	INTERGOVERNMENTAL AGREEMENT (IGA) **Amendment**	**ARIZONA DEPARTMENT OF HEALTH SERVICES** 150 18th Ave Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR055214 / IGA Amendment No: 3	Procurement Officer **Hana Hehman**

PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM

It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1. Pursuant to the Terms and Conditions, Provision Six (6), Contract Changes, Section 6.1, Amendments, Purchase Orders and Change Orders, the following changes are made under this Amendment Three (3):

1.1 The Scope of Work is hereby revised and replaced;

1.2 The Price Sheet is hereby revised and replaced;

1.3 Exhibit A is hereby revised and replaced; and

1.4 Exhibit B (Grant Deliverables) has been revised and replaced.

ALL CHANGES ARE MARKED BELOW IN RED

All other provisions of this agreement remain unchanged.

Maricopa County

Contractor Name: 4041 North Central Ave.	County Authorized Signature
Address:	Print Name
Phoenix AZ 85012 City State Zip	Title and Date

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of Arizona	This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory. State of Arizona
Signature Date	Signed this _____ day of _____ 202_.
Print Name	Procurement Officer
Contract No.: **CTR055214**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.	
Signature Date	
Assistant Attorney General	
Print Name	

SCOPE OF WORK

1. BACKGROUND

1.1 Centers for Disease Control and Prevention Public Health Emergency Preparedness (PHEP) Grant

The Arizona Department of Health Services (ADHS), through the Bureau of Public Health Emergency Preparedness (PHEP), has been working with Arizona Counties and Tribes to improve the preparedness of each community in the event of any public health emergency. Most of these projects were funded by grants from the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS). and

1.2 Workforce Development Grant

ADHS is tasked with overseeing the CDC Workforce Development Crisis Emergency Cooperative Agreement to address the need to establish, expand, and sustain a public health workforce to support COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs. Funding for this initiative comes from the CDC Workforce Development Crisis Emergency Cooperative Agreement.

2. OBJECTIVE

2.1 Centers for Disease Control and Prevention Public Health Emergency Preparedness (PHEP) Grant

This Agreement is intended to improve upon the process. Nothing in this Agreement is meant to supplant or in any other way discourage existing planning and coordination between County and Tribal Health Departments. This Agreement is designed to increase participation in the ongoing development of the State and County Health Preparedness Infrastructure through the CDC Public Health Preparedness Cooperative Agreement with the ADHS;

2.2 Workforce Development Grant (if applicable)

The goal of this project will be utilizing grant funds to establish, expand, train and sustain the public health workforce to support COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs. ADHS will be working with each jurisdiction on the school-based initiatives that are separate and in addition to their funding amounts through a partnership with the Department of Education.

ADHS stakeholders are essential in providing support to the healthcare delivery system across Arizona. Sub-recipients of CDC Workforce Development Crisis Emergency funds are expected to strengthen and enhance jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including public health workforce development needs and school-based health programs. Grant related activities should be completed over a two (2) year period and fall within the following four (4) main strategies:

2.2.1 Hiring of additional public health staff to sustain ongoing COVID-19 response and recovery initiatives,

2.2.1.1 The costs, including wages and benefits, related to recruiting, hiring and training of individuals to serve as:

2.2.1.1.1 Professional or clinical staff, including public health physicians and

nurses (other than school-based staff); mental or behavioral health specialists to support workforce and community resilience; social service specialists; vaccinators; or laboratory scientists or technicians,

2.2.1.1.2 Disease investigation staff, including epidemiologists; case investigators; contact tracers; or disease intervention specialists,

2.2.1.1.3 Program staff, including program managers; communications and policy staff; logisticians; planning and exercise specialists; program evaluators; pandemic preparedness and response coordinators to support the current pandemic response and identify lessons learned to help prepare for possible future disease outbreaks; health equity officers or teams; data managers, including informaticians, data scientists, or data entry personnel; translation services; trainers or health educators; or other community health workers,

2.2.1.1.4 Administrative staff, including human resources personnel; fiscal or grant managers; clerical staff; staff to track and report on hiring under this cooperative agreement; or others needed to ensure rapid hiring and procurement of goods and services and other administrative services associated with successfully managing multiple federal finding streams for the COVID-19 response, and

2.2.1.1.5 Any other positions that may be required to prevent, prepare for, and respond to COVID-19.

2.2.1.2 Purchase of equipment and supplies necessary to support the expanded workforce including personal protective equipment, equipment needed to perform the duties of the position, computers, cell phones, internet costs, cybersecurity software, and other costs associated with support of the expanded workforce (to the extent these are not included in recipient indirect costs).

2.2.2 Augment the public health workforce pipeline to improve the ability to sustain COVID-19 recovery initiatives and prepare for future responses,

2.2.3 Develop or enhance training programs for new and/or existing public health staff supporting COVID-19 preparedness, response, and recovery efforts, and

2.2.4 Retain existing public health staff through various initiatives to ensure continued COVID- 19 preparedness, response, and recovery efforts.

3. TASKS

3.1 Centers for Disease Control and Prevention Public Health Emergency Preparedness (PHEP) Grant:

The Subrecipient shall:

3.1.1 Appoint a PHEP Coordinator, or other staff member, responsible for overseeing all grant related activities, budgets, and reports,

3.1.2 Participate in Public Health Preparedness Regional Healthcare Coalition meetings and conference calls held in Subrecipient's regional communities as appropriate. Attend and participate in the respective regional Integrated Preparedness Planning Workshop (IPPW) meeting,

3.1.3 Review the attached ADHS PHEP Grant Deliverables (Exhibit B) document and use for grant reference, and

3.1.4 Review and update, in writing, the Subrecipient's PHEP and Response Plans according to the timeframes identified under this ADHS PHEP Grant Deliverables document:

3.1.4.1 Develop or update mutual aid agreements with other jurisdictions, in accordance with the approved Subrecipient's Public Health Emergency Preparedness and Response Plan.

3.2 Medical Electronic Disease Surveillance and Intelligence System (MEDSIS):

The Subrecipient shall:

3.2.1 Participate in ADHS-coordinated workgroups for MEDSIS enhancements to include Tribal communities (if applicable) and Electronic Laboratory Reporting (ELR) capabilities,

3.2.2 Participate in epidemiology specific trainings, workshops, or conferences provided by ADHS or an ADHS recognized training session (if applicable),

3.3 Public Health Emergency Exercises:

The Subrecipient shall:

3.3.1 Participate in required ADHS led statewide/regional public health exercises,

3.4 ADHS shall:

Monitor the expenditure of funds for the reports submitted. If there are any reports that are not submitted on or before the appropriate submission date, the Subrecipient could be subject to a potential reduction in funds, or loss of funds for the following year:

3.4.1 Expenditures that are not on an approved budget or approved redirection may not be eligible for reimbursement from ADHS.

4. FINANCIAL REQUIREMENTS

4.1 For Centers for Disease Control and Prevention Public Health Emergency Preparedness (PHEP) Grant:

4.1.1 The Subrecipient shall participate in match requirement:

4.1.1.1 The PHEP award required a ten percent (10%) "in-kind" or "soft" match from all Subrecipients. Each Subrecipient must include in their budget submission, the format they shall use to cover the match and method of documentation. Failure to include the match formula shall preclude funding. ADHS may not award a Contract

under this program unless the Subrecipient agrees that, with respect to the amount of the cooperative agreement allocated by ADHS, the Subrecipient shall make available non- federal contributions in the amount of ten percent (10%) [one dollar ($1) for each ten dollars ($10) of federal funds provided in the cooperative agreement) of the award, whether provided through financial or direct assistance. Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services;

4.1.1.2 Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such non-federal contributions. Documentation of match, including methods and sources, must be included in sub-recipient budget each budget period, include calculations for both financial assistance and direct assistance, follow procedures for generally accepted accounting practices, and meet audit requirements;

4.1.1.3 Direct Costs

Show the direct costs by listing the totals of each category, including salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual costs. Provide the total direct costs within the budget; and

4.1.1.4 Indirect Costs

To claim indirect costs up to the state's approved rate, the Subrecipient must have a current approved indirect cost rate agreement established with the applicable federal agency. A copy of the most recent indirect cost rate shall be submitted to ADHS with the signed Agreement. Indirect cost percentage cannot exceed the current ADHS rate without an approved indirect cost rate agreement. If the Subrecipient does not have an approved federal indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs and a default indirect percentage of 10% may be used.

4.1.2 Inventory

Upon request, the Subrecipient shall provide an inventory list to ADHS. The inventory list shall include all equipment purchased. Items over $5,000 will require an ADHS asset tag.

4.1.3 Budget Allocation and Work Plan

4.1.3.1 The Subrecipient shall complete the budget tool provided by ADHS, and return to ADHS for review and approval. Funding may not be released until the budget has been approved by ADHS; and

4.1.3.2 All activities and procurements funded through the PHEP grant shall be aligned with the budget/spend plan and work plan. These tools shall help the Subrecipient to reach the goals and objectives outlined in the ADHS PHEP Grant Deliverables document.

4.1.4 Conduct Financial accounting, auditing and reporting consistent with the ADHS Accounting

and Auditing Procedures Manual, which can be found at https://drive.google.com/file/d/15mO7JShrS9VFfqaCXhlmhthqsv74yM9M/view,

4.1.5 Prepare monthly Contractor Expenditure Reports (CERs) with supporting documentation by the established due dates identified by ADHS. Failure to accomplish monthly financial reports within specified time frames, without prior coordination of ADHS program leadership, could result in a reduction or loss of grant funding in subsequent years, and

4.1.6 Expanded Authority: ADHS is permitted the following expanded authority in the administration of the award. Carryover of unobligated balances from one (1) budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved:

4.1.6.1 2022-2023 Budget Period Four (4) PHEP funds may be applied to approved Subrecipient expenses incurred up to and including June 30, 2024; and

4.1.6.2 Workforce Development funds, if applicable, may be applied to approved Subrecipient expenses incurred up to and including June 30, 2024.

4.2 **For Workforce Development Grant (if applicable)**

Regardless of funding allocation for each Budget Period (BP), participants are expected to continue their best efforts towards the completion of the reporting requirements as outlined in Section 6.2.

4.2.1 Match

4.2.1.1 No match is required for these funds.

4.2.2 Inventory

4.2.2.1 When requested by ADHS, Subrecipient shall provide a complete annual inventory report to include all capital equipment above the five-thousand ($5,000) threshold.

4.2.3 Budget Allocation and Work Plan

4.2.3.1 Annual budgets and work plans will be reviewed and approved by ADHS before funding is released.

5. GRANT ACTIVITY OVERSIGHT FOR WORKFORCE DEVELOPMENT GRANT (if applicable)

ADHS shall monitor the expenditure of funds for the reports submitted. If there are any reports that are not submitted on or before the appropriate submission date, the Subrecipient could be subject to a potential reduction in funds, or loss of funds for the following year.

Expenditure that are not on an approved budget or approved redirection may not be eligible for reimbursement from ADHS.

Failure to meet the performance measures or deliverables may result in a reduction or withholding subsequent awards.

6. DELIVERABLES

6.1 PHEP Grant

6.1.1 Provide to ADHS the primary and secondary contact information for its public health incident command team, as part of the mid-year report due by December 31st,

6.1.2 Provide annually twenty-four (24) hours a day/seven (7) days a week/ three hundred sixty-five (365) days a year, public health emergency contact number for its Public Health Department or a designated health emergency contact person and within ten (10) days of any changes,

6.1.3 Upon activation of the Subrecipient's Health Emergency Operations Center, the Subrecipient shall provide the primary and secondary contact information for its public health incident command team,

6.1.4 Submit by June 1st an annual spending plan using the budget tool supplied by ADHS for the completion of the work plan to meet selected deliverables,

6.1.5 Submit monthly expenditure reports to the ADHS PHEP Grant Coordinator by the last day of the following month and include all supporting documents, receipts and reports necessary to back up the expenditures,

6.1.6 Submit a mid-year Report, utilizing the templates provided, to the ADHS PHEP Grant Coordinator; the report will include progress toward the completion of identified work plan activities and outcome for the budget period. The semi-annual report is due no later than January 31st, and

6.1.7 Submit an End of Year Report, utilizing the templates provided, to the ADHS PHEP Grant Coordinator; the report will include a narrative that describes the final progress toward the completion of the planned activities and outcomes. Challenges and barriers that prevented the completion of the activities is also required. The End of Year report is due no later than September 15th following the end of the budget period.

6.2 Workforce Development Grant (if applicable)

Report progress on the activities within approved workplans, spending reports, progress on hiring goals and priorities shall be reported in a timely manner to ensure ADHS has adequate time to compile the information and prepare it for submission at the federal level. Sub-recipient is also responsible to report on diversity, equity, and inclusion plan metrics;

6.2.1 Progress report – submit status update on meeting hiring goals and diversity, equity and inclusion (DEI) metrics. Progress reports are due every six (6) months:

6.2.1.1 The period July 1, 2023 – November 30, 2023 is due December 31, 2023; and

6.2.1.2 The period December 1, 2023 – May 31, 2024 is due June 30, 2024;

6.2.2 End-of-Program Report (dates covered: July 1, 2021-June 30, 2024)- submit final report on overall workplan activities, hiring goals, and DEI metrics. ADHS shall send out the End-of-Program report template in advance of the due date – August 25, 2024, and

6.2.3 The Subrecipient shall prepare monthly CERs with supporting documentation by the established due dates identified by ADHS. Failure to accomplish monthly financial reports within specified time frames, without prior coordination of ADHS program leadership, could result in a reduction or loss of grant finding in subsequent years.

7. NOTICES, CORRESPONDENCE, REPORTS, INVOICES/CERs AND PAYMENT

7.1 Notices, Correspondence and Reports from the Subrecipient to ADHS shall be sent to:

Arizona Department of Health Services
Public Health Emergency Preparedness
150 North 18th Avenue, Suite 150
Phoenix, Arizona 85007

7.1.1 The PHEP grant email address is: phepchp@azdhs.gov

7.1.2 The Workforce Development Grant email address is: wfdgrant@azdhs.gov

7.2 Automated Clearing House

ADHS may pay invoices for some or all Orders through an Automated Clearing House (ACH). In order to receive payments in this manner, the Subrecipient must complete an ACH Vendor Authorization Form (form GAO-618) within 30 (thirty) days after the effective date of the Contract. The form is available online at: https://grants.az.gov/sites/default/files/GAO-618%20ACH%20Authorization%20Form%20101019.pdf.

7.2.1 ACH Vendor Authorization Form shall be emailed to Vendor.Payautomation@azdoa.gov

7.3 Notices, Correspondence and Payments from the ADHS to the Subrecipient shall be sent to:

Maricopa County
Attn: Katie Turnbow
4041 North Central Ave.
Phoenix, AZ 85012
Phone: (602) 506-6415
Email:
katie.turnbow@maricopa.gov

PRICE SHEET

PHEP GRANT

Budget Period Five (5)

Cost Reimbursement

Description	Amount
Funds to enhance current PHEP activities per the deliverables in the attached ADHS PHEP Grant Deliverables document and upon ADHS approval of monthly Contractor Expenditure Reports (CER's).	$1,941,093.00
Funds to enhance current PHEP activities (which includes CRI jurisdictional requirements) per the deliverables in the attached ADHS PHEP Grant Deliverables document and upon ADHS approval of the monthly Contract Expenditure Reports (CERs).	$1,233,476.00
TOTAL (NOT TO EXCEED)	**$3,174,569.00**

Exhibit A

Exhibit - 2 CFR 200.332

§ 200.332
Requirements for pass-through entities.
All pass-through entities must:
(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:	**Arizona Department of Health Services**
UEI#	**QMWUG1AMYF65**
Federal Award Identification (Grant Number):	NU90TP922004
Subrecipient name (which must match the name associated with its unique entity identifier):	Maricopa County
Subrecipient's unique entity identifier (DUNS #):	LM85MG1513K5
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	NU90TP922004
Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;	TBD
Subaward Period of Performance Start and End Date;	7/01/2019-6/30/2024
Subaward Budget Period Start and End Date:	7/01/2023-6/30/2024
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):	$1,941,093.00
Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):	$8,089,605.00
Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	$12,895,655.00
Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Public Health Emergency Preparedness
Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity	Centers for Disease Control and Prevention
Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:	93.069
Identification of whether the award is R&D	◯ Yes ◯ No
Indirect cost rate for the Federal award (including the de minimis rate is charged) per § 200.414	

Exhibit - 2 CFR 200.332

§ 200.332
Requirements for pass-through entities.
All pass-through entities must:
(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:	**Arizona Department of Health Services**
UEI#	**QMWUG1AMYF65**
Federal Award Identification (Grant Number):	NU90TP922004
Subrecipient name (which must match the name associated with its unique entity identifier):	Maricopa County CRI
Subrecipient's unique entity identifier (DUNS #):	LM85MG1513K5
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	NU90TP922004
Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;	TBD
Subaward Period of Performance Start and End Date;	7/01/2019-6/30/2024
Subaward Budget Period Start and End Date:	7/01/2023-6/30/2024
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):	$1,233,476.00
Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):	$8,089,605.00
Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	$12,895,655.00
Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Public Health Emergency Preparedness
Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity	Centers for Disease Control and Prevention
Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:	93.069
Identification of whether the award is R&D	◯ Yes ◯ No
Indirect cost rate for the Federal award (including the de minimis rate is charged) per § 200.414	

ARIZONA DEPARTMENT OF HEALTH SERVICES

Bureau of Public Health Emergency Preparedness

Exhibit B

GRANT DELIVERABLES

Project Period: 2019-2024
Budget Period 5

PERIOD OF PERFORMANCE
(July 1, 2023 – June 30, 2024)

Table of Contents

INTRODUCTION

The Grant Guidance Deliverable document was developed based, in part, on information set forth in the Centers for Disease Control and Prevention's Office of Public Health Preparedness and Response funding opportunity announcement 2019-2024 -PHEP Cooperative Agreement CDC-RFA-TP19-1901 and continuation guidance from the CDC. During this five year project period, the Arizona Department of Health Services and sub-recipients (tribal and county health departments) will increase or maintain their levels of effectiveness across the six key preparedness domains to achieve a prepared public health system.

The six preparedness domains are:

1. Strengthen Community Resilience
   - Capability 1: Community Preparedness
   - Capability 2: Community Recovery
2. Strengthen Incident Management
   - Capability 3: Emergency Operation Coordination
3. Strengthen Information Management
   - Capability 4: Emergency Public Information and Warning
   - Capability 6: Information Sharing
4. Strengthen Countermeasures and Mitigation
   - Capability 8: Medical Countermeasure Dispensing and Administration
   - Capability 9: Medical Materiel Management and Distribution
   - Capability 11: Non-Pharmaceutical Interventions
   - Capability 14: Responder Safety and Health
5. Strengthen Surge Management
   - Capability 5: Fatality Management
   - Capability 7: Mass Care
   - Capability 10: Medical Surge
   - Capability 15: Volunteer Management
6. Strengthen Biosurveillance
   - Capability 12: Public Health Laboratory Testing

- Capability 13: Public Health Surveillance and Epidemiological Investigation

FEDERAL REQUIREMENTS FOR ADHS

Project Period Requirements for ADHS (2019-2024)

- One fiscal preparedness tabletop exercise once during the five-year period **(completed in November 2021)**
- One MCM distribution full-scale exercise once during the five-year period **(completed in November 2019)**
- One MCM dispensing full-scale exercise or one mass vaccination full-scale exercise (one POD in each CRI local planning jurisdiction will be exercised) **(completed in November 2019)**
- Complete two table top exercises (TTX) every five years. One TTX to demonstrate readiness for an anthrax scenario and one to demonstrate a pandemic response scenario.
- Complete one functional exercise every five years that focuses on the vaccination of at least one critical workforce group to demonstrate readiness for a pandemic response scenario. **(satisfied by COVID response)**
- Complete one full scale exercise every five years to demonstrate operational readiness for a pandemic response scenario. **(satisfied by COVID response)**

Funding Restrictions

Funding restrictions that will be considered for workplan and budget development:

- May not use funds for research.
- May not use funds for clinical care except as allowed by law.
- May not use funds for construction or major renovations.
- May use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to ADHS on behalf of the sub-recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary sub-recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

General Restrictions

- May supplement but not supplant existing state or federal funds for activities described in the budget.
- Payment or reimbursement of backfilling costs for staff is not allowed.
- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or $189,600 per year.
- Funds may not be used to purchase or support (feed) animals for labs, including mice.
- Funds may not be used to purchase a house or other living quarters for those under quarantine. Rental may be allowed with approval from the CDC OGS.

Passenger Road Vehicles

- Funds cannot be used to purchase over-the road passenger vehicles.
- Funds cannot be used to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts.
- Can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas- driven motorized carts during times of need.
- Additionally, PHEP grant funds can (with prior approval) be used to make transportation agreements with commercial carriers for movement of materials, supplies and equipment. There should be a written process for initiating transportation agreements (e.g., contracts, memoranda of understanding, formal written agreements, and/or other letters of agreement). Transportation agreements should include, at a minimum:
    - Type of vendor
    - Number and type of vehicles, including vehicle load capacity and configuration
    - Number and type of drivers, including certification of drivers
    - Number and type of support personnel
    - Vendor's response time
    - Vendor's ability to maintain cold chain, if necessary to the incident
    - This relationship may be demonstrated by a signed transportation agreement or documentation of transportation planning meeting with the designated vendor. All documentation should be available to the CDC project officer for review if requested.

Transportation of Medical Materiel

- PHEP funds may be used (with approved budget) to procure leased or rental vehicles for movement of materials, supplies and equipment.
- PHEP funds may be used (with approved budget) to purchase material-handling equipment (MHE) such as industrial or warehouse-use trucks to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads.
- PHEP funds may be used (with approved budget) to purchase basic (non-motorized) trailers with prior approval from the CDC OGS.

Procurement of Food and Clothing

- Funds may not be used to purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits, sweatshirts, or T-shirts. Purchase of vests to be worn during exercises or responses may be allowed.
- Generally, funds may not be used to purchase food.

Vaccines

- Contact ADHS with vaccine requests in support of an activity.

LOCAL PROGRAM REQUIREMENTS

Meetings

1. ADHS Grant Meetings
    a. Attend annual Preparedness Community Conference (PCC)
    b. Attend annual Integrated Preparedness Plan Workshop (IPPW)
    c. Participate in ADHS Jurisdictional Risk Assessment Review and Analysis or equivalent

Exercise Planning and Conduct

1. Local jurisdictions are encouraged to conduct preparedness exercises in accordance with Homeland Security Exercise and Evaluation Program (HSEEP) fundamentals including:
    a. Exercise design and development
    b. Exercise conduct
    c. Exercise evaluation
    d. Improvement planning

e. More information and templates are available at: https://www.azdhs.gov/preparedness/emergency-preparedness/index.php#training-exercise-resources

Health Care Coalition

1. As core members of the Arizona Coalition for Healthcare Emergency Response (AzCHER), full participation in the AzCHER meetings, exercises, and drills in your respective regions is required.

Northern Region

- County Representatives: Apache County, Coconino County, Navajo County, and Yavapai County
- Tribal Representatives: Hopi Tribe, Navajo Nation and White Mountain Apache Tribe

Western Region

- County Representatives: La Paz County, Mohave County, and Yuma County
- Tribal Representatives: Cocopah Indian Tribe, Colorado River Indian Tribes, Fort Mojave Indian Tribe, Kaibab-Paiute Tribe and Quechan Tribe

Central Region

- County Representatives: Gila County, Maricopa County, and Pinal County
- Tribal Representatives: Gila River Indian Community and Salt River Pima-Maricopa Indian Community

Southern Region

- County Representatives: Cochise County, Graham County, Greenlee County, Pima County and Santa Cruz County
- Tribal Representatives: Pascua Yaqui Tribe, San Carlos Apache Tribe, and Tohono O'odham Nation

Plans, Training, and Exercise Implementation Criteria

Training and exercises should be gap based and linked to the CDC PHEP Domains. Proposed training and exercises will be based on identified gaps from previous exercises, real-world responses, risk assessments (e.g. JRA, CPG, CAWP, THIRA), or other documented sources.

1. **Program Requirements**
   A. Sub-recipient PHEP programs should establish and maintain a collaborative working relationship with emergency management. This will include, but not be limited to; emergency communication planning, strategies for addressing emergency events, the management of the consequences of power failures, natural disasters and other events that would affect public health.

   B. Sub-recipient PHEP programs should maintain documentation of all collaborative efforts with local and state emergency. management

   C. Sub-Recipients should participate in ADHS sponsored tabletops, functional exercises, or other activities.
      1. ADHS Coordination: Collaborate with ADHS throughout the planning process.
      2. At-Risk Individuals: Local jurisdictions will include provisions for the needs of at-risk individuals within each exercise. PHEP local jurisdictions will report on the strengths and areas for improvement identified though the coalition-based exercise After Action Reports and Improvement Plans (AARs/IPs). To learn more about the U.S. Department of Health and Human Services' definition of "at-risk" population visit this website: http://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx.

   D. Evaluation
      1. PHEP-funded exercises will address and list applicable Public Health Emergency Preparedness (PHEP) Capabilities in all qualifying exercises. A qualifying exercise is one that meets PHEP-specific implementation criteria as described in the grant.
      2. Exemption: A sub-recipient's response and recovery operations supporting real-world incidents could meet the criteria for an exercise requirement if the response was sufficient in scope and the AARs/IPs adequately detail which PHEP capabilities were evaluated. This will be addressed on an as-requested basis.

INFORMATION SERVICES

1. Local jurisdictions will have or have access to a secure alerting system that at a minimum has the ability to send email, and phone/ text alerts.

ADHS will provide training on the information systems and platforms as needed and/or requested. Examples of systems: EMResource, ESAR-VHP, AzHAN, iCAM, etc.

REPORTING

Progress on the deliverables, performance measures, and activities funded through the CDC grant will be reported as requested and in a timely manner to ensure ADHS has adequate time to compile the information and submit to the CDC.

Mid-Year Report

a. Mid-year reports are expected in advance of the due date determined by ADHS. Mid-year report templates are integrated within the sub-recipient workplan templates.
b. Update jurisdictional points of contact twice during each budget period (July 1 and December 31), or as changes occur, to facilitate time-sensitive, accurate information sharing within the local jurisdictions and between ADHS and the sub-recipients.

Annual Report (End of Year)

a. Annual reports are expected in advance of the due date determined by ADHS. End-of-year report templates are integrated within the sub-recipient workplan templates.

Planning, Training, and Exercise Deliverables

Program Activities	Due Date	Applies To	Comments
Participation in a Regional Integrated Preparedness Plan Workshop (IPPW)	Once annually	All PHEP Sub-Recipients	• PHEP Coordinator and/or designee
Attend Annual Preparedness Community Conference (PCC)	Once annually	All PHEP Sub-Recipients	• PHEP Coordinator and/or a designee

Complete a Final Integrated Preparedness Plan (IPP)	Annually as part of the Workplan submittal for the next budget period.	All PHEP Sub-Recipients	• The IPP consists of three parts:
			  ○ Narrative
			  ○ Training schedule
			  ○ Exercise schedule
			• Covering the time period from July 1, 2022 to June 30, 2025
			• Upload to the ADHS AZ-PIRE website: https://sites.google.com/azdhs.gov/az-pire

After Action Reports/Improvement Plans (AARs/IPs)	Per HSEEP, within 120 days of exercise conduct	All PHEP Sub-Recipients	• Template and HSEEP guidelines can be found on the ADHS AZ-PIRE website: https://sites.google.com/azdhs.gov/az-pire
Sharing of Core Plans with ADHS, if any: • Emergency Response • Pandemic Response • Fatality Management • Medical Countermeasures Receipt and Dispensing • Continuity of Operations • Medical Surge • Mass Care	All plans to be completed and made available by the end of the five-year project period.	All PHEP Sub-Recipients	• Emergency Response Plan toolkits and resources are located at: https://www.azdhs.gov/preparedness/emergency-preparedness/#erp-home • Plans should be uploaded to the respective sub-recipient page on the ADHS AZ-PIRE website:

			https://sites.google.com/azdhs.gov/az-pire

STRATEGIES AND ACTIVITIES

Domain Strategy 1: Strengthen Community Resilience
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. Associated Capabilities ● Capability 1: Community Preparedness ● Capability 2: Community Recovery

Domain Activity: Determine the Risks to the Health of the Jurisdiction	Deliverable	Applies To	Due Date
Conduct public health jurisdictional risk assessment (JRA) or equivalent, in collaboration with HPP, 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. ADHS recommends a collaborative and flexible risk assessment process that includes input from existing hazard and vulnerability analysis conducted by emergency management, AzCHER and other health care organizations, as well as other community partners and stakeholders. Jurisdictions should analyze JRA results, and use diverse data sources such as the HHS Capabilities Planning Guide (CPG), previous risk assessments, jurisdictional incident AARs/IPs, site visit observations, jurisdictional data from the National Health Security Preparedness Index, and other jurisdictional priorities and strategies, to help determine their strategic priorities, identify program gaps, and, ultimately prioritize preparedness investments.	Conduct a JRA and report results to ADHS. Provide a copy of their JRA report or equivalent (even if outdated).	All PHEP Sub-Recipients	Once every five years from the date of the last JRA (or equivalent)

Domain Activity: Ensure HPP Coordination (Health Care System)			
The purpose of this collaboration is to ensure a shared approach to delivering public health services alongside health care services to mitigate the public health consequences of emergencies. PHEP resources cannot be used to supplant HPP programmatic activities. However, there are areas where coordinated planning and collaboration between the programs are beneficial, including exercising and training. Jurisdictions must participate in one statewide or conduct one regional full-scale exercise (FSE) within the five-year project period. Exercises must include participation from, at a minimum, hospitals and/or hospital systems, emergency management agencies, and emergency medical services (EMS).	Local Jurisdictions must participate in one ADHS-sponsored statewide full-scale exercise, OR Participate/conduct a regional full-scale exercise, OR ADHS may consider a real-world response as an acceptable substitute	All PHEP Sub-Recipients	End of the Project Period, June 30, 2024.
Domain Activity: Plan for the Whole Community			
Working in collaboration with HPP, continue to build and sustain local health department and community partnerships to ensure that activities have the widest possible reach with the strongest possible ties to the community. Coordination with local stakeholders to review collaboration efforts with local agencies they represent; and ● Engage with key community partners who have established relationships with diverse at-risk populations, to include mental/behavioral health and pediatric populations. ● Local jurisdictions are encouraged to address family reunification plans for schools and child care centers. Plan for individuals with disabilities and others with access and functional needs. Use a flexible approach to define populations at risk to jurisdictional threats and hazards. Address a broad set of common access and functional needs using the Communication, Maintaining Health, Independence, Services and Support, and Transportation (CMIST) framework.	After Action Reviews, planning document, or real-world events may provide evidence of a whole community approach when planning, training and exercising annually.	All PHEP Sub-Recipients	June 30, 2024

Identify individuals with access and functional needs that may be at risk of being disproportionately impacted by incidents with public health consequences. Examples of populations with access and functional needs include, but are not limited to, children, pregnant women, postpartum and lactating women, racial and ethnic minorities, older adults, persons with disability, persons with chronic disease, persons with limited English proficiency, persons with limited transportation, persons experiencing homelessness, and disenfranchised populations.			
Domain Activity: Focus on Tribal Planning and Engagement	Deliverable		Due Date
Support the engagement between county and tribal public health departments in a meaningful and mutually beneficial way to ensure that all community members are fully and equally served, while also recognizing the inherent responsibility of those nations to support their members in a culturally appropriate manner.	Annual documentation of collaborative efforts to ensure appropriate efforts are made to develop public health preparedness and response capability. May be included in regular workplan reports.	All PHEP Sub-Recipients	June 30, 2024

Domain Strategy 2: Strengthen Incident Management			
Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the NIMS and coordinated with the jurisdictional incident, unified, or area command structure. Associated Capability ● Capability 3: Emergency Operations Coordination			
Domain Activity: Activate and Coordinate Public Health Emergency Operations	Deliverable	Applies To	Due Date
Maintain a current COOP plan that includes the following elements. ● Definitions, identification, and prioritization of essential services needed to sustain public health agency mission and operations; ● Procedures to sustain essential services regardless of the nature of the incident (all-hazards planning); ● Positions, skills, and personnel needed to continue essential services and functions (human capital management); ● Identification of public health agency and personnel roles and responsibilities in support of ESF #8; ● Scalable workforce in response to needs of the incident; ● Limited access to facilities due to issues such as structural safety or security concerns; ● Broad-based implementation of social distancing policies; ● Identification of agency vital records (such as legal documents, payroll, personnel assignments) that must be preserved to support essential functions or for other reasons; ● Alternate and virtual work sites; ● Devolution of uninterruptible services for scaled down operations; ● Reconstitution of uninterruptible services; and ● Cost of additional services to augment recovery.	Development or update/review of the Continuity of Operations Plan	All PHEP Sub-Recipients	June 30, 2024, uploaded to the Plans Library folders on the ADHS AZ-PIRE website

Domain Strategy 3: Strengthen Information Management			
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. Associated Capabilities ● Capability 4: Emergency Public Information and Warning ● Capability 6: Information Sharing			
Domain Activity: Coordinate Information Sharing	Deliverable	Applies To	Due Date
Have or have access to communication systems that maintain or improve reliable, resilient, interoperable, and redundant information and communication systems and platforms. Such systems, whether they are internally managed or externally hosted on shared platforms, must be capable of supporting syndromic surveillance, integrated surveillance, active and/or passive mortality surveillance, public health registries, situational awareness dashboards, and other public health and preparedness activities. Have plans in place that identify redundant communication platforms (primary and secondary) and a cycle of maintenance and testing of these platforms annually.	1. Testing of communication platforms.	All PHEP Sub-Recipients	1. Once Annually
Domain Activity: Coordinate Emergency Information and Warning			
Ensure that communication plans, if any, have processes for coordinating public messaging during infectious disease outbreaks and information sharing regarding monitoring and tracking of cases of persons under investigation to ensure maximum coordination and consistency of messaging.		All PHEP Sub-Recipients	1. As changes in personnel occur

Domain Strategy 4: Strengthen Countermeasures and Mitigation			
Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident. Associated Capabilities ● Capability 8: Medical Countermeasure Dispensing and Administration ● Capability 9: Medical Materiel Management and Distribution ● Capability 11: Non-pharmaceutical Interventions ● Capability 14: Responder Safety and Health			
Domain Activity: Develop and Test MCM Distribution, Dispensing, and Vaccine Administration Plans	Deliverable	Applies To	Due Date
Plans that address MCM distribution, dispensing, and vaccine administration plans through development, training, exercising, and evaluating these MCM plans. Managing access to, and administration of, countermeasures and ensuring the safety and health of clinical and other personnel are important priorities for preparedness and continuity of operations.	Development, update/review of Medical Countermeasures plans	All PHEP Sub-Recipients	June 30, 2024, uploaded to the Plans Library folder on the ADHS AZ-PIRE website
Domain Activity: Demonstrate Operational Readiness for Pandemic Response			
For pandemic preparedness planning, all sub-recipients are encouraged to collaborate with their respective immunizations programs to develop, maintain,	Pandemic Response plans should provide evidence of	All PHEP Sub-Recipients	June 30, 2024, uploaded to the

and exercise pandemic plans to prevent, control, and mitigate the impact of pandemic on the public's health and to help meet pandemic vaccination goals for the general population.	collaboration with respective immunization programs. If a jurisdiction does not have an immunization program then provide evidence of collaboration with county/state level programs.		Plans Library folder on the ADHS AZ-PIRE website
Domain Activity: Participate in ORRs			
The Operational Readiness Review will focus on all 15 preparedness capabilities to include pandemic response planning and response elements. The CDC has expanded the ORR to include a comprehensive evaluation of planning and operational readiness based on elements across all 15 public health preparedness and response capabilities.	Continue to collect and provide data for the Operational Readiness Review	CRI Jurisdictions Only	June 30, 2024
Domain Activity: Ensure Safety and Health of Responders			
Local jurisdictions should assist, train, and provide resources necessary to protect public health first responders, to include volunteers performing as public health first responders, critical workforce personnel, and critical infrastructure workforce from hazards during response and recovery operations.	Evidence should demonstrate the assistance with personal protective equipment (PPE), MCMs, workplace violence training, psychological first aid training, and other resources specific to an emergency that would	All PHEP Sub-Recipients	June 30, 2024

	protect responders and health care workers from illness or injury at the state and local levels. This may include developing clearance goals for contaminated areas based on guidance from a committee of subject matter experts.		
Domain Activity: Coordinate Non-pharmaceutical Interventions			
Coordinate with and support partner agencies to plan and implement non-pharmaceutical interventions (NPIs) by developing and updating plans for isolation, quarantine, temporary school and child care closures and dismissals, mass gathering (large event) cancellations and restrictions on movement, including border control measures, in applicable jurisdictions. NPIs may reflect routine and incident-specific situations.	Plans, if any, should document applicable jurisdictional, legal, and regulatory authorities necessary for implementation of NPIs, and; Delineate roles and responsibilities of health, law enforcement, emergency management, chief executive, and other relevant agencies and partners, and; Define procedures, triggers, and necessary authorizations to implement NPIs, whether addressing individuals, groups, facilities, animals, food products, public works/utilities, or travelers	All PHEP Sub-Recipients	End of Project Period, June 30, 2024.

	passing through ports of entry, and; Determine occupational and exposure prevention measures, such as decontamination or evacuation strategies.		

Domain Strategy 5: Strengthen Surge Management			
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. Associated Capabilities ● Capability 5: Fatality Management ● Capability 7: Mass Care ● Capability 10: Medical Surge ● Capability 15: Volunteer Management			
Domain Activity: Coordinate Activities to Manage Public Health and Medical Surge	Deliverable	Applies To	Due Date
Coordinate with emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the affected community.	At minimum, local jurisdictions should have written 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 throughout the surge event.	All PHEP Sub-Recipients	June 30, 2024

Domain Activity: Coordinate Public Health, Health Care, Mental/Behavioral Health, and Human Services Needs during Mass Care Operations			
Local jurisdictions should coordinate with key partner agencies to address, within congregate locations (excluding shelter-in-place locations), the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. In collaboration with ESF #8 partners, health care, emergency management, and other pertinent stakeholders, local jurisdictions should develop, refine, or maintain written plans that identify the public health roles and responsibilities in supporting mass care operations.	At minimum, these plans should address procedures on how ongoing surveillance and public health assessments will be coordinated to ensure that the public health, health care, mental/behavioral health and human services needs of those impacted by the incident continue to be met while at congregate locations; and procedures to support or implement family reunification, including any special considerations for children.	All PHEP Sub-Recipients	June 30, 2024
Domain Activity: Coordinate with Partners to Address Public Health Needs during Fatality Management Operations			
Coordinate with and support partner agencies to address fatality management needs resulting from an incident In collaboration with jurisdictional partners and stakeholders, local jurisdictions should conduct the following activities. Coordinate with subject matter experts and cross-disciplinary partners and stakeholders to clarify, document, and communicate the public health agency role in fatality management, based on jurisdictional risks, incident needs, and partner and stakeholder authorities.	Development, update/review of Fatality Management plan	All PHEP Sub-Recipients	June 30, 2024, uploaded to the Plan Library folder on the ADHS AZ-PIRE website

The public health agency role may include supporting: ○ Recovery, preservation, and release of remains, ○ Identification of the deceased, ○ Determination of cause and manner of death, including whether disaster-related ○ Provision of mental/behavioral health assistance, and ○ Plans to include culturally appropriate messaging around handling of remains. ○ The coordination with community partners, including law enforcement, emergency management, and medical examiners or coroners to ensure proper tracking, transportation, handling, and storage of human remains and ensure access to mental and behavioral health services for responders and families impacted by an incident. ○ Have procedures in place to share information with fatality management partners, including fusion centers or comparable centers and agencies, emergency operations centers, and epidemiologist(s), to provide and receive relevant surveillance information that may impact the response.			

	Domain Strategy 6: Strengthen Biosurveillance		
	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. Associated Capabilities ● Capability 12: Public Health Laboratory Testing ● Capability 13: Public Health Surveillance and Epidemiological Investigation		
Domain Activity: Conduct Epidemiological Surveillance and Investigation	Deliverable	Applies To	Due Date
Local jurisdictions should continue to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological processes. Local jurisdictions should evaluate surveillance and epidemiological investigation outcomes to identify deficiencies encountered during responses to public health threats and incidents and recommend opportunities for improvement. *Conduct border health surveillance activities (where applicable).* The focus on cross-border preparedness reinforces public health whole community approach, which is essential for local-to-global threat risk management and response to actual events regardless of source or origin.	1. Provide evidence to show that you have or have access to trained personnel to manage and monitor routine jurisdictional surveillance and epidemiological investigation systems. Support surge requirements in response to threats to include supporting populations at risk of adverse health outcomes as a result of the incident. 2. Have procedures in place to establish partnerships, to conduct investigations, and share information with	All PHEP Sub-Recipients	June 30, 2024

	other governmental agencies and partner organizations. Local jurisdictions located on the United States-Mexico border should conduct activities that enhance border health, particularly regarding disease detection, identification, investigation, and preparedness and response activities related to emerging diseases and infectious disease outbreaks whether naturally occurring or due to bioterrorism.		