



PUBLIC HEALTH BOARD MEETING
735 S 200 W, Blanding, Utah 84511. Conference Room
September 29, 2022 at 12:00 PM

AGENDA

The public will be able to view the meeting on Google Meet: Video call link: <https://meet.google.com/nzz-gnio-sba> Or dial: (US) +1 321-351-6764 PIN: 347 222 978#

WELCOME & CALL TO ORDER

APPROVAL OF MINUTES

1. San Juan County Board of Health Minutes - August 18, 2022

PUBLIC COMMENT

BUDGET UPDATE

2. Update on Minimum Performance Standards funding Administration Costs by Tyler Ketron, Business Manager

INFORMATIONAL/RECOGNITION ITEMS

DIRECTOR'S REPORT

BUSINESS ACTION ITEMS BY GRANT SUNADA, PUBLIC HEALTH DIRECTOR

3. HRSA - Monticello Cancer Screening Program Update
4. Public Health Emergency and Healthcare Preparedness Programs - San Juan FY22 Amendment 1
5. Approval of San Juan County Health Department - HIV Prevention - 2018 through 2022 Amendment 6 by Grant Sunada, Public Health Director
6. Integrated Viral Hepatitis Surveillance and Prevention - San Juan County Amendment 1
7. San Juan County - Disease Response, Evaluation, Analysis and Monitoring (DREAM) 2019 Amendment 3

8. FYI Maternal and Child Health FFY 2021 – San Juan County Health Department Amendment
5

9. Annual Evaluation of Public Health Director, Grant Sunada, by Trent Herring, Board of Health
Chair

ADJOURNMENT

In compliance with the Americans with Disabilities Act, persons needing auxiliary communicative aids and services for this meeting should contact the San Juan County Clerk's Office: 117 South Main, Monticello or telephone 435-587-3223, giving reasonable notice



PUBLIC HEALTH BOARD MEETING
735 S 200 W, Blanding, Utah 84511. Conference Room
August 18, 2022 at 12:00 PM

MINUTES

The public will be able to view the meeting on Google Meet:

Video call link: <https://meet.google.com/sus-enqt-vum>
 Or dial: (US) +1 513-457-2061 PIN: 418 250 339#

CALL TO ORDER & WELCOME

Meeting was called to order by Chair Trent Herring at 12:08pm.

PRESENT

Chair Trent Herring
 County Commissioner Willie Grayeyes
 Board Member Genevieve Mitchell
 Board Member Ron Skinner

ABSENT

Vice- Chair Lois Young
 Board Member Suzette Morris
 Board Member Revina Talker

APPROVAL OF MINUTES & AGENDA

Motion to approve Minutes from July meeting made by Board Member Mitchell, Seconded by Chair Herring.

Voting Yea: Chair Herring, County Commissioner Grayeyes, Board Member Mitchell, Board Member Skinner

It was brought up that Agenda Items 2 and 5 were duplicate items and Item 2 would be excluded from the agenda.

Motion to approve the Agenda minus Item 2 was made by County Commissioner Grayeyes, Seconded by Board Member Skinner.

Voting Yea: Chair Herring, County Commissioner Grayeyes, Board Member Mitchell, Board Member Skinner

1. San Juan County Board of Health - July 2022 Minutes

PUBLIC COMMENT

BUDGET UPDATE

Business Manager Tyler Ketron briefly discussed the department's spending and reporting at the end of the state fiscal year.

There was a lengthy discussion regarding the process by which the Health Department has to follow to spend funds and make purchases that are required to fulfill contract requirements. Chair Herring asked for Grant to set up a meeting with the County Administrator and members of the board to discuss streamlining the process.

The Board requested to be provided with updates on the overall contract spending, specific programs that are under/over spent, and how they can help with anything that may be causing any of the spending struggles.

INFORMATIONAL/RECOGNITION ITEMS

DIRECTOR'S REPORT

Health Officer Grant Sunada discussed the progress of receiving funding from HRSA to help support cancer screenings for those exposed to the former Monticello Uranium Mill tailings. Other topics included working on an After Action Analysis of SJPH's COVID-19 Response, and updating the fee schedule for environmental health activities.

Health Promotion Director Rebecca Benally discussed the Health Promotion and Education team's training and their efforts to build partnerships with various organizations to serve all of the communities in the county.

BUSINESS ACTION ITEMS

2. Approval of 2019-2023 Environment, Policy and Improved Clinical Care (EPICC) - San Juan Health Department Amendment 10 by Grant Sunada, Public Health Director

Item was removed from the agenda.

3. Approval of Department of Environmental Quality, San Juan County Health Department Letter, Workplan & Contract FY2023 by Grant Sunada, Public Health Director

Health Director Grant Sunada gave a brief overview of the new DEQ contract.

Motion to approve the contract made by County Commissioner Grayeyes, Seconded by Board Member Skinner.

Voting Yea: Chair Herring, County Commissioner Grayeyes, Board Member Mitchell, Board Member Skinner

- 4. Approval Public Health Crisis Response Workforce Supplemental Grant Contract for SFY 2022 – San Juan County Amendment 1 by Dr. Grant Sunada, Public Health Director

Grant provided an explanation of the Crisis Response Workforce contract and how the Department will be using the funding moving forward.

Motion to approve the contract made by County Commissioner Grayeyes, Seconded by Board Member Skinner.

Voting Yea: Chair Herring, County Commissioner Grayeyes, Board Member Mitchell, Board Member Skinner

- 5. Approval of 2019-2023 Environment, Policy and Improved Clinical Care (EPICC) - San Juan Health Department Amendment 10 by Grant Sunada, Public Health Director

Rebecca Benally discussed the objectives for the EPICC contract and the specific activities that the Department will do to reach those goals.

Motion to approve the contract made by County Commissioner Grayeyes, Seconded by Chair Herring.

Voting Yea: Chair Herring, County Commissioner Grayeyes, Board Member Mitchell, Board Member Skinner

- 6. Approval of San Juan County - Immunizations - 2019 Amendment 3 by Grant Sunada, Public Health Director

Grant discussed the objectives for the Immunizations contract and the increase in funding.

Motion to approve the contract made by County Commissioner Grayeyes, Seconded by Board Member Skinner.

Voting Yea: Chair Herring, County Commissioner Grayeyes, Board Member Mitchell, Board Member Skinner

ADJOURNMENT

In compliance with the Americans with Disabilities Act, persons needing auxiliary communicative aids and services for this meeting should contact the San Juan County Clerk’s Office: 117 South Main, Monticello or telephone 435-587-3223, giving reasonable notice

APPROVED: _____
San Juan County Public Health Board

DATE: _____

Change in Admin Costs after allocation of new Minimum Performance Standards Funding

Sample Contracts	75% of New MPS Allocated		Change
	July 21 - Jun 22	July 22 - Aug 22	
PHEP	30.84%	<u>21.05%</u>	-9.80%
WIC Client Services	29.06%	<u>20.77%</u>	-8.28%
WIC Admin	28.37%	<u>20.32%</u>	-8.05%
EED - CHW	28.96%	<u>21.52%</u>	-7.44%
Home Visiting - PAT	27.80%	<u>19.64%</u>	-8.16%
Overall	26.35%	<u>16.11%</u>	-10.24%

*Admin Costs include:

- Administration Staff Wages
- Administration Staff Benefits
- Administration Travel
- Operating Expenses



COMMISSION STAFF REPORT

MEETING DATE: September 29, 2022

ITEM TITLE, PRESENTER: Updates and discussion regarding the Victims of Mills Tailings Exposure Cancer Screening Program by Grant Sunada, Public Health Director

SUMMARY

This funding supports marketing efforts to educate the public about potential exposure to radiation prior to the Monticello Mill Site cleanup and assist with payment for accessing and receiving cancer screenings. This would include an advertising campaign and marketing professionals visiting hospitals, community centers, and town hall meetings in order to raise awareness about this program for FY22. Next steps include partnering with local healthcare providers and cancer experts to develop the cancer screening process and hiring/training community marketing professionals to engage with the community about the risk and program.

Early detection of cancers related to the exposure in Monticello will lead to much better outcomes and much less overall expense to treat the cancer. Catching a handful of cancers that have resulted from the exposure very early will save enough money in the overall course of treatment to fund the entire program.

HISTORY/PAST ACTION

The Monticello Mill was owned and operated by the United States Government between 1941 and the early 1960s. In 1989 the Environmental Protection Agency placed the Mill and the tailings site on the Department of Energy’s National Priority List for cleanup and removal of toxic waste. The locations were ultimately designated as superfund sites by 2000 and the US Government spent over \$280 million on additional cleanup.

Prior to this, however, the toxic waste polluted the air and waterways in the greater-Monticello community. This led to noticeably high rates of cancer diagnoses, some tragically resulting in death, which is why Senators Hatch and Bennett fought to bring more resources to the community to be used for cancer screening.

The Victims of Mills Tailings Exposure Cancer Screening Program that was originally funded through the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriation Bill of 2009. The Utah Department of Public Health received over

\$400,000 in funding and then-Senators Hatch and Bennett made the program request for “health education and screening for citizens exposed to uranium mill tailings.”

FISCAL IMPACT

\$520,000 in federal funds has been awarded for this program to run between July 2022 and June 2023. We are working through the paperwork to begin acquiring this funding. The budget is attached with additional details.



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# GE146225
Federal Award Date: 07/18/2022

Recipient Information

1. **Recipient Name**
COUNTY OF SAN JUAN
9 S Main St
Monticello, UT 84535-7705
2. **Congressional District of Recipient**
03
3. **Payment System Identifier (ID)**
1876000305A1
4. **Employer Identification Number (EIN)**
876000305
5. **Data Universal Numbering System (DUNS)**
6. **Recipient's Unique Entity Identifier**
WCVABP2FEVA2
7. **Project Director or Principal Investigator**
Mack McDonald
Chief Administrative Officer
mmcdonald@sanjuancounty.org
(435)587-3225
8. **Authorized Official**

Federal Agency Information

9. **Awarding Agency Contact Information**
Zenaida Bennett
Grant Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
zbennett@hrsa.gov
(301) 287-2592
10. **Program Official Contact Information**
Julia Bryan
Healthcare Systems Bureau (HSB)
jbryan@hrsa.gov
(301) 443-6707

Federal Award Information

11. **Award Number**
1 GE1HS46225-01-00
12. **Unique Federal Award Identification Number (FAIN)**
GE146225
13. **Statutory Authority**
Consolidated Appropriations Act, 2022, (PL 117-103)
14. **Federal Award Project Title**
Community Project Funding/Congressionally Directed Spending - Non-Construction
15. **Assistance Listing Number**
93.493
16. **Assistance Listing Program Title**
Congressional Directives
17. **Award Action Type**
New
18. **Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/01/2022 - End Date 07/31/2023	
20. Total Amount of Federal Funds Obligated by this Action	\$520,000.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$520,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$520,000.00
26. Project Period Start Date 08/01/2022 - End Date 07/31/2023	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$520,000.00

28. **Authorized Treatment of Program Income**
Addition
29. **Grants Management Officer – Signature**
Christie Walker on 07/18/2022

30. Remarks



Notice of Award
Award Number: 1 GE1HS46225-01-00
Federal Award Date: 07/18/2022

Healthcare Systems Bureau (HSB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$0.00
b. Fringe Benefits:	\$0.00
c. Total Personnel Costs:	\$0.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$0.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$520,000.00
j. Consortium/Contractual Costs:	\$0.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$520,000.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$520,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$520,000.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$520,000.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$520,000.00

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
	Not applicable

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.51

37. BHCNIS#

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
22 - 370NCON	93.493	22GE1HS46225	\$520,000.00	\$0.00	N/A	22GE1HS46225

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Condition(s)

1. Due Date: Within 60 Days of Award Release Date

Within 60 days of award release date, award recipient must submit Letters of Agreement, Memoranda of Understanding and/or Description(s) of Proposed/Existing Contracts (Attachment #3) per the Program Guidance.

2. Due Date: Within 60 Days of Award Release Date

Within 60 days of the award release date, award recipient must provide an organizational chart (Attachment #4) per the Program Guidance.

3. Due Date: Within 60 Days of Award Release Date

Within 60 days of the award release date, award recipient must provide staff biographical sketches (Attachment #2) for each project staff member that directly links their qualifications and experience to the grant project activities.

4. Due Date: Within 60 Days of Award Release Date

Within 60 days of the award release date, award recipient must submit a staffing plan (Attachment #1) with key staff, roles and responsibilities and level of effort per the Program Guidance.

5. Due Date: Within 30 Days of Award Issue Date

Submit a revised SF 424A, Line Item Budget, and Budget Narrative Justification for the Federal award amount noted on line 20, Total Amount of Federal Funds Obligated by this Action on this Notice of Award (NoA). Refer to budget requirements in the Funding Opportunity Announcement for guidance for budget format.

The budget justification must detail the costs of each line item within each object class category. For the Personnel line item, you must include the following for each employee supported by funds from this award: name of employee; base salary; % FTE on the grant; and amount of Federal funds (wages and % of fringe benefits) to be paid for the budget year. This personnel information requirement also applies to subawards/subcontracts supported by Federal funds from this grant.

Federal grant funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the Federal Executive Pay scale (currently \$203,700). This amount reflects an individual's base salary **exclusive of fringe benefits** and income that an individual may be permitted to earn outside of the duties to the applicant organization (i.e., rate limitation only limits the amount that may be awarded and charged to HRSA grants.)

Failure to submit the Federal Budget within 30 days will result in denial of access to funds in the PMS account related to this Grant.

Grant Specific Term(s)

- 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
- As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsr.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
- All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the

Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under “Expanded Authority,” as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See “Prior-Approval Requirements” in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>

4. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**
- You may use your existing PMS username and password to check your organizations’ account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://pms.psc.gov/find-pms-liaison-accountant.html>

Program Specific Term(s)

1. This Notice of Award (NoA) is issued to inform your organization of the awarding of Congressionally Directed Spending (CDS): Non-Construction Projects (HRSA-22-135) funding. This funding is authorized by the FY 2022 Consolidated Appropriations Act (P.L. 117-103) for congressionally directed spending projects that relate to supporting health related activities, including training and information technology.
2. Equipment includes all moveable equipment that has a useful life of more than one year and a per-unit acquisition cost of \$5,000 or more, including information technology systems. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space. Any equipment purchased with your CDS award must be procured, maintained, tracked, and disposed of in accordance with 45 CFR part 75.
3. Pre-award costs may be considered for funding as long as they are included in the application, are allowable costs and were not incurred more than 90 days prior to the award start date. You will need to submit a prior approval request to HRSA for review for any costs incurred more than 90 day prior to the award start date.
4. The award recipient may acquire a variety of commercially available goods or services in connection with a grant-supported project or program. Award recipients may use their own procurement procedures that reflect applicable state and local laws and regulations, as long as those procedures conform to the following applicable U.S. Department of Health and Human Services (HHS) regulations: HHS regulations at 45 Code of Federal Regulations (CFR) 75 UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS. States must follow the requirements at Title 45 CFR 75. Generally, States must follow the same policies and procedures they use for procurements from non-Federal funds. Local and Tribal governments must follow the requirements at 45 CFR 75.
5. All program income generated as a result of awarded funds must be used for approved project-related activities. Additional requirements can be found at 45 CFR § 75.307.
6. The award recipient will submit a semi-annual Progress Report for the approved project(s) into the HRSA Electronic Handbook (EHB) every six months until the project is completed. Additional instructions regarding submission requirements will be provided at a later date.

Standard Term(s)

1. Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA [Standard Terms](#) (unless otherwise specified on your Notice of Award), and [Legislative Mandates](#). The effectiveness of these policies, procedures, and controls is subject to audit.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**

The recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

The FFR will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR.

Item 3.

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

2. Due Date: Within 90 Days of Project End Date

Within 90 days of project completion, the award recipient must submit into HRSA's Electronic Handbook a final project overview, as well as a description of project objectives and accomplishments for the completed project.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Mack Mcdonald	Program Director	mmcdonald@sanjuancounty.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

Budget Justification Grant#:	FY 2022 Budget Period		
	Federal Grant Request	Non-Federal Resources	Total
REVENUE – Should be consistent with information presented in Budget Information: Budget Details form and Form 3: Income Analysis.			
FY 2022 Congressionally Directed Spending Non-construction and Construction Projects Overview	\$520,000.00		\$ 520,000.00
			-
TOTAL REVENUE	\$520,000.00		\$520,000.00
EXPENSES: Object class totals should be consistent with those presented in Section B of the Budget Information: Budget Details form.			
PERSONNEL			
ADMINISTRATION (strategy, community/clinical partnerships, and	\$ 36,758.09		\$ 36,758.09
MARKETING EMPLOYEES (facilitating community and media	\$ 46,597.42		\$ 46,597.42
			\$ -
TOTAL PERSONNEL	\$ 83,355.51		\$ 83,355.51
FRINGE BENEFITS			
Health Insurance	\$ 13,366.88		\$ 13,364.88
Social Security Tax	\$ 2,128.95		\$ 2,128.95
Medicare Tax	\$ 428.42		\$ 428.42
State Retirement	\$ 5,795.12		\$ 5,795.12
Health Savings Account	\$ 602.82		\$ 602.82
Long Term Disability	\$ 162.30		\$ 162.30
TOTAL FRINGE	\$ 22,484.49		\$ 22,484.49
TRAVEL			
NEMT Patient travel: 10,000 loaded miles (non-emergency medical	\$ 35,000.00		\$ 35,000.00
			-
TOTAL TRAVEL	\$ 35,000.00		\$ 35,000.00
EQUIPMENT – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.			
Radiation Survey Meter	769.74		769.74
TOTAL EQUIPMENT	769.74		769.74
SUPPLIES			
ADVERTISING			
Program Outreach Flyer Printing (EDDM)	\$ 736.78		\$ 736.78
Program Outreach Brochures	\$ 1,000.00		\$ 1,000.00
Mobile Pogram Outreach Display - Retractable Banners x 5	\$ 521.40		\$ 521.40

Program Outreach Table Cover	\$ 357.00	\$ 357.00
Memorial Books and Displays (allowing participants to record and	\$ 1,000.00	\$ 1,000.00
Program outreach shirts	\$ 2,500.00	\$ 2,500.00
TOTAL SUPPLIES	\$ 6,115.18	\$ 6,115.18
Contractual - Include sufficient detail to justify costs.		
		-
TOTAL CONTRACTUAL	\$ -	\$ -
OTHER – Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.		
ADVERTISING (Program Outreach Costs)		\$ -
Retail USPS Marketing Flats (EDDM; \$0.187 per piece; 13,500 x 3;	\$ 7,573.50	\$ 7,573.50
Radio Program Outreach (KRTZ, KISS, KVFC)	\$ 9,000.00	\$ 9,000.00
Radio Program Outreach (Red Rock 92.7; local sporting events)	\$ 5,000.00	\$ 5,000.00
Newspaper Program Outreach (San Juan Record, Moab, Navajo	\$ 5,041.63	\$ 5,041.63
Program Outreach Video Production	\$ 20,000.00	\$ 20,000.00
Targeted Social Media ads (average \$0.97 per click for Facebook	\$ 6,499.95	\$ 6,499.95
Sub-Total	\$ 53,115.08	\$ 53,115.08
CLINICAL VOUCHERS/REIMBURSEMENT		\$ -
Physical Exams at nearest healthcare facility (\$50/exam x 2020	\$ 101,000.00	\$ 101,000.00
Cancer Screenings at nearest healthcare facility (\$216/screen x 1010	\$ 218,160.00	\$ 218,160.00
Sub-Total	\$ 319,160.00	\$ 319,160.00
TOTAL OTHER	\$ 372,275.08	\$ 372,275.08
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)	\$ 520,000.00	\$ 520,000.00
INDIRECT CHARGES – Include approved indirect cost rate.		
X% indirect cost rate (includes utilities and accounting services)		-
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)		\$ 520,000.00

Budget Information - Non Construction Programs

OMB Approval No. 0348-0044

Section A - Budget Summary						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Victims of the Mill Tailings Exposure Cancer Screening Program				520,000.00		520,000.00
2.						-
3.						-
4.						-
5. Totals		-	-	520,000.00	-	520,000.00
Section B - Budget Categories						
6. Object Class Categories	Grant Program, Function or Activity				Total (5)	
	(1)	(2)	(3)	(4)		
a. Personnel	83,355.51				83,355.51	
b. Fringe Benefits	22,484.49				22,484.49	
c. Travel	35,000.00				35,000.00	
d. Equipment	769.74				769.74	
e. Supplies	6,115.18				6,115.18	
f. Contractual					-	
g. Construction					-	
h. Other	372,275.08				372,275.08	
i. Total Direct Charges (sum of 6a-6h)	520,000.00	-	-	-	520,000.00	
j. Indirect Charges					-	
k. Totals (sum of 6i-6j)	520,000.00	-	-	-	520,000.00	
7. Program Income					-	

Section C. Non-Federal Resources

Lines 8-11—Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a)—Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b)—Enter the contribution to be made by the applicant.

Column (c)—Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d)—Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e)—Enter totals of Columns (b), (c), and (d).

Line 12—Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f) Section A.

Section D. Forecasted Cash Needs

Line 13—Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14—Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15—Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance Project

Lines 16-19—Enter in Column (a) the same grant program titles shown Column

(a), Section A. A breakdown by function or activity is not necessary. For applications and continuation grant applications, enter in the proper column amounts of Federal funds which will be needed to complete the program project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplemental funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20—Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show overall totals on this line.

Section F. Other Budget Information

Line 21—Use this space to explain amounts for individual direct object-cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22—Enter the type of indirect rate (provisional, predetermined, fixed) that will be in effect during the funding period, the estimated amount the base to which the rate is applied, and the total indirect expense.

Line 23—Provide any other explanations or comments deemed necessary.

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IA (Rev. 4-92)
Circular A-102

<p style="text-align: center;">DEPARTMENT OF HEALTH AND HUMAN SERVICES</p> <p style="text-align: center;">Health Resources and Services Administration</p> <p style="text-align: center;">EQUIPMENT LIST</p>	FOR HRSA USE ONLY	
	Grantee Name	<insert grantee name>
	App Tracking #	Grant Number
	<insert no.>	<insert grant number>
	Project Number	Project Type
	<insert no.>	<insert project type: Construction, Alteration/Renovation or Equipment-Only>
	Project Title	
<insert project title>		

List of Clinical and Non-Clinical Equipment

Type	Description	Unit Price	Quantity	Total Price
Non-Clinical	Radiation Survey Meter	769.74	1	\$769.74
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
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				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Total			1	\$769.74



COMMISSION STAFF REPORT

MEETING DATE: September 29, 2022

ITEM TITLE, PRESENTER: Consideration and Approval of the *Public Health Emergency and Healthcare Preparedness Programs – San Juan FY22 Amendment 1*, presented by Grant Sunada, Public Health Director

RECOMMENDATION: Approve

SUMMARY

The general purpose of this contract is to provide for the continuation of activities designed to develop, sustain, and demonstrate progress toward achieving fifteen public health preparedness capabilities as they pertain to the local public health department's purview. These capabilities are Community Preparedness, Community Recovery, Emergency Operations Coordination, Emergency Public Information and Warning, Fatality Management, Information Sharing, Mass Care, Medical Countermeasure Dispensing and Administration, Medical Materiel Management and Distribution, Medical Surge, Nonpharmaceutical Interventions, Public Health Laboratory Testing, Public Health Surveillance and Epidemiological Investigation, Responder Safety and Health, and Volunteer Management.

HISTORY/PAST ACTION

Approval

FISCAL IMPACT

This contract includes \$117,196.00 in federally reimbursable funds from July 1, 2022 through June 30, 2023. This requires local funds to match 10% of the grant amount. This amount will be \$11,719.60.



UTAH DEPARTMENT OF HEALTH & HUMAN SERVICES CONTRACT AMENDMENT

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

2221617

Department Log Number

222700181

State Contract Number

1. **CONTRACT NAME:** The name of this contract is Public Health Emergency and Healthcare Preparedness Programs - San Juan FY22 Amendment 1.
2. **CONTRACTING PARTIES:** This contract amendment is between the Utah Department of Health & Human Services (DEPARTMENT) and San Juan County (CONTRACTOR).
3. **PURPOSE OF CONTRACT AMENDMENT:** Purpose of Contract: To add Budget Period 4 funds, and to approve carryover of unused Budget Period 3 funds in order to carryout Department approved activities through budget period 4.
4. **CHANGES TO CONTRACT:**

1. Attachment A, effective 08/17/2022, is replacing Attachment A, which was effective 07/1/2021. Sections I., VI., VII., VIII., IX., IIX., of the new attachment A have changed to reflect current grant and reporting requirements.

2. Attachment B, effective 08/17/2022, is replacing Attachment B, which was effective 07/1/2021. Sections III., V., VI., of the new attachment B have changed to reflect current grant and reporting requirements.

3. Purpose of Contract: To add Budget Period 4 funds, and to approve carryover of unused Budget Period 3 funds in order to carryout Department approved activities through budget period 4.

UEI: WCVABP2FEVA2

Indirect Cost Rate: 0%

Add

Federal Program Name:	Hospital Preparedness Program (HPP) Cooperative Agreement Public Health Emergency Preparedness (PHEP) Cooperative Agreement	Award Number:	5 NU90TP922027-04-00
Name of Federal Awarding Agency:	Assistant Secretary for Preparedness and Response Centers	Federal Award Identification Number:	NU90TP922027

	for Disease Control and Prevention		
Assistance Listing:	HOSPITAL PREPAREDNESS PROGRAM (HPP) PUBLIC HEALTH EMERGENCY PREPAREDNESS	Federal Award Date:	7/28/2022
Assistance Listing Number:	93.069	Funding Amount:	\$117196

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

- 5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 08/17/2022

- 6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
 - A. All other governmental laws, regulations, or actions applicable to services provided herein.
 - B. All Assurances and all responses to bids as provided by the CONTRACTOR.
 - C. Utah Department of Health & Human Services General Provisions and Business Associate Agreement currently in effect until 6/30/2023.

- 7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

Contract with Utah Department of Health & Human Services and San Juan County, Log # 2221617

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

STATE

By: _____
Willie Grayeyes Date
County Commission Chair

By: _____
Tracy Gruber Date
Executive Director, Department
of Health & Human Services

ATTACHMENT A: SPECIAL PROVISIONS FOR LOCAL HEALTH DEPARTMENTS

Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) Cooperative Agreements

I. Definitions

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

- found at
<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>.
- X. “HPP” means Hospital Preparedness Program, as described in the Cooperative Agreement.
 - Y. “HSEEP” means the federal Homeland Security Exercise and Evaluation Program.
 - Z. “ICS” means Incident Command System is a highly standardized, top-down, military-based management structure and tool used to meet the demands of small or large emergency and nonemergency situations.
 - AA. “IPP” means Integrated Preparedness Plan.
 - BB. “Local Health Department Preparedness Deliverable Tracker” means the living report that encompasses all required program deliverables for each program. This tracker is located within the Preparedness Partner Site, on the Local Health Department main webpage.
 - CC. “MCM” means the CDC Medical Countermeasures program.
 - DD. “MCMDD” means the CDC’s Medical Countermeasure Distribution and Dispensing.
 - EE. “MRC” means Medical Reserve Corps.
 - FF. “NIMS” means National Incident Management System which guides all levels of government, nongovernmental organizations and the private sector to work together to prevent, protect against, mitigate, respond to and recover from incidents.
 - GG. “No-Cost Extension” means unspent or unobligated balance of funds from a prior project period that the sub-recipient may request to use in the current project period.
 - HH. “ORR” means Operational Readiness Review.
 - II. “PAHPAIA” means the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA) signed June 2019 and found at <https://www.phe.gov/Preparedness/legal/pahpa/Pages/pahpaia.aspx>.
 - JJ. “Pass-Through Entities” means a subaward provided by the Sub-recipient to carryover Department approved activities.
 - KK. “PHEP” means Public Health Emergency Preparedness.
 - LL. “POD” means Points of Dispensing for MCMs.
 - MM. “PPE” means personal protective equipment.
 - NN. “Preparedness Partner Site” means the user restricted website available to sub-recipients located at <https://sites.google.com/utah.gov/bemsp/home>.
 - OO. “Project Period” means the five year period of the 2019-2024 Cooperative Agreement, July 1, 2019 through June 30, 2024.
 - PP. “Public Health Preparedness Capabilities” means the fifteen capabilities specific to public health as identified by the CDC and referenced in the Cooperative Agreement, titled Public Health Preparedness Capabilities: National Standards for State and Local Planning, found at <https://www.cdc.gov/cpr/readiness/capabilities.htm>
 - QQ. “RDHRS” means Regional Disaster Health Response System, found at <https://aspr.hhs.gov/RDHRS/Pages/default.aspx>.
 - RR. “SNS” means the federal Strategic National Stockpile program.
 - SS. “Sub-recipient” as defined and described in the agreement between the parties titled “General Provisions and Business Associate Agreement” effective July 1, 2019 through June 30, 2024.

TT. "Total Compensation" means the cash and noncash dollar value earned by the Executive during the Department's or Sub-recipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

1. Salary and bonus;
2. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments;
3. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of Executives, and are available generally to all salaried employees;
4. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans;
5. Above-market earnings on deferred compensation which is not tax-qualified; and
6. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

UU. "Utah Responds" means the Utah ESAR-VHP system.

II. **Prevailing Purpose**

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

III. **Projects and Funding – San Juan County Health Department**

A. Attachment B - Public Health Emergency Preparedness (PHEP-Base)
\$117,196

IV. **Employee Personnel Time**

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

V. **Department Contact Information:**

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

For Program Management, contact:

Michelle Hale, Preparedness & Response Program Director

Office of Emergency Medical Services and Preparedness

(801) 419-8892

mhale@utah.gov

For general programmatic questions, contact:

The Preparedness Grants General Email Box
prepgrants@utah.gov

For financial or budget assistance, contact:

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

VI. Payments

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

VII. Tracking and Modifications to Programmatic and Reporting Requirements

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

- VIII. Sub-recipient Procurement and Requirements for Pass-Through Entities**
- A. When procuring property and services under these Federal awards, the Sub-recipient will follow 45 CFR Parts [75.327](#) through [75.335](#).
 - B. The Sub-recipient will ensure all requirements for pass-through entities are met within 45 CFR Part 75.352.
 - C. When procuring equipment, the Sub-recipient must comply with the procurement standards at 45 CFR Part 75.329 Procurement procedures, which requires the performance and documentation of some form of cost or price analysis with every procurement action.
- IX. Requests for No-Cost Extension or Carryover of Unobligated Funds**
- A. In the event that federal guidance provides a No-Cost Extension or Carryover of funds to the Department, the Sub-recipient may request a No-Cost Extension or Carryover of unobligated funds from the current budget period to the next budget period.
 - B. Requests are due by the Sub-recipient to the Department within 30-days as requested by the Department. This date fluctuates annually and is at the discretion of ASPR and the CDC.
 - C. There is no guarantee new funds will be available to continue activities in succeeding budget period(s).
 - D. Carryover limits shall be in accordance with the annual limits set by the CDC and ASPR. For the term of this grant, the Carryover limit is set at 100%.
 - E. Requests for Carryover by the Sub-recipient shall be made within the direction provided by the Department, and in accordance with CDC and ASPR requirements. .
 - F. The Department will provide notification of approved No-Cost Extension or Carryover funding requests to the Sub-recipient via email.
 - G. The Sub-Recipient shall use any approved No-Cost Extension or Carryover funds for Department-approved work plan activities which are consistent with the purpose or terms and conditions of the Federal-award to the recipient.
 - H. Approved No-Cost Extension or Carryover funds must be fully expended by June 30 of the following budget period. For example, budget period 3 ends on June 30, 2022, and approved budget period 3 carryover funds must be fully expended by June 30, 2023.
 - I. The Sub-recipient shall submit an end-of-year progress report encompassing all carryover funded activities completed during the current budget period. This report is due to the Department by August 15, annually.
- X. Redirections of Funding**
- A. The Sub-recipient shall submit budget redirection requests for new year funding to the Department no later than March 15 annually.
 - B. All redirection requests shall include:
 1. Revised budget;
 2. Revised work plan (if any activities are changed due to the funds adjustment); and
 3. Justification statement for the request, including an explanation of budget and workplan items that were changed in order to accommodate the adjustment.
- XI. Use of Funds for Response**

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

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

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

XII. HPP Required Provisions

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

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

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

1. 29 CFR 1910.1030, Blood borne pathogens; 29 CFR 1910.1450, Occupational exposure to hazardous chemicals in laboratories; and other applicable occupational health and safety standards issued by the Occupational Health and Safety Administration (OSHA) and included in 29 CFR 1910. These regulations are available at [http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_art_number=1910.](http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_art_number=1910;);
2. Nuclear Regulatory Commission “standards and Regulations, pursuant to the Energy Reorganization Act of 1974 (42 U.S.C. 5801 et seq.). Copies may be obtained from the U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001. The following guidelines are recommended for use in developing and implementing health and safety operating procedures and practices for both personnel and facilities;
3. Biosafety in Microbiological and Biomedical Laboratories, CDC and NIH, HHS. This publication is available at http://www.cdc.gov/OD/ohs/biosfty/bmb15/BMBL_5th_Edition.pdf.; and
4. Prudent Practices for “safety in Laboratories (1995), National Research Council, National Academy Press, 500 Fifth Street, NW, Lockbox 285, Washington, DC 20055 (ISBN 0-309-05229-7). This publication can be obtained by telephoning 800-624-8373. It also is available at <http://www.nap.edu/catalog/4911.html>. Grantee organizations are not required to submit documented assurance of their compliance with or implementation of these regulations and guidelines. However, if requested by ASPR, grantees should be able to provide evidence that applicable Federal, State, and local health and safety standards have been considered and have been put into practice.

XIII. Funding Restrictions

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

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

- c) See additional requirements (AR 12) for detailed guidance on the prohibition and additional guidance on lobbying for CDC recipients https://www.cdc.gov/grants/documents/antilobbying_restrictions_for_dc_grantees_july_2012.pdf.
16. Construction and Major Renovations: Recipients may not use funds for construction or major renovations.
- a) Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly justified in the budget.
17. Passenger Road Vehicles: Funds cannot be used to purchase over-the road passenger vehicles.
- a) Funds cannot be used to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas driven motorized carts.
 - b) Sub-recipients can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas- driven motorized carts during times of need.
 - c) Additionally, PHEP grant funds can (with prior approval) be used to make transportation agreements with commercial carriers for movement of materials, supplies and equipment. There should be a written process for initiating transportation agreements (e.g., contracts, memoranda of understanding, formal written agreements, and/or other letters of agreement). Transportation agreements should include, at a minimum:
 - (1) Type of vendor;
 - (2) Number and type of vehicles, including vehicle load capacity and configuration;
 - (3) Number and type of drivers, including certification of drivers o Number and type of support personnel;
 - (4) Vendor's response time; and
 - (5) Vendor's ability to maintain cold chain, if necessary, to the incident.
 - (6) This relationship may be demonstrated by a signed transportation agreement or documentation of transportation planning meetings with the designated vendor.
 - (7) All documentation should be available to the CDC project officer for review if requested.
18. Transportation of Medical Materiel: Funds can (with prior approval) be used to procure leased or rental vehicles for movement of materials, supplies and equipment.
- a) Recipients can (with prior approval) use funds to purchase material-handling equipment (MHE) such as industrial or warehouse-use trucks to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads.
 - b) Recipients may purchase basic (non-motorized) trailers with prior approval from the CDC OGS.
19. Procurement of Food and Clothing: Funds may not be used to purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits, sweatshirts, or T-shirts. Purchase of vests to be worn during exercises or responses may be allowed.

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

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

XIV. Acknowledgment of Funding

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

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

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

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

I. Project Objective

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

II. Prioritization of Public Health Preparedness Capabilities

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

III. Sub-recipient Responsibilities

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

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

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

IV. Sub-Recipient Budget Requirements

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

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

V. Evidence-based Benchmark

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

VI. Annual Requirements

- A. Sub-recipient shall determine risks and threats to the health of the jurisdiction through:
 - 1. Utilizing the Jurisdictional Risk Assessment (JRA);
 - 2. Collaboration with ASPR HPP Regional Coalitions hazard assessments; and
 - 3. Collaboration with other local partners such as emergency management for ongoing threat assessments.
- B. Sub-recipient shall ensure all program activity, including plans, partnerships, and exercises, reflect inclusion of populations with access and functional needs and providers to these populations, to include:
 - 1. Populations at risk of being disproportionately impacted by incidents;
 - 2. Community-based organizations;
 - 3. Providers serving children;
 - 4. Long-term care facilities such as nursing homes;
 - 5. Mental/behavioral health providers; and
 - 6. Tribal nations and members in the jurisdiction, if applicable.

CDC encourages intentional planning and leadership efforts that address, improve, and advance health equity among all communities.
- C. Sub-recipient shall report on the status of written emergency preparedness and response plans, annexes, and protocols in the work plan, to include:
 - 1. All hazards preparedness and response plan;
 - 2. Infectious disease response plan;
 - 3. Pandemic influenza plan;
 - 4. Medical countermeasures (MCM) plan;
 - 5. Continuity of operations (COOP) plan;
 - 6. Chemical, biological, radiological, nuclear, explosive response plan;
 - 7. Volunteer management plan;
 - 8. Communications plan;
 - 9. Non-pharmaceutical interventions plan; and
 - 10. Administrative preparedness plan.
- D. Sub-recipient shall develop an Integrated Preparedness Plan (IPP) to define public health preparedness priorities, including:

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

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

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

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



COMMISSION STAFF REPORT

MEETING DATE: September 29, 2022

ITEM TITLE, PRESENTER: Approval of San Juan County Health Department - HIV Prevention - 2018 through 2022 Amendment 6 by Grant Sunada, Public Health Director

RECOMMENDATION: Approve

SUMMARY

The funding enables San Juan Public Health (SJPH) to provide HIV counseling, testing, case investigation, and infection control.

HISTORY/PAST ACTION

Approval of amendments to existing federal contracts with San Juan County.

FISCAL IMPACT

New total of reimbursable funding is \$5,250.00 from 2018 to 2022 with \$1,000.00 for the period January 1, 2022 to December 31, 2022.



UTAH DEPARTMENT OF HEALTH CONTRACT AMENDMENT

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

1801905
Department Log Number

182700665
State Contract Number

1. **CONTRACT NAME:** The name of this contract is San Juan County Health Department - HIV Prevention - 2018 through 2022 Amendment 6.
2. **CONTRACTING PARTIES:** This contract amendment is between the Utah Department of Health (DEPARTMENT) and San Juan County (CONTRACTOR).
3. **PURPOSE OF CONTRACT AMENDMENT:** The purpose of this amendment is to increase the contract amount and replace Attachment "A", in exchange for continued services.

Pursuant to Utah Code Ann. 26B-1-201, as of July 1, 2022, the parties agree that the contracting parties, with all its contractual obligations, duties, and rights, will be the Department of Health and Human Services ("Department") and Contractor.

4. **CHANGES TO CONTRACT:**
 1. The contract amount is being changed. The original amount was \$4,550.00. The funding amount will be increased by \$700.00 in federal funds. New total funding is \$5,250.00.
 2. Attachment "A" effective, January 15, 2022, is replacing Attachment "A" which was effective January 1, 2022. The document title is changed, and Article "II" Definitions, Sections B, through K, are changed, and Article "III" Funding, Section A, is changed and Subsection 6 is added.

DUNS: WCVABP2FEVA2

Indirect Cost Rate: 0%

Add

Federal Program Name:	Utah HIV Surveillance and Prevention Project	Award Number:	6 NU62PS924568-05-01
Name of Federal Awarding Agency:	Centers for Disease Control and Prevention	Federal Award Identification Number:	NU62PS924568
CFDA Title:	HIV PREVENTION ACTIVITIES HEALTH DEPARTMENT BASED	Federal Award Date:	5/10/2022
CFDA Number:	93.940	Funding Amount:	\$700.00

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

5. **EFFECTIVE DATE OF AMENDMENT:** This amendment is effective 01/15/2022

6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
 - A. All other governmental laws, regulations, or actions applicable to services provided herein.
 - B. All Assurances and all responses to bids as provided by the CONTRACTOR.
 - C. Utah Department of Health General Provisions and Business Associate Agreement currently in effect until 6/30/2023.

7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

Contract with Utah Department of Health and San Juan County, Log # 1801905

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

STATE

By: _____ Date _____
Willie Grayeyes
County Commission Chair

By: _____ Date _____
Shari A. Watkins, C.P.A.
Director, Office Fiscal Operations

Attachment A: Special Provisions

San Juan County Health Department - HIV Prevention - 2018 through 2022 Amendment 6

Effective Date: January 15, 2022

- I. GENERAL PURPOSE:
- A. The general purpose of this contract is to provide HIV testing, partner services and disease investigation.
- II. DEFINITIONS:
- A. "CDC" means The Centers for Disease Control and Prevention.
- B. "Department" means Utah Department of Health and Human Services, HIV and STD Prevention and Surveillance.
- C. "Education" means one-on-one discussion and distribution of educational materials.
- D. "High-risk individual" means men who has sex with men, injecting drug users, pregnant women, children of HIV-positive women, individuals with a prior STD diagnosis, hemophiliac/blood product recipients, sexual assault victims, individuals with a significant occupational exposure, individuals who exchange sex for drugs/money or other commodities, individuals with a history of alcohol/drug abuse and the sex partner of any of the above.
- E. "Network" means a collection of at least three persons believed to be part of the same web of recent and/or ongoing HIV transmission based on similarities in time of diagnosis, clinical characteristics, and residence at the time of diagnosis.
- F. "PEP" means post-exposure prophylaxis.
- G. "PrEP" means pre-exposure prophylaxis.
- H. "Rapid HIV testing" means whole blood specimens processed at the Subrecipient's clinic, with same-visit results.
- I. "Subrecipient" means Contractor and San Juan County.
- J. "UPHL" means Utah Public Health Laboratory.
- K. "UT-NEDSS" means the DEPARTMENT electronic disease surveillance system.
- III. FUNDING:
- A. New total funding is \$5,250.00.
1. \$1,000.00 for the period January 1, 2018 to December 31, 2018.
 2. \$1,000.00 for the period January 1, 2019 to December 31, 2019.
 3. \$1,250.00 for the period January 1, 2020 to December 31, 2020.
 - a. HIV Prevention - Disease Intervention Services.
 - (1) \$250.00 for the period January 1, 2020 to December 31, 2020.
 - b. Early Intervention Services - Disease Intervention Services.
 - (1) \$500.00 for the period of January 1, 2020 to June 30, 2020.
 - (2) \$500.00 for the period of July 1, 2020 to December 31, 2020.
 4. \$1,000.00 for the period January 1, 2021 to December 31, 2021.
 - a. HIV Prevention - Disease Intervention Services.
 - (1) \$500.00 for the period January 1, 2021 to December 31, 2021.

3. Ensure that a minimum of 85% of individuals tested for HIV receive their results and 100% of those who test positive for HIV receive their test result in person;
 4. For newly identified HIV positive individuals, initiate follow-up for patients who fail to return for test result;
 5. Provide an active referral to HIV medical care to all individuals who test positive for HIV by scheduling a medical appointment with a medical provider at the University of Utah Hospital, Infectious Disease Clinic, or a medical provider of the patient's choosing;
 6. Provide HIV prevention referrals to all individuals being tested for HIV, regardless of sero-status, such as but not limited to the following: tuberculosis screening, sexually transmitted diseases testing, condom distribution, PrEP, PEP, Comprehensive Risk Counseling Services, and Highly Active Anti-Retroviral Therapy;
 7. Ensure that all staff conducting HIV counseling and testing have completed the HIV Testing and Counseling Training, provided by the DEPARTMENT;
 8. Submit to DEPARTMENT or enter into Evaluation Web, completed HIV Test Forms by the 15th of the month following the end of the reporting month:
 - a. Submit to DEPARTMENT or enter into EvaluationWeb, within 30 days of a positive test event, the corresponding HIV Test Form Part ONE and Part TWO information;
 - b. Create a new morbidity event in UT-NEDSS, within two working days of an individual testing positive for HIV;
 - c. Create a new contact record in UT-NEDSS for each named partner of an individual testing positive for HIV.
- B. For Case Investigation and Partner Services the Subrecipient shall:
1. Investigate all potential HIV cases assigned to the Subrecipient within 30 days of diagnosis:
 - a. Complete minimum dataset requirements, as outlined in the DEPARTMENTS HIV Disease Plan, for HIV case morbidity reports and HIV contact events (<http://health.utah.gov/epi/diseases/hivaids/plan.pdf>);
 - b. Add notes to UT-NEDSS elicited during the investigation from cases and contact events;
 - c. Verify that the individual attended a medical appointment within 30 days of client first testing positive for HIV;
 - d. Ensure all HIV case investigations assigned to the Subrecipient in UT-NEDSS receive a workflow status of "Approved by LHD" within 30 days of diagnosis;
 - e. Assist in the response and investigation of HIV network and outbreak control efforts communicated by the DEPARTMENT and the CDC;
 - f. Attend monthly network response calls when networks are identified by the DEPARTMENT that contain cases residing in the Subrecipient's jurisdiction;
 - g. Attend the new HIV diagnoses cohort review committee by sending a minimum of one representative who is prepared to discuss cases/patients;
 - h. Assist in Linkage to Care initiatives and re-engagement to care

- efforts established by the DEPARTMENT.
- i. Provide PrEP education for 80% of all MSM who are diagnosed with syphilis or gonorrhea and interviewed by the Subrecipient:
 - 1) Provide PrEP referrals;
 - 2) Provide education to partners if able.
 - j. Develop procedures to notify a spouse of a known HIV-infected patient, as described in the Public Law 104-146, Section 8(a) of the Ryan White Care Authorization Act of 1996.
2. Conduct Partner Services for Subrecipient residents who test positive for HIV within 30 days of diagnosis:
- a. Offer partner notification services to all partners of all individuals who test positive for HIV and make a minimum of three attempts, two by phone, with all contacts named during the investigation;
 - b. Offer free HIV testing to all partners of all individuals who test positive for HIV;
 - c. Record in UT-NEDSS, within 30 days of referral, information obtained from the investigation by the Disease Intervention Specialists and provides follow up on possible partners, as necessary;
 - d. Provide HIV prevention referrals to all individuals, receiving partner services regardless of sero-status, such as but not limited to the following: tuberculosis screening, sexually transmitted diseases testing, condom distribution, PrEP, PEP, Comprehensive Risk Counseling Services, and Highly Active Anti-Retroviral Therapy;
 - e. Record within 30 days of referral, in UT- NEDSS, the information obtained from the partner HIV testing and investigation by the Disease Intervention Specialists.

VII. RESPONSIBILITIES OF THE DEPARTMENT:

The DEPARTMENT agrees to:

- A. Provide information and/or updates including: standards, protocols, procedures, information on current issues, best practices, and HIV Prevention Group, etc.;
- B. Provide HIV Testing and Counseling Training;
- C. Provide technical assistance and consultation for HIV by phone, e-mail, on-site visits and written communications as needed;
- D. Provide items including: client report forms, condoms, and literature based upon availability;
- E. Provide an allotment of at least \$50.00 to be paid to the UPHL on behalf of the Subrecipient to process HIV conventional tests. Charges that exceed this allotment are the responsibility of the Subrecipient;
- F. Provide rapid HIV test kits, as funding allows.

VIII. AMENDMENTS AND TERMINATION:

- A. If the Contract is not amended to add funds, the Contract shall terminate as of December 31, 2022.



COMMISSION STAFF REPORT

MEETING DATE: September 29, 2022

ITEM TITLE, PRESENTER: Consideration and Approval of Integrated Viral Hepatitis Surveillance and Prevention - San Juan County Amendment 1 by Grant Sunada, Public Health Director

RECOMMENDATION: Approve

SUMMARY

This funding supports prevention, monitoring, and management of hepatitis A, B, and C viruses.

HISTORY/PAST ACTION

Approval of amendments to existing federal contracts with San Juan County.

FISCAL IMPACT

The contract amount is being changed. The total contract amount was \$1,156.00. The funding amount will be increased by \$843.00 in federal funds for the period May 1, 2022 to April 30, 2023. New total funding is \$1,999.00. These funds are fully federally reimbursed.



UTAH DEPARTMENT OF HEALTH & HUMAN SERVICES CONTRACT AMENDMENT

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

2116014
Department Log Number

212702420
State Contract Number

1. **CONTRACT NAME:** The name of this contract is Integrated Viral Hepatitis Surveillance and Prevention - San Juan County Amendment 1.
2. **CONTRACTING PARTIES:** This contract amendment is between the Utah Department of Health & Human Services (DEPARTMENT) and San Juan County (CONTRACTOR).

PAYMENT ADDRESS

San Juan County
735 S 200 W, Ste 2
Blanding UT, 84511

MAILING ADDRESS

San Juan County
735 S 200 W, Ste 2
Blanding UT, 84511

Vendor ID: 06866HL

Commodity Code: 99999

3. **PURPOSE OF CONTRACT AMENDMENT:** The purpose of this amendment is to add funding to support ongoing viral hepatitis surveillance and prevention project activities.

4. **CHANGES TO CONTRACT:**

1. The contract amount is being changed. The total contract amount was \$1,156.00. The funding amount will be increased by \$843.00 in federal funds. New total funding is \$1,999.00.
2. Attachment A, Special Provisions, effective 5/1/2022 is replacing attachment A, Special Provisions, which was effective 5/1/2021.

UEI: WCVABP2FEVA2

Indirect Cost Rate: 0%

Add

Federal Program Name:	Integrated Viral Hepatitis Surveillance and Prevention Funding	Award Number:	5 NU51PS005170-02-00
Name of Federal Awarding Agency:	Centers for Disease Control and Prevention	Federal Award Identification Number:	NU51PS005170
Assistance Listing:	CENTERS FOR DISEASE CONTROL AND PREVENTION	Federal Award Date:	4/20/2022
Assistance Listing	93.270	Funding Amount:	\$843

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

- 5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 05/01/2022

- 6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
 - A. All other governmental laws, regulations, or actions applicable to services provided herein.
 - B. All Assurances and all responses to bids as provided by the CONTRACTOR.
 - C. Utah Department of Health & Human Services General Provisions and Business Associate Agreement currently in effect until 6/30/2023.

- 7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

Contract with Utah Department of Health & Human Services and San Juan County, Log # 2116014

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

STATE

By: _____
Willie Grayeyes Date
County Commission Chair

By: _____
Tracy Gruber Date
Executive Director, Department
of Health & Human Services

Attachment A: Special Provisions
 San Juan County Health Department – Integrated Viral Hepatitis Surveillance and Prevention
 Project
 Effective Date: May 1, 2022

- I. DEFINITIONS:
- A. “HAV” means hepatitis A virus.
 - B. “HCV” means hepatitis C virus.
 - C. “HBV” means hepatitis B virus.
 - D. “Case” means any individual identified as being currently infected with hepatitis B virus or hepatitis C virus through positive hepatitis B virus or hepatitis C virus laboratory testing.
 - E. “Case-contact” means any person identified by an acute HCV or HBV case with reported behavioral risk factors.
- II. FUNDING:
- A. New total funding is \$1,999.00.
 - 1. \$1,156.00 for the period May 1, 2021 to April 30, 2022.
 - 2. \$843.00 for the period May 1, 2022 to April 30, 2023.
 - B. This is a Cost Reimbursement contract. The DEPARTMENT agrees to reimburse the SUBRECIPIENT up to the maximum amount of the contract for expenditures made by the SUBRECIPIENT directly related to the program.
 - C. The Federal funds provided under this agreement are from the Federal Program and award as recorded on Page 1 of the contract.
 - D. Pass-through Agency: Utah Department of Health.
 - E. Number assigned by the Pass-through Agency: State Contract Number, as recorded on Page 1 of the Contract.
- III. INVOICING:
- A. In addition to the General Provisions of the contract the SUBRECIPIENT shall include a column for the funding source in the Monthly Expenditure Report.
 - B. The SUBRECIPIENT shall include the following column and report expenditures within the column in the Monthly Expenditure Report.
 - 1. Integrated Viral Hepatitis Surveillance and Prevention
- IV. DEPARTMENT CONTACT:
- A. The day to day operations and dispute contact is: Bree Barbeau, bbarbeau@utah.gov, (385) 321-1823.
- V. RESPONSIBILITIES OF SUBRECIPIENT:
- A. The SUBRECIPIENT shall:
 - 1. Identify and investigate cases of acute HAV, HBV, and HCV according to current disease plan procedures (http://health.utah.gov/epi/phdepts/a_z.html).
 - 2. Follow project activity guidance documents provided by the DEPARTMENT during acute HBV and HCV case and case-contact investigations.
 - 3. Follow project activity guidance to provide disease prevention education, harm reduction services and/or referrals, and other referrals as needed to acute HBV and HCV cases and case-contacts.

4. Participate on the Utah Viral Hepatitis Elimination Committee and support viral hepatitis elimination activities.
5. Collaborate with the DEPARTMENT contact to identify project activity improvements.

VI. RESPONSIBILITIES OF DEPARTMENT:

- A. The DEPARTMENT shall:
 1. Provide technical support to the SUBRECIPIENT, upon request.
 2. Provide HAV, HBV, and/or HCV training to SUBRECIPIENT, upon request.



COMMISSION STAFF REPORT

MEETING DATE: September 29, 2022

ITEM TITLE, PRESENTER: Consideration and Approval of the *San Juan County - Disease Response, Evaluation, Analysis and Monitoring 2019 Amendment 3*, presented by Grant Sunada, Public Health Director

RECOMMENDATION: Approval

SUMMARY

This funding supports epidemiology/outbreak response, Prion disease (transmissible neurodegenerative diseases), and vaccine preventable diseases.

HISTORY/PAST ACTION

Approval

FISCAL IMPACT

The contract amount is being changed. The original contract amount was \$17,518.00. The funding amount will be increased by \$4,741.00 in federal funds. New total funding is \$22,259.00. All expenses are federally funded and reimbursed per the San Juan Public Health Budget.

- Epidemiology/Outbreak Response \$2,679.00 for the period August 1, 2022 to July 31, 2023.
- Prion Disease \$696.00 for the period August 1, 2022 to July 31, 2023
- Vaccine Preventable Diseases \$696.00 for the period August 1, 2022 to July 31, 2023
- Vaccine Preventable disease – Industry & Occupation \$670.00 for the period August 1, 2022 to July 31, 2023



UTAH DEPARTMENT OF HEALTH & HUMAN SERVICES CONTRACT AMENDMENT

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

2022606
Department Log Number

202700508
State Contract Number

1. **CONTRACT NAME:** The name of this contract is San Juan County - Disease Response, Evaluation, Analysis and Monitoring 2019 Amendment 3.
2. **CONTRACTING PARTIES:** This contract amendment is between the Utah Department of Health & Human Services (DEPARTMENT) and San Juan County (CONTRACTOR).

PAYMENT ADDRESS

San Juan County
735 S 200 W, Ste 2
Blanding UT, 84511

MAILING ADDRESS

San Juan County
735 S 200 W, Ste 2
Blanding UT, 84511

Vendor ID: 06866HL

Commodity Code: 99999

3. **PURPOSE OF CONTRACT AMENDMENT:** The purpose of this amendment is to increase the contract amount and replace Attachment "A" in exchange for continued services.
4. **CHANGES TO CONTRACT:**

1. The contract amount is being changed. The original contract amount was \$17,518.00. The funding amount will be increased by \$4,741.00 in federal funds. New total funding is \$22,259.00

2. Attachment "A", effective August 1, 2022, is replacing Attachment "A", which was effective August 2021.. The document title is changed. Article "I" is changed, Article "II" Definitions is changed and Section F, is changed, Article "III" Funding is changed and Section A, is changed and Subsections 1.f), 2.f), 3.f) and 4.b) are added, Article "IV" Invoicing is changed, Article "V" Department Contact is changed, and Section B, is deleted, Article "VI" Responsibilities of Subrecipient is changed, and Sections A.4, and A.5, are added, Sections B.4, and B.5, are deleted, Section C.7, is added, Section D.2, is changed and Section D.5, is deleted Article "VII" Optional Activities is changed, and Sections B, C, and D, are deleted, Article "VIII" Reports is changed, Article "IX" Amendments and Termination is added, and Article "C" Required Disclosures for Federal Awardee Performance and Integrity Information System is added.

UEI: WCVABP2FEVA2

Indirect Cost Rate: 0%

Add

Federal Program Name:	Epidemiology and Laboratory Capacity	Award Number:	5 NU50CK000536-04-00
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	for Infectious Diseases (ELC)		
Name of Federal Awarding Agency:	US Department of Health and Human Services	Federal Award Identification Number:	NU50CK000536
Assistance Listing:	EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)	Federal Award Date:	7/8/2022
Assistance Listing Number:	93.323	Funding Amount:	\$2679.00

Add

Federal Program Name:	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Award Number:	5 NU50CK000536-04-00
Name of Federal Awarding Agency:	US Department of Health and Human Services	Federal Award Identification Number:	NU50CK000536
Assistance Listing:	EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)	Federal Award Date:	7/8/2022
Assistance Listing Number:	93.323	Funding Amount:	\$696.00

Add

Federal Program Name:	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Award Number:	5 NU50CK000536-04-00
Name of Federal Awarding Agency:	US Department of Health and Human Services	Federal Award Identification Number:	NU50CK000536
Assistance Listing:	EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)	Federal Award Date:	7/8/2022
Assistance Listing Number:	93.323	Funding Amount:	\$696.00

Add

Federal Program Name:	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Award Number:	5 NU50CK000536-04-00
Name of Federal Awarding Agency:	US Department of Health and Human Services	Federal Award Identification Number:	NU50CK000536
Assistance Listing:	EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)	Federal Award Date:	7/8/2022
Assistance Listing Number:	93.323	Funding Amount:	\$670.00

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

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 08/01/2022
6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
 - A. All other governmental laws, regulations, or actions applicable to services provided herein.
 - B. All Assurances and all responses to bids as provided by the CONTRACTOR.
 - C. Utah Department of Health & Human Services General Provisions and Business Associate Agreement currently in effect until 6/30/2023.
7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

Contract with Utah Department of Health & Human Services and San Juan County, Log # 2022606

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

STATE

By: _____
Willie Grayeyes Date
County Commission Chair

By: _____
Tracy Gruber Date
Executive Director, Department
of Health & Human Services

Attachment A: Special Provisions
 San Juan County - Disease Response, Evaluation, Analysis and Monitoring 2019
 Amendment 3
 Effective Date: August 1, 2022

I. GENERAL PURPOSE:

- A. The general purpose of this contract is to provide cross-cutting epidemiology/outbreak response and capacity for infectious diseases such as prion and vaccine preventable diseases.

II. DEFINITIONS:

- A. "AFM" means Acute Flaccid Myelitis.
 B. "CJD" means Creutzfeldt-Jakob disease.
 C. "EpiTrax" means State of Utah disease reporting system.
 D. "Subrecipient" means Contractor and San Juan County.
 E. "UPHL" means Utah Public Health Laboratory.
 F. "Department" means Department of Health and Human Services, Disease Response, Evaluation Analysis and Monitoring.

III. FUNDING:

- A. New total funding is \$22,259.00.
1. For Cross-Cutting Epidemiology/Outbreak Response.
 - a) \$2,720.00 for the period August 1, 2019 to July 31, 2020.
 - b) \$2,720.00 for the period August 1, 2020 to July 31, 2021.
 - c) Funding reduced by \$1,200.00 for the period August 1, 2019 to July 31, 2020.
 - d) \$6,135.00 for the period August 1, 2021 to July 31, 2022.
 - e) \$2,679.00 for the period August 1, 2022 to July 31, 2023.
 2. For Prion disease.
 - a) \$680.00 for the period August 1, 2019 to July 31, 2020.
 - b) \$680.00 for the period August 1, 2020 to July 31, 2021.
 - c) Funding reduced by \$680.00 for the period August 1, 2019 to July 31, 2020.
 - d) Funding reduced by \$680.00 for the period August 1, 2020 to July 31, 2021.
 - e) \$2,068.00 for the period August 1, 2021 to July 31, 2022.
 - f) \$696.00 for the period August 1, 2022 to July 31, 2023.
 3. For Vaccine Preventable diseases.
 - a) \$707.00 for the period August 1, 2019 to July 31, 2020.
 - b) \$707.00 for the period August 1, 2020 to July 31, 2021.
 - c) Funding reduced by \$707.00 for the period August 1, 2019 to July 31, 2020.

- d) Funding reduced by \$707.00 for the period August 1, 2020 to July 31, 2021.
 - e) \$2,122.00 for the period August 1, 2021 to July 31, 2022.
 - f) \$696.00 for the period August 1, 2022 to July 31, 2023.
 - 4. For Vaccine Preventable disease – Industry & Occupation.
 - a) \$2,953.00 for the period August 1, 2021 to July 31, 2022.
 - b) \$670.00 for the period August 1, 2022 to July 31, 2023.
 - B. This is a Cost Reimbursement contract. The DEPARTMENT agrees to reimburse the SUBRECIPIENT up to the maximum amount of the contract for expenditures made by the SUBRECIPIENT directly related to the program.
 - C. The Federal funds provided under this agreement are from the Federal Program and award as recorded on Page 1 of the contract.
 - D. Pass-through Agency: Utah Department of Health.
 - E. Number assigned by the Pass-through Agency: State Contract Number, as recorded on Page 1 of the Contract.
- IV. INVOICING:
- A. In addition to the General Provisions of the contract the SUBRECIPIENT shall include one column for each funding source in the Monthly Expenditure Report;
 - 1. The SUBRECIPIENT shall submit the June invoice, no later than July 15 and the July invoice, no later than September 30 of each year.
 - B. The SUBRECIPIENT shall include the following columns and report expenditures within each column in the Monthly Expenditure Report.
 - 1. Cross-Cutting Epi/Outbreak Response;
 - 2. Prion disease;
 - 3. Vaccine Preventable disease;
 - 4. Vaccine Preventable disease – Industry & Occupation.
- V. DEPARTMENT CONTACT:
- A. The day-to-day operations and dispute contact is: Cindy Burnett, cburnett@utah.gov, (801) 538-6692.
- VI. RESPONSIBILITIES OF SUBRECIPIENT:
- A. For Cross-Cutting Epidemiology/Outbreak Capacity the SUBRECIPIENT shall:
 - 1. Maintain epidemiology staff sufficient to investigate and respond to outbreaks within the SUBRECIPIENT's jurisdiction;
 - 2. Comply with Disease Plans/Case Report Forms and Disease Reporting (<https://epi.health.utah.gov/plans-and-reports-a-list/>) and Centers for Disease Control and Prevention guidance for conditions found at (https://epi.health.utah.gov/wp-content/uploads/2021/12/Rpt_Disease_List_2021.pdf);
 - 3. Enter investigation findings in EpiTrax;

4. Maintain epidemiology staff sufficient to investigate and respond to outbreaks within the SUBRECIPIENT's jurisdiction;
 5. Optional Activities:
 - a. Detect, investigate, and respond to outbreaks;
 - b. Assist the DEPARTMENT in obtaining information on products that may be the source of an outbreak;
 - c. Collect and ship outbreak specimens to UPHL.
- B. For Prion disease the SUBRECIPIENT shall:
1. Maintain epidemiology staff sufficient to investigate suspect and confirmed cases of Creutzfeldt-Jakob disease reported within the SUBRECIPIENTs jurisdiction;
 2. Investigate all reported suspect or confirmed cases of prion disease and complete EpiTrax Case Mortality Rates (CMR);
 3. Discuss autopsy to confirm CJD diagnosis, connect patients with NPDPS and work with UDHHS to coordinate testing.
- C. For Vaccine Preventable diseases, the SUBRECIPIENT shall:
1. Investigate reportable vaccine-preventable disease cases and outbreaks including; diphtheria, measles, mumps, rubella, meningococcal disease, H influenzae, pertussis, S. pneumoniae, tetanus, and MIS-C;
 2. Collect and enter case data, key and enhanced variable data, etc. into EpiTrax;
 3. Work with the DEPARTMENT to ensure that all *Neisseria meningitidis* isolates from normally sterile site are sent to UPHL for serogroup/serotype confirmation testing;
 4. Work with the DEPARTMENT to ensure that all *Haemophilus influenzae* isolates from normally sterile sites are sent to UPHL for serogroup/serotype confirmation testing;
 5. Work with the DEPARTMENT to investigate and complete target variables for severe or hospitalized cases of varicella;
 6. Collaborate with the DEPARTMENT to improve the completeness of Vaccine Preventable Disease data such as, hospitalization, mortality status, vaccination status, clinical information, etc.
 7. Investigate suspect cases of AFM by communicating with medical providers, laboratories and other partners, reviewing clinical information and submitting investigation forms to the DEPARTMENT;
 - a. Case investigation may be deferred to the DEPARTMENT.
 - b. For AFM Cases, the SUBRECIPIENT may:
 - (1) Conduct six to 12 month follow up on confirmed and probably cases of AFM cases using a standardized questionnaire. Case investigate may be deferred to the DEPARTMENT.

- (2) Work with the DEPARTMENT to ensure that all AFM specimens are sent to UPHL.
- D. For Vaccine Preventable diseases – Industry & Occupation, the SUBRECIPIENT shall:
 1. Assign a lead person to this project, and provide the name of the individual to the DEPARTMENT. If there are changes, the DEPARTMENT shall be notified;
 2. Attend no less than one training session with the DEPARTMENT by July 31 of each year when offered by DEPARTMENT;
 3. When possible, collect occupation and/or industry data while conducting case investigations for infectious diseases and report to EpiTrax;
 4. Attend a workgroup meeting if DEPARTMENT makes available.
- VII. OPTIONAL ACTIVITIES:
 - A. For staff training the SUBRECIPIENT may:
 1. Participate in training on activities directly related to this contract.
- VIII. REPORTS:
 - A. For staff training, the SUBRECIPIENT shall:
 1. Submit a report to the DEPARTMENT no later than 30-days after the training;
 2. Include the following items in the report:
 - a. The employee name(s);
 - b. Name/description of the training attended;
 - c. Date of training;
 - d. Registration fee or tuition cost, if applicable;
 - e. Identify which of the following topics were covered by the training; epidemiologic methods, statistical methods, outbreak investigation and/or infectious diseases.
- IX. AMENDMENTS AND TERMINATION:
 - A. If the Contract is not amended to add funds, the Contract shall terminate as of July 31, 2023.
- X. REQUIRED DISCLOSURES FOR FEDERAL AWARDEE PERFORMANCE AND INTEGRITY INFORMATION SYSTEM:
 - A. Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the

prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grant Services
Bakia Parrish, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 1
2939 Flowers Road, MS-TV-2 Atlanta, GA 30341
Email: BParrish@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosure, Intake Coordinator
330 Independent Avenue
SW Cohen Building, Room 5527
Washington, DC 20201
Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov



COMMISSION STAFF REPORT

MEETING DATE: September 29, 2022

ITEM TITLE, PRESENTER: Consideration and Approval of Maternal and Child Health
FFY 2021 – San Juan County Health Department
Amendment 5 by Grant Sunada, Public Health Director

RECOMMENDATION: Approve

SUMMARY

This funding supports Maternal and Child Health promotion, including breastfeeding promotion (such as peer support), the Promoting Developmental Health program (Ages & Stages Questionnaire - ASQ), and addressing post-partum depression.

HISTORY/PAST ACTION

Approval of amendments to existing federal contracts with San Juan County.

FISCAL IMPACT

The contract amount is being changed. The original amount was \$48,480. The funding amount will be increased by \$16,160 in federal funds. New total funding is \$64,640. These funds are fully federally reimbursed.



UTAH DEPARTMENT OF HEALTH CONTRACT AMENDMENT

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

2125207
Department Log Number

212700505
State Contract Number

1. **CONTRACT NAME:** The name of this contract is Maternal and Child Health FFY 2021 – San Juan County Health Department Amendment 5.
2. **CONTRACTING PARTIES:** This contract amendment is between the Utah Department of Health (DEPARTMENT) and San Juan County (CONTRACTOR).
3. **PURPOSE OF CONTRACT AMENDMENT:** The purpose of this amendment is to add 3rd and 4th quarter funding for Federal Fiscal Year 2022.

Pursuant to Utah Code Ann. 26B-1-201, as of July 1, 2022, the parties agree that the contracting parties, with all its contractual obligations, duties, and rights, will be the Department of Health and Human Services (“Department”) and Contractor.

4. **CHANGES TO CONTRACT:**

1. The contract amount is being changed. The original amount was \$48,480. The funding amount will be increased by \$16,160 in federal funds. New total funding is \$64,640.

DUNS: WCVABP2FEVA2

Indirect Cost Rate: 0%

Add

Federal Program Name:	Maternal and Child Health Services	Award Number:	6 B04MC45247-01-01
Name of Federal Awarding Agency:	HRSA	Federal Award Identification Number:	B0445247
CFDA Title:	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES	Federal Award Date:	12/16/2021
CFDA Number:	93.994	Funding Amount:	\$16160

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

5. **EFFECTIVE DATE OF AMENDMENT:** This amendment is effective 04/01/2022

6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
 - A. All other governmental laws, regulations, or actions applicable to services provided herein.
 - B. All Assurances and all responses to bids as provided by the CONTRACTOR.
 - C. Utah Department of Health General Provisions and Business Associate Agreement currently in effect until 6/30/2023.

7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

Contract with Utah Department of Health and San Juan County, Log # 2125207

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

STATE

By: _____ Date _____
Willie Grayeyes
County Commission Chair

By: _____ Date _____
Shari A. Watkins, C.P.A.
Director, Office Fiscal Operations

Health Officer Evaluation Template

Performance Appraisal

Name:

Position:

Job Description/Responsibilities

Date:

Probationary:

Annual:

Other:

Performance Factors and Standards

Below Expectations	Meets Expectations	Exceeds Expectations
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MAINTAINS FLEXIBILITY

Willingly accepts a variety of responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapts to new situations in a positive manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays openness to learning and applying new skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others to achieve organization's goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is resourceful and generally seeks work process improvements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well as a team player.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Board of Health Comments:

CUSTOMER SERVICE

Treats all customers with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to customer needs within agreed time frame.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addresses conflicts and problem situations with patience and tact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Board of Health Comments:

AVAILABILITY FOR WORK

- Employee’s attendance supports the expected level of work.
- Employee’s presence can be relied upon for planning purposes.
- Employee is a dependable team member.

Board of Health Comments:

DEMONSTRATES CREDIBILITY

- Shares information with others when appropriate.
- Acts independently while keeping board of health informed.
- Performs work according to current guidelines and directives.
- Maintains personal appearance appropriate to job.
- Exhibits ability to secure and evaluate facts before taking action.

Board of Health Comments:

Performance Factors and Standards

Below Meets Exceeds
Expectations Expectations Expectations

QUANTITY OF WORK

- Work output matches the expectations established.
- Employee completes all assignments.
- Employee consistently meets deadlines.

Board of Health Comments:

QUALITY OF WORK

- Work results satisfy organization’s goals.
- Work is organized and presented professionally.
- Work product is thorough and complete.
- Work product is free of flaws and errors.

Board of Health Comments:

LEADERSHIP

Provides clear direction and purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Models ethical workplace behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates influencing skills by setting goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empowers subordinates to achieve objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acts to motivate, coach, and develop subordinates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Board of Health Comments:

MANAGEMENT

Organizes and distributes work among subordinates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secures resources and audits their effective use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates behavioral expectations and performance standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitors, documents, and evaluates employee conduct & performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides appropriate and timely feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Board of Health Comments:

Performance Factors and Standards

Below Expectations
Meets Expectations
Exceeds Expectations

WORK ENVIRONMENT

Maintains a safe and healthy workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Builds a team that reflects high morale, clear focus & group identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourages and provides opportunities for subordinates to obtain and apply new skills and knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides equal opportunity and protects the rights of all employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Board of Health Comments:

OVERALL PERFORMANCE

Below Expectations	Meets Expectations	Exceeds Expectations
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Next Evaluation Period Annual 6 Months Other

SUMMARY COMMENTS

EMPLOYEE’S CERTIFICATION: I have discussed my performance evaluation with my board of health. My signature does not imply that I agree. Copies of this appraisal may be kept by the employee and board of health and are on file with the Personnel Department. Please return original forms to the Personnel Department.

Employee Signature

Board Chair Signature

Goals and Objectives Review

Name:

Position:

Date:

RESULTS FROM PREVIOUS GOALS AND OBJECTIVES

1. Goal/Objective:
Result:

2. Goal/Objective:
Result:

3. Goal/Objective:
Result:

4. Goal/Objective:
Result:

NEW GOALS AND OBJECTIVES – Identify a minimum of two new goals for the upcoming performance period. These goals are intended to improve the employee’s skills and abilities. The board of health and employee need to make these goals together. It is understood that a follow up will take place during the next performance evaluation.

Goal #1

Action items/Steps

Measure of Success

Goal #2

Action items/Steps

Measure of Success

Goal #3

Action items/Steps

Measure of Success

Goal #4

Action items/Steps

Measure of Success

Employee Signature:

Date:

Board Chair Signature:

Date: