Activity Type**
Activity 3	**Incorporate Medical Surge into HCC Response Plan**	
1	EMS will participate in the Coalition Surge Test (CST) annually. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 68-76* *FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA* *2017-2022 Health Care Preparedness and Response Capabilities, page 46-48* *2019-2023 HPP Performance Measures Implementation Guidance*	
2	EMS will complete a redundant communications drill twice a year with their HCC. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 60-61* *FY 2019-20 Local HPP Work Plan, Capability 3, Objective 2, Activity 1* *2017-2022 Health Care Preparedness and Response Capabilities, page 34* *2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 5, page 15-16*	

	3	EMS will participate in the annual SWMHE. *FY 20-21 Canceled.* *FY 21-22 Canceled.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 60-61* *FY 2019-20 Local HPP Work Plan, Capability 3, Objective 2, Activity 1* *2017-2022 Health Care Preparedness and Response Capabilities, page 34* *2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 5, page 15-16*	
	4	EMS will participate in the SWMHE to validate the CDPH's Crisis Standards of Care CONOPS in FY 2022-23. *FY 21-22 Continue to work on this activity and deliverable and report.* Reference: *ASPR HPP FOA EP-U3R-19-001, pages 60-61* *FY 2019-20 Local HPP Work Plan, Capability 3, Objective 2, Activity 1* *2017-2022 Health Care Preparedness and Response Capabilities, page 34* *2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 5, page 15-16*	
Activities	5		
	6		
	7		
Outputs from the planned activities			
	1	HCCs will provide after action reports (AARs) and improvement plans (IPs) (Activities 3.1-3.4).	
Outputs	2		
	3		
	4		
Notes	1		

Attachment D

health care
agency,
nse. When an
tem's transition to
as soon as

						3 FY 2023-24	
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion
	Status	Primary Barrier	Status	Primary Barrier			

						3 FY 2023-24	
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion
	Status	Primary Barrier	Status	Primary Barrier			

						3 FY 2023-24	
Estimated Completion	4 MY Report		5 YE Report		Notes	FY 2023-24 Activity Type	Estimated Completion
	Status	Primary Barrier	Status	Primary Barrier			

Attachment D

					3 FY 2024-25					
4 MY Report		5 YE Report		Notes	FY 2024-25	Estimated	4 MY Report		5 YE Report	
Status	Primary Barrier	Status	Primary Barrier				Status	mary Barr	Status	mary Barr

Attachment D

					3 FY 2024-25					
4 MY Report		5 YE Report		Notes	FY 2024-25	Estimated	4 MY Report		5 YE Report	
Status	Primary Barrier	Status	Primary Barrier				Status	mary Barr	Status	mary Barr

Attachment D

					3 FY 2024-25					
4 MY Report		5 YE Report		Notes	FY 2024-25	Estimated	4 MY Report		5 YE Report	
Status	Primary Barrier	Status	Primary Barrier				Status	mary Barr	Status	mary Barr

Attachment D

	3 FY 2025-26							3 FY 2026-27				
Notes	FY 2025-26	Estimated	4 MY Report		5 YE Report		Notes	FY 2026-27	Estimated	4 MY Report		5 YE R
			Status	mary Bar	Status	mary Bar				Status	mary Bar	Status

	3 FY 2025-26							3 FY 2026-27				
Notes	FY 2025-26	Estimated	4 MY Report		5 YE Report		Notes	FY 2026-27	Estimated	4 MY Report		5 YE R
			Status	mary Bar	Status	mary Bar				Status	mary Bar	Status

Attachment D

	3 FY 2025-26							3 FY 2026-27				
Notes	FY 2025-26	Estimated	4 MY Report		5 YE Report		Notes	FY 2026-27	Estimated	4 MY Report		5 YE R
			Status	mary Bar	Status	mary Bar				Status	mary Bar	Status

Attachment D

Application

Known Gaps[1]

Known Gaps

Classify Activity[2]

Sustain

Build

Fiscal Year (FY) Activity[3]

Plan/Develop

Organize/Equip

Train

Exercise

Evaluate/Improve

Updating

Not Applicable

Estimated Completion[3]

This fiscal year by Q2

This fiscal year by Q4

Continuous

Out year

Not Applicable

Reporting

Status[4-5]

Complete

In progress, on schedule

In progress, off schedule
Not Started
Canceled

Primary Barrier[4-5]

None
Lack of Funding
Lack of Personnel
Administrative
Time Constraint
Waiting on EPO
Real Event
Other, provide in the *Notes* section.

Attachment D

Definitions

Enter gaps identified from jurisdictional Capabilities Planning Guide (CPGs) survey, trainings, exercises, real events, after action reports and/or improvement plans that you want to resolve during the fiscal

A capability is built and ready for an emergency and/or disaster. Sustainment is working through the preparedness cycle; train, exercise, evaluate and improve in order to retain the ability and improve based on current jurisdictional hazards.
A capability is incomplete. Building activities include research, development, identifying key partners and stakeholders, establishing relationships, defining roles, responsibilities, draft, public comment, etc..

Strategic and operational planning establishes priorities, identifies expected levels of performance and capability requirements, provides the standard for assessing capabilities and helps stakeholders learn their roles. The planning elements identify what an organization's Standard Operating Procedures (SOPs) or Emergency Operations Plans (EOPs) should include for ensuring that contingencies are in place for delivering the capability during a large-scale disaster.
Organizing and equipping include identifying what competencies and skill sets people should possess and ensuring an organization has the correct personnel. Additionally, it includes identifying and acquiring standard equipment an organization may need to use in times of emergency.
Training with the knowledge, skills, and abilities needed to perform key tasks required during a specific emergency situation.
Exercises enable entities to identify strengths and incorporate them within best practices to sustain and enhance existing capabilities. They also provide an objective assessment of gaps and shortfalls within plans, policies and procedures to address areas for improvement prior to a real-world incident.
Exercises help clarify roles and responsibilities among different entities, improve inter-agency coordination and communications and identify needed resources and opportunities for improvement.
Quality improvement thru after action Reports (AARs), collecting lessons learned, develop improvement plans, and track corrective actions to address gaps and deficiencies identified in exercises or real-world events to continuously improve and strengthen preparedness.
Modernize, make current and/or include the most recent information.
Does not apply my jurisdiction. For example, a Public Health Lab, non CRI etc.

The activity will be complete by the end of the second quarter of the fiscal year.
The activity will be complete by the end of the fourth quarter of the fiscal year.
The activity occurs throughout the year.
Not working on the activity this fiscal year, it will be addressed in the future.
Does not apply my jurisdiction. For example, a Public Health Lab, non CRI etc.

The Activity has been fully executed/in place to satisfy all requirements.
This Activity is work in progress and will be completed by the Estimated Completion time.

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This Activity is work in progress and will be not be completed/late by the Estimated Completion time.
No work has been done on this Activity.
This activity will not be finished/completed this FY.

No barriers to completing this Activity and corresponding Outputs.
In sufficient funding to complete this Activity and corresponding Outputs.
In sufficient staff or subject matter experts to complete this Activity and corresponding Outputs.
Jurisdictional administrative processes delayed and/or pushed back the the next FY this Activity.
Various factors limited the amount of time needed to complete this Activity. A few example, deadlines, w
Waiting on EPO to provide materials, resources or guidelines that impedes completion of this Activity.
Jurisdiction

Add additional information in the Notes section of this Activity.

Annual	Region I	less than 200,000
FY 2022-23	Region II	between 200,000 and
FY 2023-24	Region III	greater than 700,000
FY 2024-25	Region IV	
FY 2025-26	Region V	Q2
FY 2026-27	Region VI	Q3
	Multiple Regions	Q4

PHEP Budget

Attachment E

1)

2) Date:

3)	**Entity Name:**	
4)	**FY 22-23 Allocation**	
5)	**Indirect Cost based on:**	
6)	**Personnel Costs Rate:**	
	Direct Costs Rate:	

Budget Category	**Total**	**% Allocation**
Personnel	$0.00	0%
Fringe	$0.00	0%
Operating Expenses	$0.00	0%
Equipment	$0.00	0%
In State Travel	$0.00	0%
Out of State Travel	$0.00	0%
Subcontracts	$0.00	0%
Other Costs	$0.00	0%
Total Direct	**$0.00**	0%
Total Indirect Cost	**$0.00**	
Total Budget	**$0.00**	
Balance	**$0.00**	

PHEP Budget

Attachment E

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0

Personnel

UID	1) Position and Individual	2) FTE %	3) Time (months)	4) Annual Salary	5) Annual Fringe	Salary Cost	Fringe Cost	Cost	6) Domain	7) Domain Activity	8) Budget Justification	Fringe %
PP101				$0.00	$0.00	0.00	0.00	0.00				0
PP102				$0.00	$0.00	0.00	0.00	0.00				0
PP103				$0.00	$0.00	0.00	0.00	0.00				0
PP104				$0.00	$0.00	0.00	0.00	0.00				0
PP105				$0.00	$0.00	0.00	0.00	0.00				0
PP106				$0.00	$0.00	0.00	0.00	0.00				0
PP107				$0.00	$0.00	0.00	0.00	0.00				0
PP108				$0.00	$0.00	0.00	0.00	0.00				0
PP109				$0.00	$0.00	0.00	0.00	0.00				0
PP110				$0.00	$0.00	0.00	0.00	0.00				0
	Personnel	**0.00 FTE**	**0.00 Time**	**$0.00**	**$0.00**	**$0.00 Salary**	**$0.00 Fringe**	**$0.00 Total Personnel**	**0.0% Fringe %**			

Operating Expenses

UID	1) Item	2) Domain	3) Domain Activity	4) Cost	5) Budget Justification
POE101				$0.00	
POE102				$0.00	
POE103				$0.00	
POE104				$0.00	
POE105				$0.00	
POE106				$0.00	
POE107				$0.00	
POE108				$0.00	
POE109				$0.00	
POE110				$0.00	
OE111				$0.00	
OE112				$0.00	
OE113				$0.00	
OE114				$0.00	
OE115				$0.00	
				$0.00 Total Operating Expenses	

Equipment (Major)

UID	1) Item	2) Domain	3) Domain Activity	4) Qty	5) Unit Price	Cost	6) Budget Justification
PE101					$0.00	0.00	
PE102					$0.00	0.00	
PE103					$0.00	0.00	

PHEP Budget

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PE104					$0.00	0.00	
PE105					$0.00	0.00	
PE106					$0.00	0.00	
PE107					$0.00	0.00	
PE108					$0.00	0.00	
PE109					$0.00	0.00	
PE110					$0.00	0.00	
				0.0		**$0.00**	
					Total Equipment		

PHEP Budget

Attachment E

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In State Travel

UID	1) Travel Name	2) Domain	3) Domain Activity	4) Cost	5) Budget Justification
PT101				$0.00	
PT102				$0.00	
PT103				$0.00	
PT104				$0.00	
PT105				$0.00	
PT106				$0.00	
PT107				$0.00	
PT108				$0.00	
PT109				$0.00	
PT110				$0.00	
				$0.00	
				Total In State Travel	

Out of State Travel

UID	1) Travel Name	2) Domain	3) Domain Activity	4) Cost	5) Budget Justification
POST101				$0.00	
POST102				$0.00	
POST103				$0.00	
POST104				$0.00	
POST105				$0.00	
POST106				$0.00	
POST107				$0.00	
POST108				$0.00	
POST109				$0.00	
POST110				$0.00	
				$0.00	
				Total Out of State Travel	

Subcontracts

UID	1) Contract Name	2) FTE	3) Domain	4) Domain Activity	5) Cost	6) Budget Justification
PS101					$0.00	
PS102					$0.00	
PS103					$0.00	
PS104					$0.00	
PS105					$0.00	
PS106					$0.00	
PS107					$0.00	
PS108					$0.00	
PS109					$0.00	
PS110					$0.00	

PHEP Budget

Attachment E

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UID	1) Software and Licenses	2) Domain	3) Domain Activity	4) Cost	5) Budget Justification
P0101				$0.00	
P0102				$0.00	
P0103				$0.00	
P0104				$0.00	
P0105				$0.00	
P0106				$0.00	
P0107				$0.00	
P0108				$0.00	
P0109				$0.00	
P0110				$0.00	
			Software and Licenses	$0.00	
	1) **Training and Conference Registrations**				
P0131				$0.00	
P0132				$0.00	
P0133				$0.00	
P0134				$0.00	
P0135				$0.00	
P0136				$0.00	
P0137				$0.00	
P0138				$0.00	
P0139				$0.00	
P0140				$0.00	
			Training and Conference Registrations	$0.00	
	1) **Training and Exercise Materials**				
P0161				$0.00	
P0162				$0.00	
P0163				$0.00	
P0164				$0.00	
P0165				$0.00	
P0166				$0.00	
P0167				$0.00	
P0168				$0.00	
P0169				$0.00	
P0170				$0.00	
			Training and Exercise Materials	$0.00	
	1) **Maintenance Agreements**				
P0191				$0.00	
P0192				$0.00	
P0193				$0.00	
P0194				$0.00	
P0195				$0.00	

PHEP Budget

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P0196				$0.00	
P0197				$0.00	
P0198				$0.00	
P0199				$0.00	
P0200				$0.00	
			Maintenance Agreements	$0.00	
				$0.00	
			Total Other		

Total Direct	$0.00
Total Indirect	$0.00
Total	**$0.00**

1) **HPP Budget**

2) Date:

3)	**Entity Name:**	
4)	**FY 22-23 Allocation**	
5)	**Indirect Cost based on:**	
6)	**Personnel Costs Rate:**	
	Direct Costs Rate:	

Budget Category	**Total**	**% Allocation**
Personnel	$0.00	0%
Fringe	$0.00	0%
Operating Expenses	$0.00	0%
Equipment	$0.00	0%
In State Travel	$0.00	0%
Out of State Travel	$0.00	0%
Subcontracts	$0.00	0%
Other Costs	$0.00	0%
Total Direct	**$0.00**	0%
Total Indirect Cost	**$0.00**	
Total Budget	**$0.00**	
Balance	**$0.00**	

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HPP Budget

Attachment F

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UID	Personnel							
	1) **Position and Individual**	2) **FTE %**	3) **Time** (months)	4) **Annual Salary**	5) **Annual Fringe**	**Salary Cost**	**Fringe Cost**	**Cost**
HP101				$0.00	$0.00	0.00	0.00	0.00
HP102				$0.00	$0.00	0.00	0.00	0.00
HP103				$0.00	$0.00	0.00	0.00	0.00
HP104				$0.00	$0.00	0.00	0.00	0.00
HP105				$0.00	$0.00	0.00	0.00	0.00
HP106				$0.00	$0.00	0.00	0.00	0.00
HP107				$0.00	$0.00	0.00	0.00	0.00
HP108				$0.00	$0.00	0.00	0.00	0.00
HP109				$0.00	$0.00	0.00	0.00	0.00
HP110				$0.00	$0.00	0.00	0.00	0.00
HP111				$0.00	$0.00	0.00	0.00	0.00
HP112				$0.00	$0.00	0.00	0.00	0.00
HP113				$0.00	$0.00	0.00	0.00	0.00
HP114				$0.00	$0.00	0.00	0.00	0.00
HP115				$0.00	$0.00	0.00	0.00	0.00
	Personnel	**0.00 FTE**	**0.00 Time**	$0.00	$0.00	**$0.00 Salary**	**$0.00 Fringe**	**$0.00 Total Personnel**

UID	Operating Expenses			
	1) **Item**	2) **Capability**	3) **Objective**	4) **Cost**
HOE101				$0.00
HOE102				$0.00
HOE103				$0.00
HOE104				$0.00
HOE105				$0.00
HOE106				$0.00
HOE107				$0.00

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HOE108				$0.00
HOE109				$0.00
HOE110				$0.00
HOE111				$0.00
HOE112				$0.00
HOE113				$0.00
HOE114				$0.00
HOE115				$0.00
				$0.00
				Total Operating

0

Equipment (Major)

UID	1) Item	2) Capability	3) Objective	4) Qty	5) Unit Price	Cost
HE101					$0.00	0.00
HE102					$0.00	0.00
HE103					$0.00	0.00
HE104					$0.00	0.00
HE105					$0.00	0.00
HE106					$0.00	0.00
HE107					$0.00	0.00
HE108					$0.00	0.00
HE109					$0.00	0.00
HE110					$0.00	0.00
				0.0		**$0.00**
						Total Equipme

In State Travel

UID	1) Travel Name	2) Capability	3) Objective	4) Cost
HT101				$0.00
HT102				$0.00
HT103				$0.00
HT104				$0.00
HT105				$0.00
HT106				$0.00
HT107				$0.00
HT108				$0.00
HT109				$0.00
HT110				$0.00
				$0.00
				Total In State T

Out of State Travel

UID	1) Travel Name	2) Capability	3) Objective	4) Cost

HPP Budget

Attachment F

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HOST101				$0.00
HOST102				$0.00
HOST103				$0.00
HOST104				$0.00
HOST105				$0.00
HOST106				$0.00
HOST107				$0.00
HOST108				$0.00
HOST109				$0.00
HOST110				$0.00
				$0.00
				Total Out of St

HPP Budget

Attachment F

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UID	Subcontracts				
	1) **Contract Name**	2) **FTE**	3) **Capability**	4) **Objective**	5) **Cost**
HS101					$0.00
HS102					$0.00
HS103					$0.00
HS104					$0.00
HS105					$0.00
HS106					$0.00
HS107					$0.00
HS108					$0.00
HS109					$0.00
HS110					$0.00
					$0.00
					Total Subcontr

UID	Other			
	1) **Software and Licenses**	2) **Capability**	3) **Objective**	4) **Cost**
HO101				$0.00
HO102				$0.00
HO103				$0.00
HO104				$0.00
HO105				$0.00
HO106				$0.00
HO107				$0.00
HO108				$0.00
HO109				$0.00
HO110				$0.00
			Software and Licenses	**$0.00**
	1) **Training and Conference Registrations**	2) **Capability**	3) **Objective**	4) **Cost**
HO131				$0.00
HO132				$0.00
HO133				$0.00

0

HO134				$0.00
HO135				$0.00
HO136				$0.00
HO137				$0.00
HO138				$0.00
HO139				$0.00
HO140				$0.00
			Training and Conference Registrations	**$0.00**

0

	1) Training and Exercise Materials	2) Capability	3) Objective	4) Cost
HO161				$0.00
HO162				$0.00
HO163				$0.00
HO164				$0.00
HO165				$0.00
HO166				$0.00
HO167				$0.00
HO168				$0.00
HO169				$0.00
HO170				$0.00
			Training and Exercise Materials	$0.00

	Maintenance Agreements	2) Capability	3) Objective	4) Cost
HO191				$0.00
HO192				$0.00
HO193				$0.00
HO194				$0.00
HO195				$0.00
HO196				$0.00
HO197				$0.00
HO198				$0.00
HO199				$0.00
HO200				$0.00
			Maintenance Agreements	$0.00
				$0.00
				Total Other

Total Direct	$0.00
Total Indirect	$0.00
Total	**$0.00**

6) **Capability**	7) **Objective**	8) **Budget Justification**	**Fringe %**
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0

5) **Budget Justification**	6) **Facility**

6) **Budget Justification**	7) **Facility**
nt	

5) **Budget Justification**	6) **Facility**
ravel	

5) **Budget Justification**	6) **Facility**

ate Travel	

5) **Budget Justification & Facility**	6) **Facility**
acts	

5) **Budget Justification & Facility**	6) **Facility**

5) **Budget Justification & Facility**	6) **Facility**

HPP Budget

Attachment F

5) **Budget Justification & Facility**	6) **Facility**

5) **Budget Justification & Facility**	6) **Facility**

0

Facilities

UID	Facility Name
A	
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
S	
T	
U	
V	
W	
X	
Y	
Z	
AA	
AB	
AC	
AD	
AE	
AF	
AG	
AH	
AI	
AJ	
AK	
AL	
AM	
AN	
AO	
AP	
AQ	
AR	
AS	
AT	
AU	

UID	Facility Name
AV	
AW	
AX	
AY	
AZ	
BA	
BB	
BC	
BD	
BE	
BF	
BG	
BH	
BI	
BJ	
BK	
BL	
BM	
BN	
BO	
BP	
BQ	
BR	
BS	
BT	
BU	
BV	
BW	
BX	
BY	
BZ	
CA	
CB	
CC	
CD	
CE	
CF	
CG	
CH	
CI	
CJ	
CK	
CL	
CM	
CN	
CO	
CP	

DRAFT

Pan Flu Budget

Attachment G

1) **Pan Flu**

2) Date:

3)	**Entity Name:**	
4)	**FY 22-23 Allcoation**	
5)	**Indirect Cost based on:**	
6)	**Personnel Costs Rate:**	
	Direct Costs Rate:	

Budget Category	**Total**	**% Allocation**
Personnel	$0.00	0%
Fringe	$0.00	0%
Operating Expenses	$0.00	0%
Equipment	$0.00	0%
In State Travel	$0.00	0%
Out of State Travel	$0.00	0%
Subcontracts	$0.00	0%
Other Costs	$0.00	0%
Total Direct	**$0.00**	0%
Total Indirect Cost	**$0.00**	
Total Budget	**$0.00**	
Balance	**$0.00**	

Pan Flu Budget

Attachment G

0

UID	Personnel						
	1) **Position and Individual**	2) **FTE %**	3) **Time (months)**	4) **Annual Salary**	5) **Annual Fringe**	**Salary Cost**	**Fringe Cost**
FP101				$0.00	$0.00	0.00	0.00
FP102				$0.00	$0.00	0.00	0.00
FP103				$0.00	$0.00	0.00	0.00
FP104				$0.00	$0.00	0.00	0.00
FP105				$0.00	$0.00	0.00	0.00
FP106				$0.00	$0.00	0.00	0.00
FP107				$0.00	$0.00	0.00	0.00
FP108				$0.00	$0.00	0.00	0.00
FP109				$0.00	$0.00	0.00	0.00
FP110				$0.00	$0.00	0.00	0.00
FP111				$0.00	$0.00	0.00	0.00
FP112				$0.00	$0.00	0.00	0.00
FP113				$0.00	$0.00	0.00	0.00
FP114				$0.00	$0.00	0.00	0.00
FP115				$0.00	$0.00	0.00	0.00
	Personnel	**0.00 FTE**	**0.00 Time**	**$0.00**	**$0.00**	**$0.00 Salary**	**$0.00 Fringe**

UID	Operating Expenses		
	1) **Item**	2) **Objective**	3) **Activity**
FOE101			
FOE102			
FOE103			
FOE104			
FOE105			
FOE106			
FOE107			
FOE108			
FOE109			

Pan Flu Budget

Attachment G

0

Equipment (Major)

UID	1) Item	2) Objective	3) Activity	4) Qty	5) Unit Price
FE101					$0.00
FE102					$0.00
FE103					$0.00
FE104					$0.00
FE105					$0.00
FE106					$0.00
FE107					$0.00
FE108					$0.00
FE109					$0.00
FE110					$0.00
				0.0	

In State Travel

UID	1) Travel Name	2) Objective	3) Activity
FT101			
FT102			
FT103			
FT104			
FT105			
FT106			
FT107			
FT108			
FT109			
FT110			

0

UID	Out of State Travel 1) Travel Name	2) Objective	3) Activity
FOST101			
FOST102			
FOST103			
FOST104			
FOST105			
FOST106			
FOST107			
FOST108			
FOST109			
FOST110			

UID	Subcontracts 1) Contract Name	2) FTE	3) Objective	4) Activity
FS101				
FS102				
FS103				
FS104				
FS105				
FS106				
FS107				
FS108				
FS109				
FS110				

0

UID	Other 1) **Software and Licenses**	2) **Objective**	3) **Activity**
F0101			
F0102			
F0103			
F0104			
F0105			
F0106			
F0107			
F0108			
F0109			
F0110			
			Software and Licenses

	1) **Training and Conference Registrations**	2) **Objective**	3) **Activity**
F0131			
F0132			
F0133			
F0134			
F0135			
F0136			
F0137			
F0138			
F0139			
F0140			
			Training and Conference Registrations

0

	1) **Training and Exercise Materials**	2) **Objective**	3) **Activity**
F0161			
F0162			
F0163			
F0164			
F0165			
F0166			
F0167			
F0168			
F0169			
F0170			
			Training and Exercise Materials

	1) **Maintenance Agreements**	2) **Objective**	3) **Activity**
F0191			
F0192			
F0193			
F0194			
F0195			
F0196			
F0197			
F0198			
F0199			
F0200			
			Maintenance Agreements

Total Direct

Total Indirect

Total

Pan Flu Budget

Attachment G

Cost	6) Objective	7) Activity	8) Budget Justification	Fringe %
0.00				0
0.00				0
0.00				0
0.00				0
0.00				0
0.00				0
0.00				0
0.00				0
0.00				0
0.00				0
0.00				0
0.00				0
0.00				0
0.00				0
0.00				0
0.00				0
$0.00	**0.0%**			
Total Personnel	**Fringe %**			

4) Cost	5) Budget Justification
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	

Cost	6) Budget Justification
0.00	
0.00	
0.00	
0.00	
0.00	
0.00	
0.00	
0.00	
0.00	
0.00	
$0.00	
Total Equipment	

4) Cost	5) Budget Justification
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
Total In State Travel	

4) Cost	5) Budget Justification
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
Total Out of State Travel	

5) Cost	6) Budget Justification
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
Total Subcontracts	

Pan Flu Budget

Attachment G

4) **Cost**	5) **Budget Justification**
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	

4) **Cost**	5) **Budget Justification**
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	

Pan Flu Budget

Attachment G

4) Cost	5) Budget Justification
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	

4) Cost	5) Budget Justification
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
$0.00	
Total Other	

$0.00

$0.00

$0.00

Budget Personnel Summary

Attachment H

UID	1) TITLE/NAME	FTE Percentage and Time (Months)											4) Annual Salary (does not include Fringe)	5) Salary Revision (mm/dd/yy)
		2) PHEP Time (mo)	3) PHEP FTE %	2) LABS Time (mo)	3) LABS FTE %	2) CRI Time (mo)	3) CRI FTE %	2) HPP Time (mo)	3) HPP FTE %	2) Pan Flu Time (mo)	3) Pan Flu FTE %	TOTAL		
PS101												0.00%		
PS102												0.00%		
PS103												0.00%		
PS104												0.00%		
PS105												0.00%		
PS106												0.00%		
PS107												0.00%		
PS108												0.00%		
PS109												0.00%		
PS110												0.00%		
PS111												0.00%		
PS112												0.00%		
PS113												0.00%		
PS114												0.00%		
PS115												0.00%		
PS116												0.00%		
PS117												0.00%		
PS118												0.00%		
PS119												0.00%		
PS120												0.00%		
	Totals		**0.00%**		**0.00%**		**0.00%**		**0.00%**		**0.00%**			

	Total PHEP ↓	Total HPP ↓	Total Pan Flu ↓
EPO Use Only	**0.00%**	**0.00%**	**0.00%**

Local Entity Contact Information

Attachment I

Local Entity Name	

Pandemic Influenza (Pan Flu)				
Pan Flu Positions	**Name**	**Address**	**Telephone Number**	**E-mail Address**
Pandemic Influenza Coordinator				
Fiscal Contact				

Public Health Emergency Preparedness (PHEP)				
PHEP Positions	**Name**	**Address**	**Telephone Number**	**E-mail Address**
Health Officer				
Health Executive				
PHEP Coordinator				
SNS Coordinator				
Epidemiologist				
MHOAC (Primary)				
MHOAC (Alternate)				
Lab Director				
Lab Emergency Contact				
CAHAN Coordinator (Primary)				
CAHAN Coordinator (Alternate)				
Statewide Exercise Coordinator				
Fiscal Contact				
Public Information Officer (PIO)				

Hospital Preparedness Program	
HCC Name	
HCC County(ies)	

HPP Positions	Name	Address	Telephone Number	E-mail Address
HPP Coordinator				
Coalition Coordinator				
LEMSA Coordinator				
MHOAC (Primary)				
MHOAC (Alternate)				
CAHAN Coordinator (Primary)				
CAHAN Coordinator (Alternate)				
Statewide Exercise Coordinator				
Fiscal Contact				
DHV Coordinator				

State of California-Health and Human Services Agency

California Department of Public Health
1616 Capitol Ave., Suite 74.262
P.O. Box 997377, MS 1800
Sacramento, CA 95899-7377
www.cdph.ca.gov

Submit

GOVERNMENT AGENCY TAXPAYER ID FORM

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0100, or mail it to the address above.

Principal Government Agency Name

Remit-To Address (Street or PO Box)

City: State: Zip Code+4:

Government Type: ☐ City ☐ County ☐ Special District ☐ Federal ☐ Other (Specify)

Federal Employer Identification Number (FEIN)

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FI$Cal ID# (if known)	Dept/Division/Unit Name	Complete Address

---

Contact Person Title

Phone number E-mail address

Signature Date

California Department of Public Health
Emergency Preparedness Office (EPO)
Corrective Action Plan (CAP) Preparation Instructions

General Instructions: The instructions below have been prepared to assist you in developing your Corrective Action Plan (CAP) for the findings that were made during your Audit. The Final Audit Report was issued to you by the California Department of Public Health, Office of Compliance--Grant Compliance Unit (GCU), which disclosed findings that require corrective action and were stated in terms of "recommendations" by the auditor(s) in the Final Audit Report. These preparation instructions will apply both to the Hospital Preparedness (HPP) and the Public Health Emergency Preparedness (PHEP) Program audits. Each audit finding must be addressed separately.

Your CAP must be prepared and completed using the Final Audit Report. List all findings made using the CAP template provided in this document. The draft CAP must be submitted to EPO for review and approval no later than thirty (30) days after receipt of the CAP template and instructions. Audit findings must be resolved no later than six (6) months after receiving the Final Audit Report. Extensions to this deadline may be granted by your Contract Manager on a case-by-case basis.

CAP Template Completion Instructions :

Upon receipt of these instructions and template, it is recommended that you save a copy of the template to your hard-drive to simplify preparation and for future reference.

COUNTY: (insert County name)

Implementation Schedule Date: Enter the date, month, and year you intend to "activate" CAP activities. Please keep in mind that all activities must be completed/resolved within six (6) months from the date the Final Audit Report was issued. This date may be an estimate of the date of implementation.

Program (PHEP/HPP): A CAP must be prepared for each audited program that had fiscal findings. Please note a separate CAP is required for each audited program; this template includes a tab for each program.

Audit Period FY: Indicate the fiscal year for which the audit was conducted. If the audit included a grant period that was extended, the fiscal year should be displayed as follows: FY 2018/19-20. The month and date are not required in this block.

Contact Information: Enter current contact information for the person who is responsible for tracking CAP activities.

Audit Information: Complete the first three (3) columns using the information within the Final Audit Report. Once those columns have been finalized, you will then complete the remaining columns to ensure that your CAP will not be returned as incomplete. If you are unable to locate the Final Audit Report, you may contact your Contract Manager and request an additional copy.

Audit Category: Listed as the sub-header for each finding, such as "Finding #1 -Sub-contract not provided to CDPH," "Finding #2 -Trust Fund", "Finding #3 -....," etc. These sub-headers are listed in the report's "Executive Summary" and as the sub-headers in the "Findings and Recommendations" section of the Audit Report. For each finding that includes an auditor recommendation, place this sub-heading in the "Audit Category" column exactly as indicated in the Final Audit Report.

Finding: For each finding that includes an auditor recommendation, summarize the auditor's discussion in this section. In summarizing, do not change the context of the finding, but briefly discuss the auditor's disclosure of the finding. At the end of the discussion, provide the page number in the Final Audit Report where the finding is listed. Copying the "Condition" of the report finding will suffice as a summary for the CAP Finding.

Audit Recommendation: Each finding that requires corrective action will include an auditor recommendation for resolution indicated by an underlined sub-heading entitled "Recommendation" for each finding of the report. Summarize this recommendation as appropriate and place the summary in the "Audit Recommendation" block. Generally, copying the "Recommendation" of each report finding is the easiest and most accurate answer for the CAP's "Audit Recommendation" column.

Corrective Action Taken: The County must provide a detailed, yet concise discussion of the intended action(s) either planned, underway, or completed to resolve this specific finding. The discussion must differentiate between actions completed, contemplated, or not completed. Additionally, the County must provide a clear discussion regarding the measures taken to assure that this finding will not recur in the future with subsequent CDPH/EPO-funded programs/grants. Source and/or confirming documentation must be maintained and made available upon CDPH/EPO and CDPH/GCU request.

Estimated Completion Date: Insert the date the County anticipates this specific finding will be resolved. The date should be realistic and flexible as it reflects how difficult or less so it is to resolve the finding. Extensions of this estimated completion date may be requested through the County's EPO Contract Manager. Approvals will be determined on a case-by-case basis. EPO determinations are final.

Actual Completion Date: Insert the date the finding has been resolved. This block is left empty until an updated CAP is submitted to the EPO Contract Manager for review and approval. This block is only completed once and within the allotted six-month audit resolution period. Assure source documentation is maintained on each finding to confirm that the finding has been resolved. In order for the CAP to be accepted as complete, there must be a completion date.

Finding Resolved (Yes/No): This block reflects whether the finding has been completely resolved or not; future updates will be required until the finding is resolved. "Yes" is meant to convey that the finding has been resolved within the estimated or actual completion date. A "No" response conveys that the finding remains an open item within the County's CAP and further reporting will be required. Any additional time needed to resolve and report efforts of resolving the finding must be requested in writing to the EPO Contract Manager representing the County's region.

Reporting Requirements for Unresolved Audit Findings: Counties with unresolved audit findings must use this CAP template to provide written audit resolution updates to CDPH/EPO Contract Managers during scheduled mid-year and year-end reporting periods. In some instances, these reporting requirements may be sooner, depending on the County's due date for the mid-year and year-end progress reports. Should there be a variance between required program reporting and CAP updates, consult with your Contract Manager concerning a modified update reporting schedule. This reporting requirement will become an additional reporting requirement for future CDC and HPP grant award periods. All audit findings are reportable activities until the finding is resolved.

Submission of CAPs for Review and Approval: CAPs will be submitted via email to your CDPH/EPO Contract Manager - Local Emergency Preparedness Section.

Please direct all questions regarding the CAP to your Contract Manager

California Department of Public Health
Emergency Preparedness Office (EPO)
Corrective Action Plan

COUNTY:					
Implementation Schedule Date:		Program:	PHEP	Audit Period: FY	
CONTACT INFORMATION					
Contact Name & Position:		Contact Organization:		Address:	
Phone Number:		Email Address:			

Audit Category	Finding	Audit Recommendation	Corrective Action Taken	Estimated Completion Date	Actual Completion Date	Finding Resolved (YES/NO)

California Department of Public Health
Emergency Preparedness Office (EPO)
Corrective Action Plan

COUNTY:					
Implementation Schedule Date:		Program:	HPP	Audit Period: FY	
CONTACT INFORMATION					
Contact Name & Position:		Contact Organization:		Address:	
Phone Number:		Email Address:			

Audit Category	Finding	Audit Recommendation	Corrective Action Taken	Estimated Completion Date	Actual Completion Date	Finding Resolved (YES/NO)

INVENTORY DISPOSAL SCHEDULE

(See Reverse for Instructions)
(See FAR 52.245 - I (j))

1. TYPE *(Check block(s) where applicable)*
☐ TERMINATION INVENTORY ☐ FINAL SCHEDULE

2. SCHEDULE REFERENCE NUMBER | PAGE NUMBER | NUMBER OF PAGES

OMB Control Number: 9000-0075
Expiration Date: 4/30/2022

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0075. We estimate that it will take 2 hours to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

3. PRIME CONTRACT NUMBER	4. SUBCONTRACTOR/PURCHASE ORDER NUMBER	5. CONTRACT TYPE	6. TERM DOCKET NUMBER	7. TOTAL LINE ITEMS	8. TOTAL ACQUISITION COST

9a. CAGE CODE	9b. PRIME CONTRACTOR *(Point of Contact)*	10a. CAGE CODE	10b. SUBCONTRACTOR *(Point of Contact)*
9c. STREET ADDRESS		10c. STREET ADDRESS	
9d. CITY, STATE, AND ZIP CODE		10d. CITY, STATE, AND ZIP CODE	

11a. LOCATION OF PROPERTY	11b. POINT OF CONTACT FOR PROPERTY	12. PRODUCT COVERED BY CONTRACT/ORDER

13. ITEM NUMBER	14. ITEM DESCRIPTION	15. GOVERNMENT FURNISHED/ CONTRACTOR ACQUIRED	16. DML *(DEMILITARIZA-TION)* CODE	17. PROPERTY CLASSIFI-CATION	18. GOVERNMENT PART OR DRAWING NUMBER AND REVISION NUMBER	19. CONDITION CODE	20. QUANTITY	21. UNIT OF MEASURE	22. COST		23. CONTRACTOR'S OFFER
									UNIT (a)	TOTAL (b)	

24a. SIGNATURE OF CONTRACTOR SUBMITTING SCHEDULE	24b. NAME OF CONTRACTOR SUBMITTING SCHEDULE	24c. TITLE	24d. DATE

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION IS NOT USABLE

STANDARD FORM 1428 (REV. 1/2016)
Prescribed by GSA-FAR (48 CFR) 53.245(e) and 53.249(b)

INSTRUCTIONS

The Contractor shall submit all schedules to the Plant Clearance Officer.

Manual submissions. Prepare a separate schedule for items in each property classification (block 17) and a separate schedule for scrap. Submit an original and 2 copies of each scrap schedule and continuation sheet (SF 1429). For other schedules, an original and 7 copies are required.

Electronic submissions. Group all items of the same property classification. Submit separate schedules for scrap.

General instructions.

BLOCKS 1, 2 & 4 - Self-explanatory.

BLOCK 3 - PRIME CONTRACT NO. ***(For contract modifications and BOAs).*** If the property applies solely to one contract modification indicate the modification number after the contract number. For task orders and orders under basic ordering agreements, enter the contract number or BOA number followed by the order number under which the property is accountable.

BLOCK 5 - CONTRACT TYPE. Use one of the following codes:

J - Fixed-Price
O - Other
S - Cost-Reimbursement
Y - Time-and-Material
Z - Labor-Hour
9 - Task Order Contracts and Orders under Basic Ordering Agreements (BOAs)

BLOCKS 6 - 8 - Self-explanatory.

BLOCKS 9a and 10a - CAGE CODE. Enter the Commercial and Government Entity code when applicable.

BLOCKS 9b-d, 10b-d, and 11a-13 - Self-explanatory.

BLOCK 14 - ITEM DESCRIPTION. Describe each item in sufficient detail to permit the Government to determine its appropriate disposition. Scrap may be described as a lot including metal content, estimated weight and estimated acquisition cost. For all other property, provide the information required by FAR 52.245 - 1 (f)(1)(iii). List the national stock number (NSN) first. For the following, also provide:

Special tooling and special test equipment. Identify each part number with which the item is used.
Computers, components thereof, peripheral and related equipment. The manufacturer's name, model and serial number, and date manufactured.
Work in process. The estimated percentage of completion.
Precious metals. The metal type and estimated weight.
Hazardous material or property contaminated with hazardous material. The type of hazardous material.
Metals in mill product form. The form, shape, treatments, hardness, temper, specification (commercial or Government), and dimensions (thickness, width, and length).

BLOCK 15 - GOVERNMENT FURNISHED/CONTRACTOR ACQUIRED. Per line item, enter one of the following:

GF - Government furnished
CA - Contractor acquired

BLOCK 16 - DML CODE. ***(Demilitarization code).*** If applicable, enter the code specified in DoD 4160.21-M-1.

BLOCK 17 - PROPERTY CLASSIFICATION. Use one of the following classifications for each line item:

EQ - Equipment
M - Material
STE - Special test equipment
ST - Special tooling

In addition, when applicable, list one of the following sub classifications for each line item below the property classification:

COM - Computers, peripherals, etc.
AAE - Arms, ammunition and explosives
PM - Precious metals
HAZ - Hazardous materials
ME - Metals in mill product form
WIP - Work in process
CL - Classified

BLOCK 18 - Self-Explanatory.

BLOCK 19 - CONDITION CODE. Assign one of the following codes to each item:

Code 1. Property which is in new condition or unused condition and can be used immediately without modifications or repairs.

Code 4. Property which shows some wear, but can be used without significant repair.

Code 7. Property which is unusable in its current condition but can be economically repaired.

Code X. Property which has value in excess of its basic material content, but repair or rehabilitation is impractical and/or uneconomical.

Code S. Property has no value except for its basic material content.

BLOCKS 20 - 22 - Self-explanatory.

BLOCK 23 - CONTRACTOR'S OFFER. The Contractor's offer to purchase the item if it survives screening.

Laboratory Training and Assistance Application

Laboratory training and assistance awards for Public Health Emergency Preparedness (PHEP) must be submitted to CDPH Emergency Preparedness Office (EPO) by **May 20, 2022** via email to LHBTProg@cdph.ca.gov cc: katya.ledin@cdph.ca.gov and CAPHLD.documents@gmail.com. EPO, in conjunction with the California Association of Public Health Laboratory Directors Executive Committee (CAPHLD EC) and the Office of the State Public Health Laboratory Director (OSPHLD) shall process all received applications. The CAPHLD EC recommendations for funding will be made to EPO who administer the agreement and funding for this award.

There is $406,500 available in laboratory (lab) training awards to Local Health Department (LHD) Reference and Sentinel Labs for training of Public Health Microbiologists (PHM). Refer to Funding Guidance for a list of labs. The funding available breaks down as follows:

- Lab Training Funds of $30,000 each, only 12 available
- Lab Training Assistance of $15,500 each, only 3 available

Lab Training Funds

This funding is in support of PHM trainees and limited training supplies. The application criteria are:

- Each LHD lab's trainee applicant must be approved by CDPH Laboratory Field Services (LFS)
- The applicant LHD lab must be approved by CDPH LFS for PHM training, and
- The LHD lab providing the PHM training and applying for the funds must provide a training schedule that is within the Federal budgeting cycle of July 1, 2022 to June 30, 2023.

Applying

To apply for the Lab Training Funds complete and submit the documents below to the Emergency Preparedness Office (EPO) via email to LHBTProg@cdph.ca.gov cc: katya.ledin@cdph.ca.gov and CAPHLD.documents@gmail.com.

The email must contain the following:

Email Subject: *County Name* FY22-23 PHEP Application – Lab Training & Assistance

Attachments:

1. Letter to EPO – see page 3, complete highlighted text
2. Current Public Health Microbiologist Trainee certificate/license, or LFS Trainee Support Letter – see example page 4, LFS completes

3. Training Schedule – LHD document

Awards

Notification of Lab Training funds award approval will be sent to the LHD and LHD Lab. If the number of applications exceeds the number of awards, CAPHLD EC will make a recommendation to EPO based on the number of funds requested, lab needs, participation in training with other approved labs and history of successful training.

Lab Training Assistance

This funding is to assist with PHM training and may be used to backfill local staff released for training PHM or to hire experts to do PHM training and for materials and supplies needed for PHM training. The application criteria are:

- The applicant LHD lab must have at least one PHM Lab Training funds applicant,
- The applicant LHD lab must be approved by CDPH LFS for PHM training,
- The applicant LHD lab must have an agreement with at least two other approved labs to participate jointly in PHM training,
- The applicant LHD lab must submit the attached lab PHM Lab Training Funds application.

Applying

To apply for Lab Training Assistance the LHD lab must be applying for Lab Training funds and complete and submit the documents below to the Emergency Preparedness Office (EPO) via email to LHBTProg@cdph.ca.gov cc: katya.ledin@cdph.ca.gov, and CAPHLD.documents@gmail.com.

The email must contain the following:

Email Subject: *County Name* FY 22-23 PHEP Application – Lab Training & Assistance

Attachments:

1. Complete steps 1 - 3 of the Lab Training Funds application
2. Two Support Letters (minimum) – see example page 5, complete highlighted text

Awards

Notification of Lab Training Assistance award approval will be sent to the LHD and LHD Lab. If the number of applications exceeds the number of awards, CAPHLD EC will make a recommendation to EPO based on the number of funds requested, lab needs, participation in training with other approved labs and history of successful training.

Applicant LHD Letter Head

Date

Department of Public Health
Emergency Preparedness Office
Attention: Local Emergency Preparedness Section
MS 7002
P.O. Box 997377
Sacramento, CA 95899-7377

RE: APPLICATION FOR LABORATORY TRAINING FUNDS

This is our formal request for one laboratory training grant award in the amount of $30,000 for a Public Health Microbiologist trainee. The name of the trainee is trainee First & Last name; who is qualified and interested in the position.

The training will be conducted in the LHD Name LHD Public Health Laboratory from Month Date, Year to Month Date, Year.

Enclosed with this letter is the Laboratory Field Services (LFS) approval letter or current Public Health Microbiologist Trainee (PMT) certificate/license for our proposed trainee, and a tentative training schedule is attached with this application.

Sincerely,

First & Last Name
Title (Laboratory Manager/Director, Assistant Director or Bioterrorism Coordinator
LHD Name LHD Department of Public Health
Address 1
Address 2
City, State Zip

encl.

Cc:
LHD Emergency Preparedness Coordinator(s)
LHD Health Officer (optional)

EXAMPLE
Will be on CDPH Letter Head

Date

Trainee First & Last Name
Trainee Address 1
Trainee Address 2
Trainee City, State Zip

RE: PUBLIC HEALTH MICROBIOLOGIST TRAINEE SUPPORT LETTER
FROM: LABORATORY FIELD SERVICES

☐ You have been approved as a Public Health Microbiologist Trainee.

☐ You will need 26 weeks of training in an approved public health training laboratory.

☐ You may qualify for some reduction of the 26 weeks training period based upon your clinical laboratory experience when verified. Specific evaluation of your experienced will be made if you are being considered for an appointment to a training program.

☐ You should make copies of this letter and forward a copy, along with a cover letter and your resume, to the approved public health training laboratories where you may wish to apply for a trainee position.

☐ Before we can approve your application to take the certification examination, it must be determined that your experience is at least equivalent to the required training for admission to this examination. We will be contacting your current and former employers to ascertain the nature and extent of your laboratory experience.

☐ You have been approved to take the state examination for certification as a Public Health Microbiologist.

☐ You have been issued a temporary certificate. It is valid until the date of expiration which appears on the certificates upper left corner or until the results of the examination are known.

☐ The temporary certification becomes in valid should you fail the examination.

☐ The next scheduled state examination for certification as a Public Health Microbiologist will be held as listed in the enclosed schedule.

☐ Enclosures.

SAMPLE
Support LHD(s) Letter Head

Date

Department of Public Health
Emergency Preparedness Office
Attention: Local Emergency Preparedness Section
MS 7002
P.O. Box 997377
Sacramento, CA 95899-7377

RE: SUPPORT LETTER FOR LABORATORY TRAINING ASSISTANCE

This letter is our formal support of the Applying LHD Name LHD Public Health Laboratory's Public Health Microbiologist training. Applying LHD Name LHD Public Health Laboratory is one of the laboratories involved in the joint training and has a dedicated history of training microbiologists. We continue to support the Public Health Microbiologist (PHM) training programs of our partners which play an important role in alleviating the shortage of PHMs in the State of California. This training helps maintain staff competency and laboratory capabilities and keep up with advances in the field of public health microbiology.

Sincerely,

First & Last Name
Title (Laboratory Manager/Director, Assistant Director or Bioterrorism Coordinator)
LHD Name LHD Department of Public Health
Address 1
Address 2
City, State Zip

1. Cancellation / Termination

A. This Grant may be cancelled by CDPH without cause upon thirty (30) calendar days advance written notice to the Grantee.

B. CDPH reserves the right to cancel or terminate this Grant immediately for cause. The Grantee may submit a written request to terminate this Grant only if CDPH substantially fails to perform its responsibilities as provided herein.

C. The term "for cause" shall mean that the Grantee fails to meet the terms, conditions, and/or responsibilities of this agreement. Causes for termination include, but are not limited to the following occurrences:

1) If the Grantee knowingly furnishes any statement, representation, warranty, or certification in connection with the agreement, which representation is materially false, deceptive, incorrect, or incomplete.

2) If the Grantee fails to perform any material requirement of this Grant or defaults in performance of this agreement.

3) If the Grantee files for bankruptcy, or if CDPH determines that the Grantee becomes financially incapable of completing this agreement.

D. Grant termination or cancellation shall be effective as of the date indicated in CDPH's notification to the Grantee. The notice shall stipulate any final performance, invoicing or payment requirements.

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

F. In the event of termination, and at the request of CDPH, the Grantee shall furnish copies of all proposals, specifications, designs, procedures, layouts, copy, and other materials related to the services or deliverables provided under this Grant, whether finished or in progress on the termination date.

G. The Grantee will not be entitled to reimbursement for any expenses incurred for services and deliverables pursuant to this agreement after the effective date of termination.

H. Upon receipt of notification of termination of this Grant, and except as otherwise specified by CDPH, the Grantee shall:

1) Place no further order or subgrants for materials, services, or facilities.

2) Settle all outstanding liabilities and all claims arising out of such termination of orders and subgrants.

3) Upon the effective date of termination of the Grant and the payment by CDPH of all items properly changeable to CDPH hereunder, Grantee shall transfer, assign and make available to CDPH all property and materials belonging to CDPH, all rights and claims to any and all reservations, grants, and arrangements with owners of media/PR materials, or others, and shall make available to CDPH all written information regarding CDPH's media/PR materials, and no extra compensation is to be paid to Grantee for its services.

4) Take such action as may be necessary, or as CDPH may specify, to protect and preserve any property related to this agreement which is in the possession of the Grantee and in which CDPH has or may acquire an interest.

I. CDPH may, at its discretion, require the Grantee to cease performance of certain components of the Scope of Work as designated by CDPH and complete performance of other components prior to the termination date of the Grant.

2. Avoidance of Conflicts of Interest by Grantee

A. CDPH intends to avoid any real or apparent conflict of interest on the part of the Grantee, subgrants, or employees, officers and directors of the Grantee or subgrants. Thus, CDPH reserves the right to determine, at its sole discretion, whether any information, assertion or claim received from any source indicates the existence of a real or apparent conflict of interest; and, if a conflict is found to exist, to require the Grantee to submit additional information or a plan for resolving the conflict, subject to CDPH review and prior approval.

B. Conflicts of interest include, but are not limited to:

1) An instance where the Grantee or any of its subgrants, or any employee, officer, or director of the Grantee or any subgrant or has an interest, financial or otherwise, whereby the use or disclosure of information obtained while performing services under the grant would allow for private or personal benefit or for any purpose that is contrary to the goals and objectives of the grant.

2) An instance where the Grantee's or any subgrant's employees, officers, or directors use their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business or other ties.

C. If CDPH is or becomes aware of a known or suspected conflict of interest, the Grantee will be given an opportunity to submit additional information or to resolve the conflict. A Grantee with a suspected conflict of interest will have five (5) working days from the date of notification of the conflict by CDPH to provide complete information regarding the suspected conflict. If a conflict of interest is determined to exist by CDPH and cannot be resolved to the satisfaction of CDPH, the conflict will

be grounds for terminating the grant. CDPH may, at its discretion upon receipt of a written request from the Grantee, authorize an extension of the timeline indicated herein.

3. Dispute Resolution Process

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

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

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

B. If the Grantee wishes to appeal the decision of the Deputy Director of the division in which the branch is organized or his/her designee, the Grantee shall follow the procedures set forth in Division 25.1 (commencing with Section 38050) of the Health and Safety Code and the regulations adopted thereunder. (Title 1, Division 2, Chapter 2, Article 3 (commencing with Section 1140) of the California Code of Regulations).

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

D. Unless otherwise stipulated in writing by CDPH, all dispute, grievance and/or appeal correspondence shall be directed to the CDPH Grant Manager.

E. There are organizational differences within CDPH's funding programs and the management levels identified in this dispute resolution provision may not apply in every contractual situation. When a grievance is received and organizational differences exist, the Grantee shall be notified in writing by the CDPH Grant Manager of the level, name, and/or title of the appropriate management official that is responsible for issuing a decision at a given level.

4. Executive Order N-6-22 - Economic Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. "Economic Sanctions" refers to sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law. The EO directs state agencies to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should the State determine Grantee is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this Agreement. The State shall provide Grantee advance written notice of such termination, allowing Grantee at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the State.

Prior to awarding and executing grant, the State shall conduct its due diligence to determine if the proposed awardee is a named individual or entity on federal and any state Economic Sanctions lists. If the proposed awardee is listed, the State shall refrain from entering into the Grant. Resources for locating names of sanctioned individuals and entities are available on the DGS Office of Legal Services' webpage: Ukraine-Russia (ca.gov).

If this Agreement is valued at $5 million or more, upon execution the State will send a separate notification outlining additional requirements specified under the EO. Compliance with this Economic Sanctions imposed in response to Russia's actions in Ukraine is required, including with respect to, but not limited to, the federal executive orders identified in the EO and the sanctions identified on the U.S. Department of the Treasury website (https://home.treasury.gov/policy-issues/financial-sanctions/sanctionsprograms-and-country-information/ukraine-russia-related-sanctions). Failure to comply may result in the termination of this Agreement.

Exhibit F
Federal Terms and Conditions

(For Federally Funded Grant Agreements)

This exhibit contains provisions that require strict adherence to various contracting laws and policies.

Index of Special Terms and Conditions

1. Federal Funds
2. Federal Equal Employment Opportunity Requirements
3. Debarment and Suspension Certification
4. Covenant Against Contingent Fees
5. Lobbying Restrictions and Disclosure Certification
6. Additional Restrictions
7. Human Subjects Use Requirments
8. Audit and Record Retention
9. Federal Requirements

1. Federal Funds

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

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

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

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

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

2. Federal Equal Opportunity Requirements

(Applicable to all federally funded grants entered into by the California Department of Public Health (CDPH) formerly known as California Department of Health Services (CDHS).)

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

b. The Grantee will, in all solicitations or advancements for employees placed by or on behalf of the Grantee, state that all qualified applicants will receive consideration for employment

without regard to race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era.

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

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

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

f. In the event of the Grantee's noncompliance with the requirements of the provisions herein or with any federal rules, regulations, or orders which are referenced herein, this Agreement may be cancelled, terminated, or suspended in whole or in part and the Grantee may be declared ineligible for further federal and state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and such other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, including by Executive Order 11375, ‘Amending Executive Order 11246 Relating to Equal Employment Opportunity,‘ and as supplemented by regulation at 41 CFR part 60, “Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor,” or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

g. The Grantee will include the provisions of Paragraphs a through g in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Federal Executive Order No. 11246 as amended, including by Executive Order 11375, ‘Amending Executive Order 11246 Relating to Equal Employment Opportunity,‘ and as supplemented by regulation at 41 CFR part 60, “Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor,” or Section 503 of the Rehabilitation Act of 1973 or (38 U.S.C. 4212) of the Vietnam Era Veteran's Readjustment Assistance Act, so that such provisions will be binding upon each subgrantee or vendor. The Grantee will take such action with

respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs or CDPH may direct as a means of enforcing such provisions including sanctions for noncompliance provided, however, that in the event the Grantee becomes involved in, or is threatened with litigation by a subgrantee or vendor as a result of such direction by CDPH, the Grantee may request in writing to CDPH, who, in turn, may request the United States to enter into such litigation to protect the interests of the State and of the United States.

3. Debarment and Suspension Certification

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

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

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

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

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

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

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

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

c. If the Grantee is unable to certify to any of the statements in this certification, the Grantee shall submit an explanation to the CDPH Program Contract Manager.

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

e. If the Grantee knowingly violates this certification, in addition to other remedies available to the Federal Government, the CDPH may terminate this Agreement for cause or default.

4. Covenant Against Contingent Fees

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

5. Lobbying Restrictions and Disclosure Certification

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

a. Certification and Disclosure Requirements

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

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

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

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

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

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

(4) Each person (or recipient) who requests or receives from a person referred to in

Paragraph a(1) of this provision a grant or subgrant exceeding $100,000 at any tier under a grant shall file a certification, and a disclosure form, if required, to the next tier above.

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

b. Prohibition

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

6. **Additional Restrictions**

Grantee shall comply with the restrictions under Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (H.R. 2055), which provides that:

"SEC. 503.(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.
(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay 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 the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control."

7. Human Subjects Use Requirements

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

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

8. Audit and Record Retention

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

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

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

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

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

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

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

f. The Grantee may, at its discretion, following receipt of final payment under this Agreement, reduce its accounts, books and records related to this Agreement to electoronic data storage device. Upon request by an authorized representative to inspect, audit or obtain copies of said records, the Grantee and/or Subgrantee must supply or make available applicable devices, hardware, and/or software necessary to view, copy and/or print said records.

9. Federal Requirements

Grantee agrees to comply with and shall require all subgrantee's, if any, to comply with all applicable Federal requirements including but not limited to the United States Code, the Code of Federal Regulations, the Funding Opportunity Announcement, the Notice of Award, the funding agreement, and any memoranda or letter regarding the applicable Federal requirements.

Attachment 1

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

CERTIFICATION REGARDING LOBBYING

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

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

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

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

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

County of Sierra	Paul Roen, Chairman of the Board
Name of Grantee	Printed Name of Person Signing for Grantee
22-10687	
Contract / Grant Number	Signature of Person Signing for Grantee
Date	Title

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

California Department of Public Health
Program
P.O. Box 997377, MS XXX
Sacramento, CA 95899-XXXX

CDPH reserves the right to notifiy the Grantee in writing of an alternate submission address.

Attachment 2

CERTIFICATION REGARDING LOBBYING

Approved by OMB Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 13520348-0046

(See reverse for public burden disclosure)

1. Type of Federal Action: [ ] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: [ ] a. bid/offer/application b. initial award c. post-award	3. Report Type: [ ] a. initial filing b. material change For Material Change Only: Year _____ quarter _____ date of last report _____.
4. Name and Address of Reporting Entity: ☐ Prime ☐ Subawardee Tier ___, if known:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:	
6. Federal Department/Agency	7. Federal Program Name/Description:	
8. Federal Action Number, if known:	9. Award Amount, if known:	
10.a. Name and Address of Lobbying Registrant *(If individual, last name, first name, MI)*:	b. Individuals Performing Services *(including address if different from 10a.* *(Last name, First name, MI):*	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. required disclosure shall be subject to a not more than $100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: Date: _____ _____	
Federal Use Only	Authorized for Local Reproduction Standard Form-LLL (Rev. 7-97)	

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

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

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

2. Identify the status of the covered Federal action.

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

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

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.

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

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

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

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

10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

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

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.