

DEPARTMENT OR AGENCY NAME
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
OEPR-4500

DEPARTMENT OR AGENCY NUMBER
FAAA

CONTRACT AMENDMENT ROUTING NUMBER
19-110571
To Original Contract Routing Number
18-102050

INTERAGENCY AGREEMENT AMENDMENT #2

This Interagency Agreement Amendment is made on May 20, 2018, by and between the State of Colorado, acting by and through the **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**, whose address or principal place of business is **4300 Cherry Creek Drive South, Denver, Colorado 80246**, hereinafter referred to as the "State"; and, **City and County of Denver, (A Political Subdivision of the State of Colorado)**, whose address or principal place of business is **200 West 14th Avenue, Denver Colorado 80204**, hereinafter referred to as the "Contractor".

FACTUAL RECITALS

The parties entered into an Interagency Agreement dated March 20 2017, with contract encumbrance number **FAAA 201800000523**, and contract routing number **18 FHJA 102050**, hereafter referred to as the "**Original Interagency Agreement**", whereby the Contractor was to provide to the State the following:

The Public Health Emergency Preparedness Program (PHEP) supports public health departments across the nation to upgrade their ability to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events.

Changes were required to extend for an additional term.

The State promises to pay the Contractor the sum of **Five Hundred Sixty Five Thousand One Hundred Sixty Seven Dollars, (\$565,167.00.)** for the renewal term of **one (1) year** ending on **June 30, 2019**, in exchange for the promise of the Contractor to perform the specifications to the work described herein.

NOW THEREFORE, in consideration of their mutual promises to each other, stated below, the parties hereto agree as follows:

1. Consideration for this Interagency Agreement Amendment to the Original Interagency Agreement consists of the payments and services that shall be made pursuant to this Interagency Agreement Amendment, and promises and agreements herein set forth.
2. It is expressly agreed to by the parties that this Interagency Agreement Amendment is supplemental to the Original Interagency Agreement, contract routing number **18 FHJA 102050**, as amended by **18 FHJA 105376**, collectively referred to herein as the Original Interagency Agreement, which is by this reference incorporated herein. All terms, conditions, and provisions thereof, unless specifically modified herein, are to apply to this Interagency Agreement Amendment as though they were expressly rewritten, incorporated, and included herein.
3. It is expressly agreed to by the parties that the Original Interagency Agreement is and shall be modified, altered, and changed in the following respects only:
 - A. This Contract Amendment is made on March 20 2017, by and between the State of Colorado, acting by and through the DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, whose address or principal

place of business is 4300 Cherry Creek Drive South, Denver, Colorado 80246, hereinafter referred to as the "State"; and CITY AND COUNTY OF DENVER, DENVER DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, formerly doing business as, CITY AND COUNTY OF DENVER, DENVER ENVIRONMENTAL HEALTH, whose address or principal place of business is 200 W. 14th Avenue, Denver, CO 80204 hereinafter referred to as the "Contractor".

- B. The **period of performance** of the **current** term is hereby **extended** by **Twelve (12) months**, changing the current ending date from **June 30, 2018 to June 30, 2019**. The revised **period of performance** is **July 1, 2018** through and including **June 30, 2019**.

1. This Interagency Agreement Amendment is issued pursuant to paragraph **16** of the Original Interagency Agreement. This Interagency Agreement Amendment is for the **renewal** term of **July 1, 2018**, through and including **June 30, 2019**. The **maximum amount payable** by the State for the work to be performed by the Contractor during this renewal term is **Five Hundred Sixty Five Thousand One Hundred Sixty Seven Dollars, (\$565,167.00.)** for an **amended total Interagency Agreement financial obligation** of the State of **Six Hundred Fifty Eight Thousand Seven Hundred Sixty Seven Dollars, (\$658,767.00)**.
 - a. For this renewal term the **maximum amount payable** attributable to United States Government funding source (see Catalog of Federal Domestic Assistance (CFDA) number **93.074**) is **Five Hundred Sixty Five Thousand One Hundred Sixty Seven Dollars, (\$565,167.00.)**, and the **amended total Interagency Agreement financial obligation** attributable to United States Government funding source (see Catalog of Federal Domestic Assistance (CFDA) number **93.074**) is **Six Hundred Fifty Eight Thousand Seven Hundred Sixty Seven Dollars, (\$658,767.00)**.

The modified specifications to the original LPHA Statement of Work, Regional EPR Statement of Work, Regional EPI Statement of Work, and Budget are incorporated herein by this reference and identified as Exhibit F, Exhibit G, Exhibit H and Exhibit I.

4. The Effective Date of this Interagency Agreement Amendment is **July 1, 2018**, or upon approval of the State Controller, or an authorized delegate thereof, whichever is later.
5. Except for the General Provisions and Special Provisions of the Original Interagency Agreement, in the event of any conflict, inconsistency, variance, or contradiction between the terms and provisions of this Interagency Agreement Amendment and any of the terms and provisions of the Original Interagency Agreement, the terms and provisions of this Interagency Agreement Amendment shall in all respects supersede, govern, and control. The Special Provisions shall always control over other provisions of the Original Interagency Agreement or any subsequent amendments thereto. The representations in the Special Provisions to the Original Interagency Agreement concerning the absence of personal interest of state of Colorado employees are presently reaffirmed.
6. FINANCIAL OBLIGATIONS OF THE STATE PAYABLE AFTER THE CURRENT FISCAL YEAR ARE CONTINGENT UPON FUNDS FOR THAT PURPOSE BEING APPROPRIATED, BUDGETED, AND OTHERWISE MADE AVAILABLE.

SIGNATURE PAGE

Contract Routing Number 19-110571

**THE PARTIES HERETO HAVE EXECUTED THIS INTERAGENCY AGREEMENT
AMENDMENT**

Each person signing this Interagency Agreement Amendment represents and warrants that he or she is duly authorized to execute this Interagency Agreement Amendment and to bind the party authorizing his or her signature.

CONTRACTOR

CITY AND COUNTY OF DENVER, DENVER
DEPARTMENT OF PUBLIC HEALTH AND
ENVIRONMENT

(A Political Subdivision of the State of Colorado)

STATE OF COLORADO

John W. Hickenlooper, Governor

**Colorado Department of Public Health and
Environment**

Larry Wolk, MD, MSPH, Executive Director and
Chief Medical Officer

Print Name of Authorized Individual

Print Title of Authorized Individual

Signature of Authorized Individual

Date

By: _____

Lisa McGovern
Purchasing and Contracting Section Director, CDPHE

Date

PROGRAM APPROVAL

Colorado Department of Public Health and Environment
Jamison Lee
Grants Branch Manager

LEGAL REVIEW

Cynthia H. Coffman, Attorney General

By: _____

Signature of Authorized CDPHE Program Approver

Date

By: _____

Signature – Senior Assistant Attorney General

Date

In accordance with §24-30-202 C.R.S., this Interagency Agreement Amendment is not valid until signed and dated below by the State Controller or an authorized delegate.

STATE CONTROLLER

Robert Jaros, CPA, MBA, JD

By: _____

Effective Date: _____

This page left intentionally blank.

STATEMENT OF WORK
To Original Task Order Routing Number 18 FHJA 102050
Task Order Amendment #2 Routing Number 19 FHJA 110571

These provisions are to be read and interpreted in conjunction with the provisions of the contract specified above.

I. Project Description:

This project serves to improve medical and public health care preparedness, response, and recovery capabilities at the federal, state and local level. The aligned HPP-PHEP cooperative agreement provides technical assistance and resources to support state, local, and territorial public health departments, along with HCCs and health care organizations, to show measurable and sustainable progress toward achieving the preparedness and response capabilities that promote prepared and resilient communities.

II. Definitions:

1. AAR: After Action Report
2. AFN-Access and Functional Needs
3. CDPHE-Colorado Department of Public Health and Environment
4. CNS-Colorado Notification System
5. COOP: Continuity of Operations Plan
6. CO-SHARE: Colorado State Health and Readiness Exchange
7. CO.TRAIN: Colorado Training Finder Real-Time Affiliate Integrated Network
8. CPG: Capability Planning Guide
9. CVM: Colorado Volunteer Mobilizer
10. EOP-Emergency Operations Plan
11. ESAR-VHP- Emergency System for Advance Registration of Volunteer Health Professionals
12. HAN: Health Alert Network
13. HCC: Healthcare Coalition
14. ICS-Incident Command Structure
15. IMATS- Inventory Management and Tracking System
16. IP: Improvement Plan
17. LPHA: Local Public Health Agency
18. MCM: Medical Countermeasure
19. MYTEP-Multi-Year Training and Exercise Plan
20. NIMS-National Incident Management System
21. POD-Point of Dispensing
22. TEPW: Training and Exercise Planning Workshop

III. Work Plan:

Goal #1: Increase capacity for preparedness, response and recovery in Colorado.	
Objective #1: No later than the expiration date of the Contract, provide public health preparedness; improve response and recovery activities through planning.	
Primary Activity #1	The Contractor shall participate in the HCC Response Plan development.
Sub-Activity #1	The Contractor shall document the LPHA role in HCC emergency operations, ICS and NIMS implementation, and Emergency Support Function 8 integration.

Primary Activity #2	The Contractor shall complete a Responder Safety and Health Plan.
Primary Activity #3	The Contractor shall update the Continuity of Operations Plan.
Primary Activity #4	The Contractor shall update the EOPs by documenting a minimum of two (2) non-hospital locations for recharging electrically dependent durable medical equipment.
Primary Activity #5	The Contractor shall create a 2018-2019 MCM ORR Action Plan.
Sub-Activity #1	The Contractor shall select three (3) MCM ORR priority areas to work on from gaps identified in the MCM ORR Distribution Survey and Dispensing Survey to update MCM ORR Action Plan.
Primary Activity #6	The Contractor shall update the County MCM Dispensing Vaccination (POD) Plan.
Primary Activity #7	The Contractor shall establish two (2) Closed POD agreements and conduct orientations with locally identified Closed POD sites.
Primary Activity #8	The Contractor shall update the Pandemic Influenza Plan.
Primary Activity #9	The Contractor shall address one (1) gap identified within the CPG survey.
Objective #2: No later than the expiration date of the Contract, provide public health preparedness, and improve response and recovery activities through exercises.	
Primary Activity #1	The Contractor shall participate in an HCC-based Tabletop Exercise.
Primary Activity #2	The Contractor shall conduct a minimum of two (2) HAN communication drills.
Primary Activity #3	The Contractor shall participate in quarterly Redundant Communications Drills.
Primary Activity #4	The Contractor shall conduct a drill twice a year with volunteers using CVM or other ESAR-VHP compliant system.
Primary Activity #5	The Contractor shall participate in a minimum of two (2) tactical communication drills.
Primary Activity #6	The Contractor shall document a minimum of two (2) Strategic National Stockpile resource request drills.
Objective #3: No later than the expiration date of the Contract, provide public health preparedness, and improve response and recovery activities through training.	
Primary Activity #1	The Contractor shall participate in regional TEPW.
Sub-Activities #1	The Contractor shall update regional/agency MYTEP.
Primary Activity #2	The Contractor shall attend the 2018 OEPR Annual Partners Meeting.

Objective #4: No later than the expiration date of the Contract, provide public health preparedness, and improve response and recovery activities through additionally identified needs.	
Primary Activity #3	The Contractor shall update the LPHA Contact List in EMResource when changes occur.
Primary Activity #4	The Contractor shall complete the Administrative Emergency Preparedness Procedures.
Primary Activity #5	The Contractor shall complete FY 2018-2019 CPG Survey.
Standards and Requirements	1. The Contractor shall maintain NIMS compliance, a current emergency preparedness and response plan, and participate in standardizing incident command structures amongst LPHA, HCC, and ESF8. 2. The Contractor shall use the Responder Safety and Health Plan Guidance and Template when completing the Response and Safety Plan. This document is incorporated and made part of this contract by reference and is available at the following website: https://sites.google.com/a/state.co.us/co-share/home/resources 3. The Response and Safety Plan shall be completed for LPHA response personnel. 4. Updates to COOP shall be based off 2017-2018 and 2018-2019 completed AAR/IPs. 5. The Contractor shall adhere to the Emergency Operations Plans Guidance Document when completing Emergency Operations Plans. This document is incorporated and made part of this contract by reference and is available at the following website: https://sites.google.com/a/state.co.us/co-share/home/resources. 6. The Contractor shall use the MCM ORR Action Plan analysis when completing regional MCM ORR Action Plan. This document is incorporated and made part of this contract by reference and is available at the following website: https://sites.google.com/a/state.co.us/co-share/home/resources 7. The County MCM Dispensing Vaccination (POD) Plan shall incorporate responder prophylaxis/vaccination. 8. CDPHE will provide state guidance for MCM dispensing/prophylaxis/ vaccination (POD) plans to align with the first year of the Contract's MCM ORR tool, revised Capability 8 to address gaps in the local CPG-Capability 8 data upon request. 9. The Contractor shall use the MCM Dispensing Plan Template/Checklist when completing County MCM Dispensing Vaccination Plan. This document is incorporated and made part of this contract by reference and is available at the following website: https://sites.google.com/a/state.co.us/co-share/home/resources 10. The Contractor shall use Closed POD planning and training documentation when completing County Closed POD. This document is incorporated and made part of this contract by reference and is available at the following website: https://sites.google.com/a/state.co.us/co-share/home/resources 11. The Contractor shall use Colorado Pandemic Guidance/Template when completing update for Pandemic Influenza Plan. This document is incorporated and made part of this contract by reference and is available at the following website: https://sites.google.com/a/state.co.us/co-share/home/resources 12. The Contractor shall use 2018-2019 CPG Survey Template when addressing one (1) gap. This document is incorporated and made part of this contract by reference and is available at the following website: https://sites.google.com/a/state.co.us/co-share/home/resources 13. HCC-based Tabletop Exercise shall be based on a scenario and resources to be provided by CDPHE. 14. The Contractor shall include CDPHE_SIT_EPR@state.co.us in Communication Drills through HAN drills. 15. Quarterly communications drills will be conducted by CDPHE. 16. A minimum of one (1) regional staff and one (1) EPR Coordinator per agency must respond to the quarterly redundant communication drills conducted by CDPHE.

Participation is verified by the Colorado Notification System response reports. One Colorado Notification System drill will be a "No-Notice" drill.

17. The Contractor must have the ability to coordinate the identification, recruitment, registration, training, and engagement of volunteers to support the jurisdiction's response to incidents.
18. The Contractor shall provide documentation of ESAR-VHP compliant system if not using CVM.
19. All tactical communications drills will be initiated and documented by CDPHE.
20. Tactical Communication drills shall focus on information sharing between state and local department operation centers and communication between the Receive, Store, Stage site and Regional Transfer Point and Local Transfer Points.
21. Strategic National Stockpile IMATS resource request drills will be initiated and documented by CDPHE.
22. The Contractor shall use the Emergency MCM Ordering Tool to place orders for Strategic National Stockpile supplies with a minimum of one (1) POD, hospital or other partner. During the drill, the Contractor shall send the order to the regional office responsible for inputting county's orders into IMATS. The tool is incorporated and made part of this contract by reference and is available at the following website:
<https://docs.google.com/spreadsheets/d/1K5kPqqgyWel-bZfFaGvKBdVpIrGnZNs31xw4OdmIpso/edit?usp=sharing>
23. CDPHE will inform Contractor thirty (30) days prior to the first drill of the year's schedule.
24. The Contractor shall coordinate with the Regional Homeland Security Coordinator or Regional Staff for the dates of the TEPW.
25. The Contractor shall have a representative at the 2018 OEPR Annual Partners Meeting by someone other than a regional staff member.
26. CDPHE will provide meeting information regarding the 2018 OEPR Annual Partner Meeting as it becomes available.
27. The Contractor shall register using Co-Train for the OEPR Annual Partners Meeting.
28. Contractor shall update information in the LPHA contact list on EMResource a minimum of twice a year, six months in separation.
29. The Contractor shall use Administrative Preparedness Template when completing Administrative Preparedness Procedures. This document is incorporated and made part of this contract by reference and is available at the following website:
<https://sites.google.com/a/state.co.us/co-share/home/resources>
30. The Contractor shall complete CPG Survey within sixty (60) calendar days upon receiving form.
31. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The contractor shall monitor documents and website content for updates and comply with all updates.
32. AAR/IPs are required for all exercises and actual emergency incidents.
33. The Contractor shall adhere to the AAR/IPs template when completing AAR/IPs. This document is incorporated and made a part of this contract by reference and is available on the following website: <https://www.colorado.gov/pacific/dhsem/atom/59986>
34. The Contractor shall enter dates of delivery completions in the grant reporting sheet in CO-SHARE.
35. Drills can be notification, exercise, or real event.
36. CDPHE Coordinators with less than two (2) years, and new EPR employees without Colorado OEPR experience must complete the "Public Health Emergency Preparedness and Response 101" online course.
37. The Contractor shall assure they have members trained in the following systems (EMResource, eICS, EMTrack, CNS, CO-SHARE, CVM, COTRAIN)
38. CDPHE will provide training on systems provide upon request.
39. The Contractor shall equip, train and provide resources necessary to protect responders, employees and families from hazards during response and recovery operations.

	40. The Contractor shall register in Co.Train for trainings. This information is located on the following website: https://www.train.org/colorado and is incorporated and made a part of this contract by reference. 41. The Contractor shall assist regional staff to fulfil the requirements of the Statement of Work upon request.	
Expected Results of Activity(s)	Colorado public health agencies will have increased capacity to respond to public health emergencies and related events to which a public health response is necessitated.	
Measurement of Expected Results	CPG survey data	
		Completion Date
Deliverables	1. The Contractor shall submit documentation of the LPHA's role in HCC emergency operations, ICS and NIMS implementation, and Emergency Support Function 8 integration electronically via CO-SHARE.	No later than 6/01/2019
	2. The Contractor shall submit the Responder Safety and Health plan electronically via CO-SHARE.	No later than 6/01/2019
	3. The Contractor shall submit the COOP electronically via CO-SHARE.	No later than 6/01/2019
	4. The Contractor shall submit two (2) non-hospital locations for community members to recharge electrically dependent durable medical equipment during power emergencies via CO-SHARE.	No later than 6/1/2019
	5. The Contractor shall submit the FY18-19 MCM ORR Action Plan electronically via CO-SHARE.	No later than 9/30/2018
	6. The Contractor shall submit the County MCM Dispensing/Vaccination POD Plan electronically via CO-SHARE.	No later than 6/01/2019
	7. The Contractor shall submit the Closed POD agreements and Closed POD Orientation rosters/agenda electronically via CO-SHARE.	No later than 3/30/2019
	8. The Contractor shall submit a revised Pandemic Plan electronically via CO-SHARE.	No later than 6/01/2019
	9. The Contractor shall submit the completed CPG template electronically via CO-SHARE.	No later than 8/1/2018
	10. The Contractor shall submit the Tabletop Exercise AAR/IP electronically via CO-SHARE.	No later than 6/01/2019
	11. The Contractor shall upload the volunteer drill report electronically via CO-SHARE.	No later than 6/01/2019
	12. The Contractor shall register for the IMATS drills in CO.TRAIN.	No later than 6/01/2019
	13. The Contractor shall submit the updated MYTEP electronically via CO-SHARE.	No later than 9/30/2018

	14. The Contractor shall submit the names of attendees to 2018 OEPR Annual Partners Meeting in the Grant Reporting Spreadsheet.	No later than 12/28/2018
	15. The Contractor shall submit updated contact information electronically via CO-SHARE.	No later than 8/1/2018 & 2/1/2019
	16. The Contractor shall submit the completed Emergency Administrative Preparedness Template electronically via CO-SHARE.	No later than 6/01/2019

IV. **Monitoring:**

CDPHE's monitoring of this contract for compliance with performance requirements will be conducted throughout the contract period by the Contract Monitor. Methods used will include a review of documentation determined by CDPHE to be reflective of performance to include progress reports, invoices, site visit results, electronic data and other fiscal and programmatic documentation as applicable. The Contractor's performance will be evaluated at set intervals and communicated to the contractor. A Final Contractor Performance Evaluation will be conducted at the end of the life of the contract.

V. **Resolution of Non-Compliance:**

The Contractor will be notified in writing within thirty **(30)** calendar days of discovery of a compliance issue. Within ten **(10)** calendar days of discovery, the Contractor and the State will collaborate, when appropriate, to determine the action(s) necessary to rectify the compliance issue and determine when the action(s) must be completed. The action(s) and timeline for completion will be documented in writing and agreed to by both parties. If extenuating circumstances arise that requires an extension to the timeline, the Contractor must email a request to the CDPHE Grants Manager and receive approval for a new due date. The State will oversee the completion/implementation of the action(s) to ensure timelines are met and the issue(s) is resolved. If the Contractor demonstrates inaction or disregard for the agreed upon compliance resolution plan, the State may exercise its rights under the provisions of this contract.

STATEMENT OF WORK
To Original Task Order Routing Number 18 FHJA 102050
Task Order Amendment #2 Routing Number 19 FHJA 110571

These provisions are to be read and interpreted in conjunction with the provisions of the contract specified above.

I. Project Description:

This project serves to improve medical and public health care preparedness, response, and recovery capabilities at the federal, state and local level. The aligned HPP-PHEP cooperative agreement provides technical assistance and resources to support state, local, and territorial public health departments, along with HCCs and health care organizations, to show measurable and sustainable progress toward achieving the preparedness and response capabilities that promote prepared and resilient communities.

II. Definitions:

1. AAR: After Action Report
2. CNS: Colorado Notification System
3. CO-SHARE: Colorado State Health and Readiness Exchange
4. CO.TRAIN: Colorado Training Finder Real-Time Affiliate Integrated Network
5. CVM: Colorado Volunteer Mobilizer
6. HCC: Healthcare Coalition
7. IMATS: Inventory Management and Tracking System
8. IP: Improvement Plan
9. JRA: Joint Risk Assessment
10. LPHA: Local Public Health Agency
11. MCM: Medical Countermeasure
12. MYTEP: Multi-Year Training and Exercise Plan
13. ORR: Operations Readiness Review
14. PH TEPW: Public Health Training and Exercise Planning Workshop
15. POD: Point of Dispensing
16. SNS: Strategic National Stockpile
17. TEPW: Training and Exercise Planning Workshop

III. Work Plan:

Goal #1: Increase capacity for preparedness, response and recovery in Colorado.	
Objective #1: No later than the expiration date of the Contract, provide public health preparedness; improve response and recovery activities through training.	
Primary Activity #1	The Contractor shall assist with the coordination of a minimum of two (2) trainings for public health and healthcare coalition partners from the MYTEP.
Primary Activity #2	The Contractor shall complete the online course "Public Health Emergency Preparedness and Response 101"
Primary Activity #3	The Contractor shall participate in a cold chain management training via webinar.
Primary Activity #4	The Contractor shall coordinate a training to their local LPHA on Mass Vaccination POD operations.

Primary Activity #5	The Contractor shall complete a minimum of one (1) IMATS training.
Objective #2: No later than the expiration date of the Contract, provide public health preparedness, response and recovery activities through planning.	
Primary Activity #1	The Contractor shall participate in regional TEPW.
Primary Activity #2	The Contractor shall attend the 2018 Annual OEPR Partners Meeting.
Sub Activity #1	The Contractor shall attend Statewide PH TEPW at the 2018 Annual OEPR Partners Meeting.
Primary Activity #3	The Contractor shall update their Region/County MCM Distribution Plan.
Objective #3: No later than the expiration date of the Contract, provide public health preparedness, response and recovery activities through exercises.	
Primary Activity #1	The Contractor shall provide technical support to the HCC Tabletop Exercise to prepare for the full-scale exercise.
Primary Activity #2	The Contractor shall participate quarterly redundant communications drills.
Primary Activity #3	The Contractor shall participate in a minimum of two (2) SNS drills using IMATS.

Standards and Requirements

1. The Contractor shall enter all trainings into Co.Train.
2. The Contractor shall enter training information into the OEPR Training after providing two (2) trainings for public health and healthcare coalition partners. This document is incorporated and made part of this contract by reference and is available at the following website:
<https://docs.google.com/spreadsheets/d/1puWcrXLFCGghj6S2SpMTTJZiWh90xZsDG0AczuD7-sM/edit#gid=0>
3. Trainings for public health and healthcare coalition partners shall be from identified gaps from the MYTEP.
4. Regional Staff with less than two (2) years, and new EPR employees without Colorado OEPR experience must complete the "Public Health Emergency Preparedness and Response 101" Co.Train course.
5. CDPHE will provide two (2) opportunities for Regional Staff to participate in a cold chain management training via webinar.
6. CDPHE will coordinate with CDC and regional staff to provide training for Mass Vaccination POD operations as requested by local LPHA.. This activity is dependent upon the needs of the counties in the region.
7. CDPHE will provide IMATS training through Co.Train
8. The Contractor shall register using Co.Train for IMATS drills.
9. The Contractor is responsible for coordinating with the Regional Homeland Security Coordinator for the dates of the TEPW.
10. CDPHE will provide meeting information regarding the OEPR Annual Partners Meeting as it becomes available.
11. The Contractor shall register for the OEPR Annual Partners Meeting using Co-Train.
12. Statewide PH TEPW will be facilitated by CDPHE at the OEPR Annual Partners Meeting.
13. Contractor shall provide support for the 2018 Annual OEPR Partners Meeting upon requested with training development, session facilitation, or general event staffing.
14. CDPHE will distribute state guidance for MCM Distribution Plans to align with the BP1 MCM ORR tool, revised PHEP Capability 9 and to address gaps in the local CPG-Capability 9 data.
15. The Contractor shall adhere to the MCM Distribution Plan Template/Checklist when completing regional updated MCM Distribution Plan. This document is incorporated and made part of this contract by reference and is available at the following website:
<https://sites.google.com/a/state.co.us/co-share/home/resources>
16. The Contractor shall provide documentation to CDPHE of any activities completed in the region-specific work plan developed during 2017-2018.
17. The Contractor shall use the Homeland Security Exercise Evaluation Program Guidance when providing support for the Table Top Exercise. This document is incorporated and made part of this contract by reference and is available at the following website:
https://preptoolkit.fema.gov/documents/1269813/1269861/HSEEP_Revision_Apr13_Final.pdf/65bc7843-1d10-47b7-bc0d-45118a4d21da
18. Quarterly communications drills will be conducted by OEPR.
19. The Contractor shall provide technical support to Healthcare Coalitions in the development of Response Plans upon request.
20. A minimum of one (1) regional staff and one (1) EPR Coordinator per agency must respond to the quarterly redundant communication drills conducted by OEPR. Participation is verified by the Colorado Notification System response reports. One Colorado Notification System drill will be a "No-Notice" drill.
21. SNS Inventory Management System resource request drills will be initiated by CDPHE and documented by the OEPR Inventory Management Coordinator.
22. The Contractor shall register for IMAT's Drill using Co-Train.
23. The Contractor shall enter orders in IMAT's for each participating LPHA
24. CDPHE will inform Contractor thirty (30) days prior to the first drill of the year's schedule.
25. The Contractor shall support LPHAs/Tribes in completing their Emergency Preparedness Scopes of Work as applicable

	26. The Contractor shall provide CDPHE with a full position description for any regional staff hired, or for changes in duties, ten (10) business days prior to hire or duties change. 27. The Contractor shall register in Co.Train for trainings. This information is located on the following website: https://www.train.org/colorado and is incorporated and made a part of this contract by reference. 28. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The contractor shall monitor documents and website content for updates and comply with all updates. 29. The Contractor shall assure they have members trained in the following systems (EMResource, eICS, EMTrack, CNS, CO-SHARE, CVM, COTRAIN) 30. OEPR will provide training on systems provide upon request.	
Expected Results of Activity(s)	Colorado public health agencies will have increased capacity to respond to public health emergencies and related events to which a public health response is necessitated.	
Measurement of Expected Results	Review of plans and identified gap response.	
		Completion Date
Deliverables	1. The Contractor shall submit Regional MYTEP electronically via CO-SHARE.	No later than 6/01/2019
	2. The Contractor shall submit any training materials utilized for public health and healthcare coalition partners based off the MYTEP electronically via CO-SHARE.	No later than 6/01/2019
	3. The Contractor shall submit an attendance sheet of participants of Mass Vaccination POD operations trainings.	No later than 6/01/2019
	4. If applicable, Regional Staff shall list tasks performed in support of the 2018 Annual OEPR Partners Meeting in their Grant Reporting Spreadsheet.	No later than 12/28/2018
	5. Regional Staff shall submit updates on the progress of the Response Plan within CO-SHARE.	No later than September 28, 2018 and December 28, 2018
	6. The Contractor shall submit Region/County MCM Distribution	No later than

	Plan electronically via CO-SHARE	6/01/2019
	7. Regional staff shall submit Tabletop AAR/IP electronically via CO-SHARE.	No later than 3/31/2019
	8. The Contractor shall submit their region's completed order electronically via IMAT's	No later than 6/01/2019

IV. **Monitoring:**

CDPHE's monitoring of this contract for compliance with performance requirements will be conducted throughout the contract period by the OEPR Grants Manager. Methods used will include a review of documentation determined by CDPHE to be reflective of performance to include progress reports and other fiscal and programmatic documentation as applicable. The Contractor's performance will be evaluated at set intervals and communicated to the contractor. A Final Contractor Performance Evaluation will be conducted at the end of the life of the contract.

V. **Resolution of Non-Compliance:**

The Contractor will be notified in writing within thirty **(30)** calendar days of discovery of a compliance issue. Within ten **(10)** calendar days of discovery, the Contractor and the State will collaborate, when appropriate, to determine the action(s) necessary to rectify the compliance issue and determine when the action(s) must be completed. The action(s) and time line for completion will be documented in writing and agreed to by both parties. If extenuating circumstances arise that requires an extension to the time line, the Contractor must email a request to the OEPR Grants Manager and receive approval for a new due date. The State will oversee the completion/implementation of the action(s) to ensure time lines are met and the issue(s) is resolved. If the Contractor demonstrates inaction or disregard for the agreed upon compliance resolution plan, the State may exercise its rights under the provisions of this contract.

STATEMENT OF WORK

To Original Task Order Routing Number 18 FHJA 102050
Task Order Amendment #2 Routing Number 19 FHJA 110571

These provisions are to be read and interpreted in conjunction with the provisions of the contract specified above.

I. Project Description:

This project serves to improve medical and public health care preparedness, response, and recovery capabilities at the federal, state and local level. The aligned HPP-PHEP cooperative agreement provides technical assistance and resources to support state, local, and territorial public health departments, along with HCCs and health care organizations, to show measurable and sustainable progress toward achieving the preparedness and response capabilities that promote prepared and resilient communities.

II. Definitions:

1. CDC-Center for Disease Control
2. CEDRS- Colorado Electronic Disease Reporting System
3. DCEED-Disease Control and Environmental Epidemiology Division
4. NORS- National Outbreak Reporting System
5. OEPR-Office of Emergency Preparedness and Response

III. Work Plan:

Goal #1: Develop, sustain, and improve upon public health surveillance and epidemiological investigation systems and processes in Colorado.	
Objective #1: No later than the expiration date of the Contract, provide public health surveillance and epidemiological investigation activities for Colorado local public health agencies.	
Primary Activity #1	The Contractor shall attend and participate in scheduled epidemiology-related conference calls, meetings, and trainings.
Sub-Activities #1	1. The Contractor shall attend twice-monthly epidemiologist conference calls coordinated by OEPR. 2. The regional epidemiologist shall attend the fall 2018 meeting organized OEPR.
Primary Activity #2	The Contractor shall assess public health surveillance data.
Sub-Activities #2	1. The Contractor shall assess the disease reporting metrics reports supplied by OEPR for the clinical laboratories and hospitals within the regional epidemiologist's jurisdiction/region, and address any reporting issues. 2. The Contractor shall assess the disease investigation metrics reports supplied by OEPR for the regional epidemiologist's jurisdiction/region, and address any disease investigation issues. 3. The Contractor shall complete a surveillance data analysis project on a topic relevant to the regional epidemiologist's jurisdiction/region.
Primary Activity #3	The Contractor shall share public health surveillance data and concepts with community partners.
Sub-Activities #3	1. The Contractor shall present on a surveillance or epidemiologic topic during one or more health care coalition meetings within the regional epidemiologist's jurisdiction/region. 2. The Contractor shall present on a surveillance or epidemiologic topic to a public health or community partner in the regional epidemiologist's jurisdiction/region. 3. The Contractor shall share OEPR provided surveillance data reports, or internally generated surveillance data reports, with public health associates and stakeholders within the regional epidemiologist's jurisdiction/region either quarterly or bi-annually.

Primary Activity #4	The Contractor shall conduct or assist with timely and complete disease case and outbreak investigations, and respond to incidents with public health implications in order to implement appropriate disease control and mitigation activities.
Sub-Activities #4	1. The Contractor shall monitor CEDRS to ensure local public health disease investigators within the jurisdiction/region are completing the “follow-up outcome” variable in CEDRS in the “contact attempts” section for diseases/conditions for which the local public health agency has primary investigatory responsibilities. 2. The Contractor shall complete National Outbreak Reporting System (NORS) forms to OEPR within two months of the first illness onset of the outbreak. 3. The Contractor shall complete outbreak summary reports to OEPR within 6 months of the first illness onset of the outbreak.
Primary Activity #5	The Contractor shall contact the clinical laboratories within the regional epidemiologist’s jurisdiction/region and administer a laboratory testing practices survey to assess testing capacity and the testing practices currently in place for selected diagnoses.
Primary Activity #6	The Contractor shall participate in one of the following workgroups: 1. Workgroup focused on developing epidemiological trainings for health care coalition members. 2. Workgroup focused on developing a system to track public health case and contact monitoring. 3. Workgroup focused on developing an epidemiology rapid response team.
Primary Activity #7	The Contractor shall develop the surveillance and epidemiological components of the Health Care Coalition response plan within their agency/jurisdiction.
Standards and Requirements	1. The Contractor shall serve as an epidemiological resource within their assigned region, and outside their assigned region in real situations of need or urgency, for disease case, outbreak, and incident investigations, including but not limited to enteric, respiratory, health care associated, zoonotic, vectorborne, bloodborne, and vaccine-preventable diseases, and other incidents with public health implications. 2. OEPR will notify regional epidemiologists of real situations requiring regional epidemiologist assistance outside of the regional epidemiologist’s jurisdiction/region via email or conference call. 3. The content of electronic documents located on OEPR and non-OEPR websites and information contained on OEPR and non-OEPR websites may be updated periodically during the contract term. The regional epidemiologist shall monitor documents and website content for updates and comply with all updates. 4. Additional details to assist the regional epidemiologist in completing this work plan table will be provided by the OEPR Communicable Disease Branch in the form of a guidance document prior to the start date of this contract. 5. The twice-monthly epidemiologist conference calls will occur on the first and third Wednesdays of every month from 9:30 am to 10:30 am. 6. The Contractor shall attend at least 80% of the twice-monthly epidemiologist conference calls. 7. OEPR will record and monitor attendance of the epidemiologist conference calls. 8. OEPR will record and monitor attendance at the fall 2018 meeting organized by OEPR. 9. The disease reporting metrics reports will be supplied by OEPR in August 2018 and February 2019. The reports are generated from data within the CEDRS. 10. The disease investigation metrics reports will be supplied by OEPR in August 2018 and February 2019. The reports are generated from data within CEDRS. 11. The topic/focus area of the surveillance data analysis project is at the discretion of the regional epidemiologist. 12. The surveillance or epidemiologic topic presented during a health care coalition meeting can include but are not limited to: sharing surveillance data, discussing the agency’s or region’s epidemiological response plan, reviewing an outbreak investigation, reviewing the role of

	epidemiology in emergency preparedness and response, and sharing epidemiological tools that can be used in emergency preparedness and response. 13. The surveillance or epidemiologic topic presented to a public health or community partners is at the discretion of the regional epidemiologist. 14. At a minimum, surveillance data reports must contain data on reportable conditions reported in the region/jurisdiction. Additional items may be added at the regional epidemiologist’s discretion. 15. Primary disease case investigation responsibility (i.e., local or state public health agency) and suggested public health response timelines are outlined on the CDPHE Communicable Disease Manual website in the document found at the link titled “CDPHE guidance on diseases needing case investigation”. This document and website are incorporated and made part of the scope of work by reference and is available on the following website: https://www.colorado.gov/pacific/OEPR/communicable-disease-manual. 16. The “follow-up outcome” variable in CEDRS shall be completed for all reportable conditions in which the local public health agencies have primary investigation duties. The target for completed case interviews is 90%. 17. OEPR will run reports throughout the grant year to evaluate completion of this field. 18. The Contractor shall comply with the requirements for reporting outbreaks to OEPR using the CDC NORS forms. This information is located on the DCEED website. This information is incorporated and made part of the scope of work by reference and is available on the following website: https://www.colorado.gov/pacific/OEPR/outbreak-investigation-guidelines. 19. The Contractor shall write outbreak summary reports that contain the following elements: background, investigation start date, methods, results, discussion/conclusion, and recommendations. 20. OEPR will provide the survey to be used for the clinical laboratory survey by March 10, 2019. 21. The OEPR Communicable Disease Branch will organize the workgroups and recruit regional epidemiologists to participate in each group. 22. The OEPR Communicable Disease Branch will provide guidance and a template that can be used when developing the surveillance and epidemiological components of the Health Care Coalition response plan. Regional epidemiologists serving in regions with multiple regional epidemiologists shall collaborate on the surveillance and epidemiological components of the Health Care Coalition response plan.				
Expected Results of Activity(s)	High quality public health surveillance and epidemiological investigation will occur within the Contractor’s jurisdiction/region in line with functions described in capability 13 of the CDC PHEP cooperative agreement (Public Health Surveillance and Epidemiological Investigations), contributing to statewide public health preparedness and response capability.				
Measurement of Expected Results	Data in CEDRS and data provided to OEPR will be tabulated to assess compliance with CDC performance measures for PHEP Capability 13: Public Health Surveillance and Epidemiological Investigation. (PHEP capability 13 performance measures can be found at this website: http://www.cdc.gov/phpr/capabilities/capability13.pdf)				
Deliverables	<table><tr><td>1. The Contractor shall update their agency’s CO-SHARE Grant Reporting Spreadsheet to document any issues identified in the disease reporting metrics reports and how those issues were addressed.</td><td>No later than September 28, 2018 (for reports from Jan-June 2018)</td></tr><tr><td>2. The Contractor shall submit update their agency’s CO-SHARE Grant Reporting Spreadsheet to document any issues identified in the disease investigation metrics reports and how those issues were addressed.</td><td>No later than September 28, 2018 (for reports from Jan-June 2018)</td></tr></table>	1. The Contractor shall update their agency’s CO-SHARE Grant Reporting Spreadsheet to document any issues identified in the disease reporting metrics reports and how those issues were addressed.	No later than September 28, 2018 (for reports from Jan-June 2018)	2. The Contractor shall submit update their agency’s CO-SHARE Grant Reporting Spreadsheet to document any issues identified in the disease investigation metrics reports and how those issues were addressed.	No later than September 28, 2018 (for reports from Jan-June 2018)
1. The Contractor shall update their agency’s CO-SHARE Grant Reporting Spreadsheet to document any issues identified in the disease reporting metrics reports and how those issues were addressed.	No later than September 28, 2018 (for reports from Jan-June 2018)				
2. The Contractor shall submit update their agency’s CO-SHARE Grant Reporting Spreadsheet to document any issues identified in the disease investigation metrics reports and how those issues were addressed.	No later than September 28, 2018 (for reports from Jan-June 2018)				

		No later than March 29, 2019 (for reports from July – Dec 2018)
	3. The Contractor shall update their agency's CO-SHARE Grant Reporting Spreadsheet with a summary of the surveillance data analysis project.	No later than June 7, 2019
	4. The Contractor shall update their agency's CO-SHARE Grant Reporting Spreadsheet to record the name of the health care coalition to which a surveillance or epidemiologic topic was presented, the date of the presentation, and a brief topic synopsis.	No later than June 7, 2019
	5. The Contractor shall update their agency's CO-SHARE Grant Reporting Spreadsheet to record the name of the public health or community partner to which a surveillance or epidemiologic topic was presented, the date of the presentation, and a brief topic synopsis.	No later than June 7, 2019
	6. The Contractor shall update their agency's CO-SHARE Grant Reporting spreadsheet to record the method, and the frequency (either quarterly or bi-annually), and date they provided the quarterly and year-to-date surveillance data reports from OEPR, or internally generated surveillance data reports, with public health associates and stakeholders within the Contractor's jurisdiction/region.	No later than December 7, 2018 (for data covering the first half of 2018 or 2 nd and 3 rd quarters of 2018) No later than June 7, 2019 (for data covering the second half of 2018 or 4 th quarter of 2018 and 1 st quarter of 2019)
	7. The Contractor shall submit a completed National Outbreak Reporting System (NORS) form to the OEPR Communicable Disease Branch via email (to kerri.brown@state.co.us) or fax (303-782-0338) for outbreaks occurring within the regional epidemiologist's jurisdiction/region.	No later than 2 months following the first illness onset of the outbreak
	8. The Contractor shall submit infectious disease outbreak reports to the OEPR Communicable Disease Branch via email (to kerri.brown@state.co.us) or fax (303-782-0338) for outbreaks that occur within the regional epidemiologist's jurisdiction/region.	No later than 6 months following the first illness onset of the outbreak
	9. The Contractor shall return completed clinical laboratory surveys to the OEPR Communicable Disease Branch.	No later than April 30, 2019
	10. The Contractor shall update their agency's CO-SHARE Grant Reporting spreadsheet with the name of the workgroup on which they participated.	No later than June 7, 2019
	11. The Contractor shall update their agency's CO-SHARE Grant Reporting spreadsheet with the date they completed the surveillance and epidemiological components of the Health Care Coalition response plan.	No later than June 7, 2019

IV. Monitoring:

CDPHE's monitoring of this contract for compliance with performance requirements will be conducted throughout the contract period by the DCEED EPI Manager. Methods used will include a review of documentation determined by CDPHE to be reflective of performance to include progress reports and other fiscal and programmatic documentation as applicable. The Contractor's performance will be evaluated at set intervals and communicated to the contractor. A Final Contractor Performance Evaluation will be conducted at the end of the life of the contract.

V. Resolution of Non-Compliance:

The Contractor will be notified in writing within thirty **(30)** calendar days of discovery of a compliance issue. Within ten **(10)** calendar days of discovery, the Contractor and the State will collaborate, when appropriate, to determine the action(s) necessary to rectify the compliance issue and determine when the action(s) must be completed. The action(s) and time line for completion will be documented in writing and agreed to by both parties. If extenuating circumstances arise that requires an extension to the time line, the Contractor must email a request to the DCEED EPI Manager and receive approval for a new due date. The State will oversee the completion/implementation of the action(s) to ensure time lines are met and the issue(s) is resolved. If the Contractor demonstrates inaction or disregard for the agreed upon compliance resolution plan, the State may exercise its rights under the provisions of this contract.

Budget

To Original Task Order Routing Number 18 FHJA 102050
Task Order Amendment #2 Routing Number 19 FHJA 110571

Contractor Name	DDPHE	VC#	CT FAAA 201700003740	Encumbrance Number	VC00000000017944
------------------------	-------	------------	----------------------	---------------------------	------------------

Expenditure Categories			
Personal Services			Contract Budget
Position Title			
EPR Generalist	Coordinate EPR Activities for the region		\$94,500.00
EPR Manager	Oversee EPR Functions		\$87,405.00
EPR Gen. (1/2 FTE)	EPR and surveillance\epi (other 1/2 dedicated to non-PHEP activities)		\$37,576.00
Total Personal Services			\$219,481.00
Supplies & Operating Expenses			Contract Budget
Item	Description of Work		
Training	5 Denver Joint Public Health and Environment DOC staff to ICS position specific training at CO Wildland Fire and Incident Management Academy		\$4,780.00
Computer	Computer and accessories for 2 staff		\$3,000.00
Training	3-day ICS 305 - IMT course for all Denver Joint Public Health and Environment DOC staff. Team-specific training designed to manage large scale or complex emergency incidents.		\$2,000.00
DOC Supplies	Office supplies, DOC equipment (tables, chairs, display boards / screens)		\$3,000.00
Total Supplies			\$12,780.00
Travel			Contract Budget
Item	Description of Work		
Mileage	Estimate 200 miles/month for travel @ 54.5 cents/mile Federal FY18 mileage reimbursement		\$1,200
Lodging	Lodging for EPR regional staff meetings		\$580
Conference Travel	NACCHO Emergency Preparedness Summit for 2 staff		\$4,000
Total Travel			\$5,780.00
Contractual (payments to third parties or entities)			Contract Budget
Item	Subcontractor Entity Name and/or Description of Item		
Regional Epidemiologist, Hospitals Planner (EPR Generalist), Program Manager	Denver Public Health: includes funding for ESRT system, travel, conferences and supplies for DPH. Includes DPH 1 EPR Generalist, 1 DPH Regional Epi, and 8% of DPH EPR Director.		\$270,609.00
Total Contractual			\$270,609.00
SUB-TOTAL BEFORE INDIRECT			\$508,650.00
Indirect			Total Budget
Item	Description of Item		
Indirect Cost Rate	10% de minimus rate		\$56,517.00
Total Indirect			\$56,517.00
TOTAL			\$565,167.00