The [Subcontracting Local Health Department/District] agrees to complete the following activities and deliverables in coordination with the Cities Readiness Initiative (CRI) Region [Region Number] contractor, [Contracting Entity].

1. **Local Health Subcontractor Administration and Planning:**
   The local health subcontractor shall:
   a. Enter into an agreement with the Contractor for utilization of PHEP funding;
   b. Attend CRI Region's regularly scheduled Regional meetings, including planning meetings, associated workgroups, and meetings with community organizations representing Vulnerable Populations/Access and Functional Needs (VP/AFN) groups,
   c. Maintain bi-annually, updated PHERP or equivalent as evidenced by the signature and date of the local health subcontractor's Chief Elected Official or Board Chair on the plans, as applicable;
      i. Upon request, provide up-to-date local plans to CRI Regional Contractor, including the following:
         1. The local health subcontractor's PHERP or Local Emergency Operations Plan;
         2. The local health subcontractor's MCM Plan/Annex including POD/POV plans and RDS plans if applicable
         3. High Consequence Disease Plan/Annex
         4. Pandemic Influenza/Mass Vaccination Plan/Annex
         5. Anthrax- Plan/Annex
   d. Attend and provide input at debriefing(s) conducted and scheduled by the Department's MCM Coordinator(s) pertaining to the ORE;
   e. Evaluate local plans to identify gaps, and select two (2) PHEP Capabilities and functions that need development; contribute that information at the CRI Regional meeting by voting on the two (2) PHEP Capabilities that will serve to focus CRI Regional efforts for the following Contract Period;
   f. Select which year(s) their community(ies) will fulfill required TTX, Drills and Exercises, so that they can be included in the Regional IPP as part of the annual CRI Regional IPPW meetings;
   g. Complete a risk-based jurisdictional data collection form, developed and distributed by the Department, which will be used to inform the statewide JRA as required by the Contractor, on an annual basis;
   h. Provide the Contractor, upon request, a list of community organizations or agencies that serve Vulnerable Populations within their jurisdiction(s), including at a minimum the following information:
      i. Name of the organization,
      ii. Type of Organization, or VP/AFN groups served,
      iii. Phone Number,
      iv. Email, and
      v. Address
   i. Provide quarterly updates to the Contractor on the status of Capability planning based on the 2 capabilities selected by the region for the quarterly Regional Integrated Action Plan (IAP).
   j. Provide an update on the status of their MCM planning efforts to the Contractor and include the following:
      i. Specific, measurable, and time-bound objectives developed to address deficiencies noted in their local MCM plan;
      ii. Primary POD/POV locations and associated points of contact;
      iii. A proposed RDS for Regional operations, if such a facility is located within the local health subcontractor's community; and
      iv. Local plan details to include the local distribution site staff roles, security, transportation assets and plans, and distribution elements including chain of custody, cold chain management, delivery locations, and transport methods and routes, as stipulated in CDC CRI guidance;

k. Complete and submit to the Contractor no later than thirty (30) days prior to the CRI Region's scheduled ORE or by June 1st in alternate years, the required ORE forms as determined by the CDC.

l. Comply with reporting directives requested by the Department's Commissioner, or the Department's Office of Public Health Preparedness and Response related to public health disasters, events and emergencies occurring in their jurisdiction; and

m. Maintain updated profiles and user accounts in the Virtual State Emergency Operations System.

n. As applicable, participate in Regional Volunteer Management meetings and MRC Unit activities, as follows:

   i. Attend Quarterly meetings scheduled by the Regional Volunteer Management MRC Coordinator and the Department;
   ii. Follow the DESPP DEMHS SOP for MRCs;
   iii. Provide copies of complete activation paperwork and mission details of MRC Unit(s) to the Regional Volunteer Management MRC Coordinator;
   iv. Utilize the CT Responds system to generate reports of volunteer and mission activities and provide to the Regional Volunteer Management MRC Coordinator; and
   v. Utilize the CT Responds System to complete volunteer registration, recruitment, background checks, license verification, retention, and activations.

**2. <u>Local Health Subcontractor Tabletops, Drills, Functional Exercises, FSEs & Real-World Incidents:</u>**

The local health subcontractor shall:

a. Confirm all required TTX, Drills, Functional or FSE, and responses to Real- World Incidents engage organizations that address the needs of identified Vulnerable Populations located within the local health subcontractor's jurisdiction(s). Evidence of these efforts shall be in the form of AAR-IPs that include sections on engagement of Vulnerable Populations/Access and Functional Needs agencies.

b. Perform the following activities designed to prepare the health department for execution of a Full-Scale Exercise, and response to Real-World Incidents:

   i. Participate in exercises conducted by the CRI Region as dictated by the Regional IPP.
   ii. If selected by the Department and Region to participate in and complete a FSE, complete the following:
      1. Development of Exercise objectives following HSEEP principles;
      2. Planning and coordination with municipal and community partners to identify gaps and strategies and to address those gaps; and
      3. Submission of Regional ORE required documentation, as directed by the Department.
   iii. Complete a minimum of two (2) Call-Down Drills on an annual basis, one drill every 6 months, and include at a minimum each of the following local partners below in each drill:
      1. Staff to operate the local distribution site;
      2. EOC personnel, including the local emergency management director;
      3. Critical Workforce Groups; and
      4. Others engaged in the Exercise or incident.
   iv. Follow up, via telephone or email, with non-responsive local partners identified during the Call-Down Drill to confirm contact information.
   v. Complete the following three (3) drills within their jurisdiction(s) for each of their primary POD or POV sites, per the CRI Region's IPP, no later than May 31, 2029:
      1. Site activation drill;
      2. staff notification and assembly drill; and
      3. facility set-up drill.

**3. <u>CDC CRI Guidance updates</u>**

1. The Contractor shall monitor CDC CRI Guidance for updates on Exercise requirements. Contractor shall comply, and require subcontractor compliance, with such updates. Updates to Exercise requirements in the CDC CRI Guidance shall not require an amendment to this Contract.

4. **<u>Local health subcontractor Reports and Report Schedule:</u>**

The local health subcontractor shall comply with the following reporting requirements:

a. The local health subcontractor shall submit quarterly Programmatic Progress Reports to the Contractor, for review and approval, utilizing the provided Department progress report template;
   i. The Programmatic Progress Report will include the following documentation for submission to the Contractor:
      1. Completed Call-Down drill forms;
      2. Completed exercise/drill data; and
      3. A list of organizations that serve the needs of Vulnerable Populations, including those that assist people with disabilities or access and functional needs submitted to the Contractor.
   ii. The Programmatic Progress Reports shall describe the activities conducted under its subcontract;
   iii. The final Programmatic Progress Report due at the end of the Funding Period shall be cumulative for the entire Funding Period;

b. The local health subcontractor shall submit quarterly Volunteer Management Programmatic Progress Report to the Contractor, for review and approval, utilizing the provided Department progress report template;
   i. Summary measures extracted from the CT Responds System, to include:
      1. Total number of volunteers enrolled in the CT Responds System;
      2. Total number of new volunteers per quarter;
      3. Total number of completed activations;
      4. Total number of hours of volunteer work;
      5. Evidence that all active and deployable volunteers have completed the loyalty oath as outlined in Connecticut General Statutes Section 28-12, and proof that it is included in their CT Responds System profiles;
      6. Number of active volunteers that have received a complete background check in the CT Responds System; and
      7. Number of licensed volunteers whose medical licenses were verified in the CT Responds System.

c. Local health subcontractor shall submit budgets and budget justifications for each budget period to the Contractor

d. Local health subcontractor shall submit a final Financial Expenditure report at the end of the budget period to the Contractor for review and approval.
   i. Financial Expenditure Reports shall include all expenditures incurred in the provision of subcontracted services and include justifications for said expenditures; the final Financial Expenditure Report shall not include any unpaid obligations; and
   ii. Programmatic Progress Reports shall be submitted to the Contractor according to the following schedule for each Funding Period as follows:

| REPORTING PERIOD | REPORTS DUE ON OR BEFORE |
|---|---|
| July 1 through September 30 | October 15 |
| October 1 through December 31 | January 15 |
| January 1 through March 31 | April 15 |
| April 1 through June 30 | July 15 |