**B. Definitions:**

1. **After Action Report(s) and Improvement Plan (AAR-IP(s))** – is a document developed by preparedness planners after drills, exercises or real-world incidents with the purpose of evaluating emergency response plans and the implementation of those plans. The AAR-IP describes the objectives and goals of the exercise and summarizes what happened during a drill, exercise, or real-world incident, as well as areas for improvement, including the designated persons and organizations responsible and timeline for accomplishing the actionable items for improvement.

2. **Anthrax-Mass Prophylaxis Plan** - is a plan that identifies the Local Health Department or District and CRI Region response activities during an anthrax-like event that includes the need for dispensing of mass prophylaxis to the impacted population.

3. **Centers for Disease Control and Prevention (CDC)** - is a federal agency that conducts and supports health promotion, prevention and preparedness activities in the United States, with the goal of improving overall public health. Established in 1946 and based in Atlanta, the CDC is managed by the Department of Health and Human Services (HHS).

4. **Cities Readiness Initiative (CRI) Region** – is a Connecticut-designated geographic region that aligns with the five statewide emergency planning regions defined by the Department of Emergency Services and Public Protection (DESPP), Division of Emergency Management and Homeland Security (DEMHS). For purposes of this Contract CRI Regions refers to DEMHS Region ##. A list of the municipalities in each DEMHS planning region can be found on the DEMHS website: https://portal.ct.gov/DEMHS/Emergency-Management/Resources-For-Officials/Regional-Offices/Towns-by-Region

5. **Critical Workforce Group(s)** – are essential workers (including volunteers) who conduct a range of operations and services in industries that are essential to ensure the continuity of critical functions for government.

6. **CT Responds System–** is the Department's web-based volunteer management system (https://ctresponds.ct.gov/) for Medical Reserve Corps volunteers that meets the requirements of the federal Administration for Strategic Preparedness and Response's, Emergency System and Advanced Registration of Volunteer Health Professionals (ESAR-VHP). The CT Responds System provides the state and municipalities with the ability to quickly identify, contact, and deploy health professional volunteers during disasters and public health and medical emergencies.

7. **Emergency Operations Center (EOC) -** is the physical location where the coordination of information and resources to support incident management (on-scene operations) normally takes place. An EOC may be housed in a temporary facility or in a permanently established central facility, or a building that houses another government agency within the jurisdiction.

8. **Emergency Support Function (ESF)** – is the grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents. Under the National Response Framework, there are 15 ESFs, with ESF 8 being defined as Public Health and Medical Services. The same ESF system is implemented nationwide and consistently across all sectors to ensure common systems and language for use during emergencies and disasters.

9. **Emergency Support Function 8 (ESF-8)** - is the ESF under the National Incident Management System and State Response Framework that is responsible for coordinated planning and operations focused on public health, medical, and mental health resources in response to an emergency. Connecticut is geographically comprised of five (5) emergency planning regions under which all ESFs function, including ESF-8.

10. **Exercise(s)** – are a series of activities designed to simulate responses to disasters and emergencies. Exercises are used to train, assess, practice, and improve emergency preparedness performance. Exercises under this Agreement can be of the following types:
    a. **Call-down Drill** – is a Drill which tests the validity of a jurisdiction's contact lists, its ability to contact key staff in a timely manner and estimates the percentage of staff who can report for duty within a designated time frame.
    b. **Facility Set-Up Drill** – is an annual Drill that tests the operational ability to set up a POD site with the necessary material, layout, and supplies for timely distribution and dispensing.
    c. **Full-Scale Exercise (FSE)** – is an Exercise which tests personnel and equipment mobilization and requires deployment to a site or locale in response to a simulated event. Emergency Operations Centers (EOC) and field command posts are activated during these events. A Mass Dispensing or Mass Vaccination FSE involves the realistic response, mobilization and deployment of equipment and staff and results in a simulated or real dispensing or vaccinating operation.
    d. **Functional Exercise(s)** – are Exercises which test the emergency management team's ability to execute specific plans and procedures under crisis conditions. Generally, events are projected through an exercise scenario with event updates that drive activity. The movement of personnel and equipment is simulated.
    e. **Site Activation Drill** - is an annual Drill that tests the procedures to open and activate various types of distribution and dispensing facilities. It measures the accuracy of site rosters and timeliness of site activation. Communication methods and processes are also measured.
    f. **Staff Notification and Assembly Drill** - is an annual Drill that tests operational function specific to Staff Notification and Assembly procedures for various facilities including EOCs, local distribution sites, and points of dispensing sites. It measures the accuracy of notification rosters, length of staff response time after notification, and length of staff response time to report for duty.
    g. **Table-Top Exercise (TTX)** – is an Exercise wherein key staff discuss simulated crisis situations. The intent is to stimulate discussion of important issues and to assess plans, policies and procedures. The pace is generally slower than Functional or Full-Scale exercises

11. **High Consequence Disease Plan**– is a plan or annex that identifies the Local Health Department or District and CRI Region response activities during a high consequence disease event.

12. **Homeland Security Exercise and Evaluation Program (HSEEP**) – is a capabilities and performance-based exercise program that provides a standardized policy, methodology, and language for designing, developing, conducting, and evaluating all Exercises.

13. **Incident(s) –** is or are an occurrence, either man-made or caused by natural phenomena, that requires action to prevent or minimize loss of life or damage to property or natural resources.

14. **Integrated Action Plan (IAP)**- is a plan developed in consultation with the Department that identifies and prioritizes a CRI Region's two (2) PHEP Capabilities and their

associated gaps identified in a jurisdiction's most recent PHEP Operational Readiness Review or self-assessment.

15. **Integrated Preparedness Plan (IPP)** - is written plan that contains the CRI Region's training and exercise schedule and priorities for the year.
16. **Integrated Preparedness Plan Workgroup (IPPW)** - is a group of individuals that engage elected and appointed officials and community stakeholders in identifying exercise program priorities and planning a schedule of training and exercise events to meet those priorities with the intent of developing an IPP.
17. **Jurisdictional Risk Assessment (JRA**) – is an assessment and prioritization of risks specific to a defined jurisdiction. The JRA informs strategic priorities and directs jurisdictional preparedness investments.
18. **Medical Countermeasures (MCM) –** are pharmaceuticals and medical supplies, which include vaccines, antiviral drugs, antibiotics, and antitoxins (oral or injectable), utilized in support of the treatment of affected population.
19. **Medical Countermeasure Coordinator(s) (MCM Coordinator(s))** – is the Department's Public Health Emergency Preparedness & Response Section staff assigned as technical advisors to each CRI Region.
20. **Medical Countermeasure Plan (MCM Plan)** – is a plan or annex that identifies the public health role, responsibilities, operations, and assets available to respond to a public health emergency involving the receipt and distribution of medical material, vaccines, and prophylactic medications.
21. **Medical Reserve Corps Unit(s) (MRC Unit(s))** – are community-based units of public health and healthcare volunteers created and managed locally to meet the needs of their respective communities in times of emergency.
22. **Notice of Drill and Exercise (NODE)** – is a formal written notification that an Exercise will be conducted within a CRI Region. The NODE form is located on the Department's preparedness website: https://portal.ct.gov/-/media/Departments- and-Agencies/DPH/Public-Health-Preparedness/HPP-PHEP-Resources/CT-DPH- NODE.pdf
23. **Operational Readiness Evaluation (ORE)** – is a rigorous, evidence-based assessment published by the CDC to be used by the CRI regions to evaluate public health operational readiness. The ORE is often revised by the CDC and has been previously named the Technical Assessment Review, and the Operational Readiness Review. Given the frequency of the name changes, the Department has chosen to name it the ORE for the purpose of consistency.
24. **Pandemic Influenza-Mass Vaccination Plan**– is a plan that identifies the Local Health Department or District and CRI Region response activities during a pandemic influenza and mass vaccination event.
25. **Point of Dispensing (POD) and Point of Vaccination (POV) Plan –** is a plan that details a POD/POV location and layout, staff positions and responsibilities, equipment and supplies, facilities and storage, and other information in order to dispense medication or vaccination.
26. **Point of Dispensing (POD) Site** – is a facility designated by a health department, district or CRI Region, to be used for the dispensing of medication, vaccinations, or other medical materiel needed in the event of a public health emergency or disaster.
27. **Point of Vaccination (POV) Site** - is a facility designated by a health department, district or CRI Region, to be used for vaccinations in the event of a public health emergency or disaster.
28. **Public Health Emergency Preparedness Capabilities (PHEP Capabilities)** - are a set of

national standards consisting of 15 capabilities designed to advance public health emergency preparedness and response capacity of state, local and tribal health agencies that are published by the CDC.

29. **Public Health Emergency Response Plan(s) (PHERP)** – is an emergency operations plan that describes local, regional, and state level response roles, and activities during a public health emergency and serves as the ESF-8 annex to the local and regional disaster and emergency operations plans. The PHERP must include a High Consequence Disease Plan, a Pandemic Influenza-Mass Vaccination Plan, and an Anthrax-Mass Prophylaxis Plan.

30. **Real-World Incident -** is an actual event, including natural disaster, emerging infectious disease, or terrorist attack, which impacts delivery of public health services and for which a response is coordinated and carried out.

31. **Regional Distribution Site (RDS)** – is a physical location designated and managed by each CRI Region where medical countermeasures and medical materials are received, stored and staged for distribution to the local health subcontractors and the public.

32. **Regional MRC Coordinator** – is assigned to coordinate Regional MRC Unit activities for their respective CRI Region.

33. **Virtual State Emergency Operations System –** is a web-based information system developed for public safety, emergency management officials, and EOCs that provides a single access point to collect and disseminate emergency or event related information.

34. **Vulnerable Populations (VP)/Access & Functional Needs (AFN) Groups** – are people who have needs that impede their ability to access and utilize resources available during a disaster or relief and recovery activities. Vulnerable populations include, but are not limited to children, pregnant women, minorities and other diverse populations with a disproportionate burden of disease and disability, older adults, people with disabilities, persons from underserved populations, and people with limited English proficiency or non-English speaking populations.

### C. Guidance

The Contractor shall use the following guidance to meet deliverables and ensure the use of funds align with established federal and state standards and evidence-based practices outlined below.

1. **Agency for Toxic Substances & Disease Registry – Social Vulnerability Index (SVI)**: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html
2. **CDC Public Health Emergency Preparedness (PHEP) Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health**: https://www.cdc.gov/orr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf
3. **Connecticut DESPP, DEMHS, Standard Operating Procedures (SOP) (DESPP DEMHS SOP) for MRCs:** https://portal.ct.gov/-/media/DEMHS/_docs/Plans-and-Publications/EHSP0060-MRC-SOP-and-Activation-Form- REV-August-2019-FINAL.pdf
4. **CT DESPP, DEMHS, Town by Region:** https://portal.ct.gov/DEMHS/Emergency-Management/Resources-For-Officials/Regional-Offices/Towns-by-Region
5. **CT DPH, Public Health Emergency Preparedness & Response Section (PHEPRS)** https://portal.ct.gov/dph/Public-Health-Preparedness/Main-Page/Office-of-Public-Health-Preparedness-and-Response
6. **CT DPH Preparedness Access and Functional Needs (AFN) Planning Resources** https://portal.ct.gov/DPH/Public-Health-Preparedness/Access-and-Functional-Needs/AFN-Main-Page
7. **CT DPH Preparedness Local Health Department Funding Guidance and Resources:**

https://portal.ct.gov/DPH/Public-Health-Preparedness/Main-Page/LHD-Funding-Guidance

8. **Homeland Security Exercise and Evaluation Program (HSEEP):** https://preptoolkit.fema.gov/web/hseep-resources

**D. Summary of Services:**

The Contractor shall act as the lead coordinating agent for the local health departments and districts in the CRI Region. The Contractor shall be responsible for coordinating and completing the preparedness planning activities, pursuant to this Contract.

**E. Description of Services:**

1. **Administrative and Planning:**

The Contractor shall:

a) Execute separate written subcontracts with local health departments and districts within the CRI Region (hereinafter, "local health subcontractors") and provide the Department with copies of each fully executed subcontract upon request.

b) Establish a process for meetings with local health subcontractors to vote on the budget allocations and the two PHEP Capabilities the CRI Region will work on for each Funding Period. The Contractor shall, at minimum, conduct the following meetings:

**i.** Convene with CRI Region's local health subcontractors, annually, in Quarter Four (4) of each Funding Period, to determine the allocation of the CRI Regional Budget for the following budget period. The Contractor and local health subcontractors must vote to approve the regional budget, determined by a simple majority vote, before submitting it to the Department for final approval.

**ii.** Convene with local health subcontractors, annually, in Quarter Four (4) of each Funding Period, to identify and prioritize, through a simple majority vote, two (2) PHEP Capabilities that will serve to focus CRI Regional work for the following year as documented in the regional IAP. By the end of the 5-year period, the CRI Region shall have worked on developing a minimum of 10 of the 15 PHEP Capabilities.

**iii.** Convene an IPPW with local health subcontractors, annually, in Quarter Four (4) of each Funding Period, to review the next years CRI Region's IPP to address PHEP Capabilities.

**iv.** Meet with the local health subcontractors, each Funding Period, to complete the Department's jurisdictional risk assessment data collection form, provided by the Department, which shall be used to inform the statewide JRA.

**v.** Conduct meetings, as determined by the Contractor, with local health subcontractors that include engagement of representatives of community organizations and agencies serving VP/AFN groups identified in the CRI Region, for the purpose of reviewing and informing CRI Regional planning and Exercise efforts.

**vi.** Convene, as determined by the Contractor, with local health subcontractors to complete and submit the ORE documentation for the CRI Region consistent with ORE guidance and according to the schedule provided by the Department's MCM Coordinator(s).

Contractor's activities for the ORE must include the following:

1. Attend and provide input at all ORE evaluation meeting(s) conducted and scheduled by the Department's MCM Coordinator(s) pertaining to the ORE; and
2. Collect and review for accuracy local health subcontractors' ORE required reporting forms, as indicated in the latest ORE Guidance, prior to entering them into the CDC's data platform. The forms shall be submitted by the Contractor to the Department no later than twenty (20) days prior to the CRI Region's scheduled ORE or by June 15th on alternate years, via the CDC's data platform for operational readiness reviews.

c) Convene with local health subcontractors, on a quarterly basis, to complete the IAP based on the two (2) annually selected PHEP Capabilities for the funding period, utilizing the latest CDC template or platform.

d) Update and maintain the following regional plans or equivalent, and submit them to the Department:

   **i.** PHERP;

   **ii.** MCM Plan to include RDS and POD/POV Plan;

   **iii.** High Consequence Disease Plan;

   **iv.** Pandemic Influenza-Mass Vaccination Plan; and

   **v.** Anthrax-Mass Prophylaxis Plan.

e) Confirm that the local health subcontractors maintain and update the following plans or equivalent, and submit them to the Contractor when requested:

   **i.** Local PHERP or Local Emergency Operations Plan;

   **ii.** MCM Plan including POD/POV plans;

   **iii.** High Consequence Disease Plan;

   **iv.** Pandemic Influenza-Mass Vaccination Plan; and

   **v.** Anthrax-Mass Prophylaxis Plan.

f) Convene with local health subcontractors and identify a maximum of two (2) Regional Distribution Sites (RDS) within the CRI Region and update the regional MCM Plan to include the following:

   **i.** Staff roles at RDS locations;

   **ii.** RDS security and transportation plans; and

   **iii.** Distribution elements including chain of custody, cold-chain management, delivery locations, and transport methods and routes, as stipulated in the latest CDC CRI Guidance.

g) Collect each local health subcontractor's identified Primary POD/POV site locations and report to the Department the following information, using the Department provided POD/POV/RDS form:

   **i.** Primary POD/POV and RDS location and site information; and

   **ii.** Primary POD/POV and RDS points of contacts.

h) Designate a Regional MRC Coordinator to complete MRC activities with MRC Units located within the CRI Region as follows:

   **i.** Attend MRC meeting(s) conducted and scheduled by the

Department's MRC Coordinator;

**ii.** Schedule quarterly regional meetings with MRC Units, to ensure appropriate registration of volunteers, timely and complete activation, recruitment and retention of volunteers, engagement in drills and exercises, and trainings and technical assistance;

**iii.** Review the published MRC activation protocol with all MRC Units so that activation requests meet all the submission requirements. Collect documentation and records from MRC Units, including completed volunteer activation requests, associated volunteer rosters, and post-activation completed volunteer rosters per the DESPP DEMHS SOP; and.

**iv.** Utilize the CT Responds System to generate reports of volunteer registration, recruitment, background checks, license verification, retention, and activations.

**2. <u>TTX, Drills, Functional Exercises, FSE and Real-World Incidents:</u>**

The Contractor shall:

a) Confirm all required Tabletop (TTX), Drills, Functional Exercise (FE) and Full-Scale Exercises (FSE), and responses to real-world incidents address the needs of identified VP/AFN Groups located within the CRI Region by engaging organizations that represent VP/AFN Groups. Evidence of these efforts shall be in the form of AAR-IPs, and updated plans produced by the Contractor and all subcontractors for all exercises and responses to real-world incidents that include sections on VP/AFN groups.

b) 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 CRI Regional partners in each drill:

**i.** Local health subcontractors;

**ii.** Designated staff who operate the RDS;

**iii.** Emergency Operation Center personnel; and

**iv.** Critical Workforce Groups;

c) Follow up, via telephone or email, with non-responsive CRI Regional partners identified during the Call-Down Drill to confirm contact information.

d) Confirm that each local health subcontractor has participated in the following activities designed to prepare them for execution of a FSE and real-world incidents which test operational plans for all the CRI Region's Primary POD/POV sites, by the end of the Contract period, June 30, 2029, by conducting the following operational drills, or by collecting metrics that meet drill and exercise requirements during real-world incidents, for the following functions:

**i.** Staff Notification and Assembly Drill;

**ii.** Site Activation Drill; and

**iii.** Facility Set-Up Drill.

e) Coordinate planning meetings with local health subcontractors and regional partners and execute ORE required TTXs to be conducted by June 30, 2029 as determined by the latest CDC CRI Guidance.

f) Coordinate activities with local health subcontractors in preparation for and

execution of FEs, conducted by local health subcontractors per the latest CDC CRI Guidance, focusing on vaccination of at least one (1) Critical Workforce Group, to be conducted by June 30, 2029. If response to a Real-World Incident is used in lieu of conducting the FE, all metrics required for the exercise will need to be collected during the actual response and recorded in the AAR-IP.

g) Coordinate with local health department(s) or district(s), selected by the Contractor in consensus with subcontractors and the Department, to participate in and complete a FSE as determined by the latest CDC CRI Guidance by December 31, 2026, or in lieu of a FSE, utilize a response to a Real-World Incident. Participation by the selected local health department(s) or district(s) includes but is not limited to:

   **i.** Development of Exercise objectives following HSEEP principles;

   **ii.** Planning and coordination with municipal and community partners to identify gaps and strategies to address those gaps; and

   **iii.** Submission of Regional ORE required documentation, as directed by the Department.

h) If response to a Real-World Incident is used in lieu of conducting a FSE under Subsection E.2.g, then all exercise metrics required for a FSE must also be collected during the actual response for which an AAR-IP is required.

i) The Contractor shall coordinate completion of additional exercise requirements as identified in CDC CRI Guidance.

**3. <u>Documentation and Evidence of Efforts:</u>**

The Contractor shall:

a) Submit an allocation plan for the region utilizing the budget template provided by the Department, by June 15th of each contract year.

b) Upload plans to the CDC designated information technology (IT) platform as part of completing an ORE. Evidence and completion of required ORE reporting requirements, document uploads, Drill and Exercise metrics, and an AAR-IP shall be available and visible to the Department via the Department designated platform. The Contractor shall refer to the latest available ORE Guidance for applicable reporting requirements.

c) Submit the CRI Region's IAP reports to DPH.PHEP@ct.gov on the following dates of each contract year:

   **i.** September 30;

   **ii.** December 30;

   **iii.** March 31; and

   **iv.** June 30.

d) Submit periodic Programmatic Progress Reports in accordance with the Reporting Schedule in Subsection H.2., unless otherwise indicated in the paragraphs below, and include the following documentation:

   **i.** Two (2) PHEP Capabilities the CRI Region has selected to focus on for the Funding Period;

   **ii.** CRI Region's updated IPP in accordance with the instructions

outlined in the latest CDC CRI Guidance, on or before September 30th of each Funding Period;

**iii.** Updated POD/POV and RDS Form each quarter;

**iv.** Call Down Drill Form submitted every 6 months;

**v.** VP/AFN Group partner planning including the following:

1) 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 Department.

**vi.** Documentation of Department approved CRI Regional Activities, supported by redirected unexpended funds, which shall be included in the Final Programmatic Progress Reports, as applicable. Including but not limited to:

1) The approved CRI Regional Activity Approval form; and
2) The outputs indicated on the approved CRI Regional Activity Approval form.

e) MRC Programmatic Progress Report compiled by the Regional MRC Coordinator as follows:

**i.** Quarterly meeting agendas, minutes, and attendance sheets;

**ii.** Completed CT Responds systems activation paperwork from the MRC Units that reflect volunteer hours via sign-in and sign-out sheets and actual rosters of volunteers from the activation; and

**iii.** Summary measures extracted from the CT Responds System, to include:

1) Total number of MRC volunteers enrolled in the CT Responds System;
2) Total number of new MRC volunteers per quarter;
3) Total number of completed activations in the region;
4) Total number of hours of MRC volunteer work in the region;
5) Evidence that all active and deployable MRC 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 MRC volunteers that have received a complete background check in the CT Responds System; and
7) Number of licensed MRC volunteers whose medical licenses were verified in the CT Responds System.

f) Submit the following forms to the Department for completion of exercises by the CRI Region and local health subcontractors:

**i.** Accurate and complete NODE forms from Contractor and local health subcontractors thirty (30) days prior to an Exercise;

**ii.** AAR-IPs from the Contractor and local health subcontractors, no later than sixty (60) working days after completing an Exercise; and

**iii.** Accurate and complete Contractor and local health subcontractor required Operational ORE forms and selected documents as

directed by the Department;

**SECTION F. Local Health Subcontracts**

The Contractor shall:

1. Execute agreements with local health subcontractors to accomplish requirements in subsections E.1.b – E.3.f;
2. Monitor local health subcontractors compliance with deliverables and reporting requirements. Contractor shall take into account such compliance in subsequent decisions regarding funding of the local health subcontractors under this Contract, and submit concerns in writing to the Department who, at its sole and final discretion will determine whether funding shall be adjusted; and
3. Require in its subcontracts with local health subcontractors that this funding be utilized only for preparedness activities as identified in Subsections E.1.b – E.3.f of this Contract.

**SECTION G. CDC CRI Guidance updates**

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.

**SECTION H. Contractor Reports and Reporting Schedule**

1. The Contractor shall submit all deliverables and Programmatic Progress Reports electronically to the Department at DPH.PHEP@CT.GOV:
   a) Programmatic Progress Reports, using a progress report template developed by the Department, which describe the status of all Contractor and local health subcontractor deliverables on a quarterly basis. These Programmatic Progress Reports shall include all of the programmatic work conducted by the Contractor and local health subcontractors;
   b) The final Programmatic Progress Report for the Funding Period shall be cumulative and reflect the status of all Contractor and local health subcontractor deliverables completed during the Funding Period; and
   c) The Contractor's Programmatic Progress Reports shall be submitted according to the following schedule for each Funding Period of the Contract:

| REPORTING PERIOD | REPORTS DUE BY |
|---|---|
| July 1 through September 30 | October 28 |
| October 1 through December 31 | January 29 |
| January 1 through March 31 | April 29 |
| April 1 through June 30 | August 12 |

2. The Contractor shall submit monthly Financial Expenditure and Cash Management Reports, which include all expenditures incurred in the provision of Contract services, electronically to the Department in the format provided by the Department according to the following schedule for each Funding Period of the Contract:

| REPORTING PERIOD | REPORTS DUE BY |
|---|---|
| July 1 through July 31 | August 15 |
| August 1 through August 31 | September 15 |
| September 1 through September 30 | October 15 |
| October 1 through October 31 | November 15 |
| November 1 through November 30 | December 15 |

| | |
|---|---|
| December 1 through December 31 | January 15 |
| January 1 through January 31 | February 15 |
| February 1 through February 29 | March 15 |
| March 1 through March 31 | April 15 |
| April 1 through April 30 | May 15 |
| May 1 through May 31 | June 15 |
| June 1 through June 30 | August 15 |

a) The final Financial Expenditure Report for the Funding Period shall be cumulative and include all expenditures incurred by the Contractor and all Local health subcontractors during the Funding Period; and

b) The final Financial Expenditure Report shall not include any unpaid obligations.

**3.** The final Programmatic Progress report and Financial Expenditure Report from the Contract Funding Period shall be submitted not later than 45 days after the completion of the scheduled work, the end of the Contract Funding Period, or the end of the Contract period, whichever comes first.

**4.** The Contractor may utilize excess funds unexpended by local health subcontractors for Regional CRI planning functions, or to fulfill Regional activities that directly align the CRI Region's two (2) prioritized Public Health Emergency Preparedness (PHEP) capabilities and the latest version of CDC PHEP Capabilities: National Standards for State and Local Planning by completing the following:

a) Complete and submit a Department provided Regional Activities Approval Form and the revised regional budget, to the Department at DPH.PHEP@ct.gov, by May 1 of each Funding Period, for review and approval;

b) Upon approval, complete the Regional Activity before June 30 of the current Funding Period; and

c) Submit documentation demonstrating completion of the Regional Activity with Final Programmatic Report documentation as outlined in the Reporting Schedule.

**5.** This section shall survive any Termination of the Contract or Expiration of its term.