

REGISTRATION NUMBER	AGREEMENT NUMBER
	14-10500

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME (Also referred to as CDPH or the State)
 California Department of Public Health

CONTRACTOR'S NAME (Also referred to as Contractor)
 El Dorado County

2. The term of this Agreement is: July 1, 2014 through June 30, 2017

3. The maximum amount of this Agreement is: \$ 1,392,633.00
 One million three hundred ninety two thousand six hundred thirty three dollars and no cents

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of this Agreement.

Exhibit A – Scope of Work	03 pages
Attachment 1 – El Dorado County County Scope of Work	27 pages
Exhibit B – Budget Detail and Payment Provisions	06 pages
Exhibit B - Attachment 1 - Payment Criteria	04 pages
Exhibit B - Attachment 2 – El Dorado County Budget Cost Sheet – Year 1	01 pages
Exhibit B - Attachment 3 – El Dorado County Budget Cost Sheet – Year 2	01 pages
Exhibit B - Attachment 4 – El Dorado County Budget Cost Sheet – Year 3	01 pages
Exhibit C * – General Terms and Conditions	GTC-610
Exhibit D (F) – Special Terms and Conditions (Attached hereto as part of this agreement)	25 pages
Exhibit E – Additional Provisions	02 pages
Exhibit F – Glossary of EPO Related Acronyms and Terms	11 pages

Items shown above with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at <http://www.ols.dgs.ca.gov/Standard+Language>.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		California Department of General Services Use Only
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)		
El Dorado County		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Norma Santiago, Chair, El Dorado County Board of Supervisors		
Ron Briggs, Chair El Dorado County Board of Supervisors		
ADDRESS		
3057 Briw Road, Suite A, Placerville, CA 95667		
STATE OF CALIFORNIA		
AGENCY NAME		
California Department of Public Health		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING		
Angela Salas, Chief, Contracts and Purchasing		
ADDRESS		
1616 Capitol Avenue, Suite 74.317, MS 1802, PO Box 997377 Sacramento, CA 95899-7377		

Exempt per: HSC 101319

Exhibit A
Scope of Work

1. Background

This Agreement is made under authority of California Health and Safety Code, Sections 101315 to 101319. The State of California, Department of Public Health (“CDPH”) receives federal funds from the National Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreement Programs, CDC-RFA-TP12-120102CONT13, CFDA Number 93.074. The Legislature has appropriated the Federal funds to CDPH in the annual Budget Act for allocation by CDPH to the local health jurisdiction and/or local entity.

2. Service Overview

Contractor agrees to provide to the California Department of Public Health (CDPH) the services described herein.

The El Dorado County Emergency Preparedness (EP) program will, based upon their local program priorities, develop and implement specific activities in accordance with the requirements of the Centers for Disease Control and Prevention (CDC) and the Local Grant Application Guidance (Guidance) for Financial Year (FY) ~~2014~~²⁰¹⁴-15 by completing the Hospital Preparedness Program (HPP), Public Health Emergency Preparedness (PHEP) and Pandemic Influenza (Pan Flu) Work Plan templates provided within the Guidance.

Hospital Preparedness Program (HPP) capabilities

1. Health Care System Preparedness
2. Health Care System Recovery
3. Emergency Operations Coordination
5. Fatality Management
6. Information Sharing
10. Medical Surge
14. Responder Safety and Health
15. Volunteer Management
16. Program Management

Public Health Emergency Preparedness (PHEP) capabilities

1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing
9. Medical Materiel Management and Distribution
10. Medical Surge
11. Non-Pharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Investigation
14. Responder Safety and Health
15. Volunteer management
16. Program Management

Exhibit A
Scope of Work

General Fund Pandemic Influenza (Pan Flu) capabilities

- 1. Planning and Preparedness
- 17. Program Management

For all funding streams, see Attachment A 1: Scope of Work/Work Plan

3. Service Location

The services shall be performed at applicable facilities in El Dorado **County**.

4. Service Hours

The services shall be provided during normal Contractor working hours, Monday through Friday, excluding national and State holidays.

5. Project Representatives

A. The project representatives during the term of this Agreement will be:

California Department of Public Health	El Dorado County
EPO Contract Manager Joseph Pacheco Telephone: (916) 650-6452 Fax: (916) 650-6420 Email: joseph.pacheco@cdph.ca.gov	Name: Kristine Oase Guth Telephone: (530) 621-7582 Fax: (530) 621-2758 Email: Kristine.oase@edcgov.us kristine.oase@edcgov.us

B. Direct all inquiries to:

California Department of Public Health	El Dorado County
Emergency Preparedness Office Attention: Local Management Unit MS 7002 P.O. Box 997377 Sacramento, CA 95899-7377 Telephone: (916) 650-6416 Fax: (916) 650-6420	Health and Human Services Agency 3057 Briw Road, Suite A Placerville, CA 95667 Telephone: (530) 642-7154 Fax: (530) 295-2580

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this Agreement.

Exhibit A
Scope of Work

6. Required Deliverables for Program Review and Evaluation

A. The Contractor will submit as deliverables to the Emergency Preparedness Office the following documents:

- 1) Contractor must submit semi-annual written progress reports and expenditure reports according to the schedule shown below. The purpose of the progress reports and expenditure reports are to document activities and expenditure of funds.

Midyear: July 1 - December 31
Year-End: July 1 - June 30

Due Date: January 31
Due Date: August 30

- 2) Each progress report shall include, but not be limited to, data and information required by statute (cost report and progress on program activities) and information needed to satisfy federal reporting and CDPH monitoring requirements; including, Performance Measures and other data as required in the federal funding announcement. The reports shall be submitted in accordance with procedures and a format required by CDPH.

7. Subcontracts Requirements

Subcontracts with other governmental agencies may be allowed with prior CDPH approval.

8. Work Plan Requirements

See the following pages for a detailed description of the services to be performed.

9. Services to be Performed

The services to be performed by the Contractor and activities specified in the Application, Work Plans and Budgets submitted to CDPH which are incorporated by reference herein.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 1: Healthcare System Preparedness

Objective: Strengthen the ability of a community’s healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, state, local, and territorial governments to do the following: 1) Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to individuals in the community; 2) Provide timely monitoring and management of resources; 3) Coordinate the allocation of emergency medical care resources; and 4) Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders. Healthcare system preparedness is achieved through a continuous cycle of planning, organizing and equipping, training, exercises, evaluations and corrective actions.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Develop, refine, or sustain Healthcare Coalitions <input checked="" type="checkbox"/> Function 2: Coordinate healthcare planning to prepare the healthcare system for a disaster <input checked="" type="checkbox"/> Function 3: Identify and prioritize essential healthcare assets and services <input checked="" type="checkbox"/> Function 4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps <input type="checkbox"/> Function 5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond <input type="checkbox"/> Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation <input checked="" type="checkbox"/> Function 7: Coordinate with planning for at-risk individuals and those with special medical needs	7/1/14 – 6/30/17	Senior Office Assistant San Joaquin County EMSsystems	<ol style="list-style-type: none"> 1. Maintain Hospital Preparedness Coordinator and HPP Partnership Coordinator. 2. Support Operational Area Healthcare Coalition by providing resources to participating healthcare facilities for planning and other preparedness activities. 3. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. Submit annual performance measure data as required by the federal government.
			<ol style="list-style-type: none"> 6. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 2: Healthcare System Recovery

Objective: Collaborate with Emergency Management and other community partners, (public health, business, education and other partners) to develop efficient processes and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Develop recovery processes for the healthcare delivery system <input checked="" type="checkbox"/> Function 2: Assist healthcare organizations to implement Continuity of Operations (COOP)	7/1/14 – 6/30/17		<ol style="list-style-type: none"> 1. Support healthcare facility and operational area recovery planning. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 3: Emergency Operations Coordination

Objective: Strengthen ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to the framework of the National Incident Management System (NIMS).

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Healthcare organization multi-agency representation and coordination with emergency operations <input checked="" type="checkbox"/> Function 2: Assess and notify stakeholders of healthcare delivery status <input checked="" type="checkbox"/> Function 3: Support healthcare response efforts through coordination of resources <input checked="" type="checkbox"/> Function 4: Demobilize and evaluate healthcare operations	7/1/14 – 6/30/17		<ol style="list-style-type: none"> 1. Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition and maintain operational area response plans to ensure coordination across healthcare providers, emergency management, emergency medical services, and public health. 2. Maintain emergency operation centers within Healthcare Coalition member facilities and train healthcare staff in emergency response activities including ICS (Hospital Incident Command, Nursing Facility Incident Command, and Clinic Incident Command). For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Attend CDPH annual workshop, healthcare provider related workshops, Homeland Security, other approved emergency preparedness workshops, and CDC and ASPR sponsored workshops. 4. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. Revise work plan as directed by CDPH. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 5: Fatality Management

Objective: Coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input type="checkbox"/> Function 1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations <input type="checkbox"/> Function 2: Coordinate surges of concerned citizens with community agencies responsible for family assistance <input type="checkbox"/> Function 3: Mental/behavioral support at the healthcare organization level	7/1/14 – 6/30/17		<ol style="list-style-type: none"> 1. Maintain HPP Coordinator, HPP Partnership Coordinator, and Healthcare Coalition. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 6: Information Sharing

Objective: Conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture <input checked="" type="checkbox"/> Function 2: Develop, refine, and sustain redundant, interoperable communication systems	7/1/14 – 6/30/17	Senior Office Assistant San Joaquin County EMSystems	<ol style="list-style-type: none"> 1. Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition and maintain communications plan and communication equipment for Local HPP Entity and Healthcare Coalition members. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 10: Medical Surge

Objective: Strengthen ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge <input checked="" type="checkbox"/> Function 2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations <input checked="" type="checkbox"/> Function 3: Assist healthcare organizations with surge capacity and capability <input type="checkbox"/> Function 4: Develop Crisis Standards of Care guidance <input type="checkbox"/> Function 5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations	7/1/14 – 6/30/17		<ol style="list-style-type: none"> 1. Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition. 2. Purchase, store and/or maintain medical supplies and equipment to ensure operational readiness to respond to a public health or medical emergency. Items may be purchased for healthcare coalition members. 3. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 4. Revise work plan as directed by CDPH. 5. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 7. Submit annual performance measure data as required by the federal government. 8. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 14: Responder Safety and Health

Objective: Strengthen the ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. This includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input type="checkbox"/> Function 1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers <input type="checkbox"/> Function 2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response	7/1/14 – 6/30/17		<ol style="list-style-type: none"> 1. Maintain HPP Coordinator, Partnership Coordinator, and Healthcare Coalition. 2. Healthcare Coalition members should maintain policies and procedures to ensure healthcare worker safety and purchase and maintain protective equipment for healthcare coalition member staff. 3. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 4. Revise work plan as directed by CDPH. 5. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 7. Submit annual performance measure data as required by the federal government. 8. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 15: Volunteer Management

Objective: Strengthen the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations <input checked="" type="checkbox"/> Function 2: Volunteer notification for healthcare response needs <input checked="" type="checkbox"/> Function 3: Organization and assignment of volunteers <input type="checkbox"/> Function 4: Coordinate the demobilization of volunteers	7/1/14 – 6/30/17		<ol style="list-style-type: none"> 1. Maintain access to Disaster Healthcare Volunteers system. 2. Each Healthcare Coalition member should maintain policies and procedures for incorporating volunteers into operations during public health and medical emergencies. 3. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 4. Revise work plan as directed by CDPH. 5. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 7. Submit annual performance measure data as required by the federal government. 8. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 16: Program Management

Objective: Support Hospital Preparedness Program activities including application, progress reporting, invoicing, fiscal monitoring, and coordination across multiple capabilities including alignment with Hospital Preparedness Program (HPP).

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Coordination across multiple Capabilities <input checked="" type="checkbox"/> Function 2: Fiscal Monitoring and Tracking <input checked="" type="checkbox"/> Function 3: Grants Management <input checked="" type="checkbox"/> Function 4: Reporting on Performance Measures	7/1/14 – 6/30/17	Program Manager I Supervising Health Education Coordinator	<ol style="list-style-type: none"> 1. Maintain local HPP Coordinator, Partnership Coordinator and Healthcare Coalition to coordinate activities across capabilities. 2. Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting. 3. Support program operations including office supplies and equipment, communications, laptops, cell phones, fax machines, satellite phones, and other forms of communication necessary for daily operations or emergency response.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Capability 1: Community Preparedness

Objective: The ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health’s role in community preparedness is to do the following: 1) Support the development of public health, medical, and mental/behavioral health systems that support recovery; 2) Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents; 3) Promote awareness of and access to medical and mental/behavioral health resources that help protect the community’s health and address the functional needs of at-risk individuals; 4) Engage public and private organizations in preparedness activities that represent the functional needs of at-risk individuals 5) Identify those populations that may be at higher risk for adverse health outcomes; and 6) Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Determine risks to the health of the jurisdiction <input checked="" type="checkbox"/> Function 2: Build community partnerships to support health preparedness <input checked="" type="checkbox"/> Function 3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks <input checked="" type="checkbox"/> Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts	7/1/14 – 6/30/17	Supervising Health Education Coordinator Community Health Advocate El Dorado County Environmental Management	<ol style="list-style-type: none"> 1. Maintain Public Health Emergency Preparedness Coordinator and staff trained in emergency preparedness outreach. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by California Department of Public Health (CDPH). 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Capability 2: Community Recovery

Objective: Strengthen capability to collaborate with community partners (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input type="checkbox"/> Function 1: Identify and monitor public health, medical, and mental behavioral health system recovery needs <input type="checkbox"/> Function 2: Coordinate community public health, medical, and mental behavioral health system recovery operations <input type="checkbox"/> Function 3: Implement corrective actions to mitigate damages from future incidents	7/1/14 – 6/30/17		<ol style="list-style-type: none"> 1. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 2. Revise work plan as directed by CDPH. 3. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 4. Complete and submit specific deliverables (response plans, After-Action Reports/Improvement Plans, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 5. Submit annual performance measure data as required by the federal government. 6. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Capability 3: Emergency Operations Coordination

Objective: Maintain Emergency operations coordination: the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Conduct preliminary assessment to determine need for public activation <input checked="" type="checkbox"/> Function 2: Activate public health emergency operations <input checked="" type="checkbox"/> Function 3: Develop incident response strategy <input checked="" type="checkbox"/> Function 4: Manage and sustain the public health response <input checked="" type="checkbox"/> Function 5: Demobilize and evaluate public health emergency operations	7/1/14 – 6/30/17		<ol style="list-style-type: none"> 1. Maintain staff trained in emergency response activities. 2. Maintain or maintain access to emergency operations center for local public health and medical response with the health department or county. 3. Attend CDPH annual workshop, healthcare provider related workshops, Homeland Security, other approved emergency preparedness workshops, and CDC and ASPR sponsored workshops. 4. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 5. Revise work plan as directed by CDPH. 6. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 7. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules, emergency operations center maintenance and software) as described in approved work plan under each selected function for each budget year. 8. Submit annual performance measure data as required by the federal government. 9. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Capability 4: Emergency Public Information and Warning

Objective: Maintain ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Activate the emergency public information system <input checked="" type="checkbox"/> Function 2: Determine the need for a joint public information system <input checked="" type="checkbox"/> Function 3: Establish and participate in information system operations <input checked="" type="checkbox"/> Function 4: Establish avenues for public interaction and information exchange <input type="checkbox"/> Function 5: Issue public information, alerts, warnings and notifications	7/1/14 – 6/30/17	Health Program Specialist	<ol style="list-style-type: none"> 1. Maintain access to trained public information staff. 2. Attend training specific to the PIO function during an emergency response. 3. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 4. Revise work plan as directed by CDPH. 5. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 7. Submit annual performance measure data as required by the federal government. 8. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Capability 5: Fatality Management

Objective: Coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input type="checkbox"/> Function 1: Determine role for public health in fatality management <input type="checkbox"/> Function 2: Activate public health fatality management operations <input type="checkbox"/> Function 3: Assist in the collection and dissemination of antemortem data <input type="checkbox"/> Function 4: Participate in survivor mental/behavioral health services <input type="checkbox"/> Function 5: Participate in fatality processing and storage operations	7/1/14 – 6/30/17		<ol style="list-style-type: none"> 1. Maintain staff with expertise in data collection and dissemination. 2. Maintain partnership with local fatality management lead. 3. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 4. Revise work plan as directed by CDPH. 5. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 7. Submit annual performance measure data as required by the federal government.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Capability 6: Information Sharing

Objective: Maintain capability to conduct multi-jurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Identify stakeholders to be incorporated into information flow <input checked="" type="checkbox"/> Function 2: Identify and develop rules and data elements for sharing <input checked="" type="checkbox"/> Function 3: Exchange information to determine a common operating picture	7/1/14 – 6/30/17	Health Program Specialist	<ol style="list-style-type: none"> 1. Maintain Health Alert Network Administration functions (CAHAN or CAHAN Replacement system) 2. Maintain Epidemiologist or other staff with expertise in data collection and dissemination. 3. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 4. Revise work plan as directed by CDPH. 5. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules, software/system costs for information sharing/redundant communications) as described in approved work plan under each selected function for each budget year. 7. Submit annual performance measure data as required by the federal government. 8. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Capability 7: Mass Care

Objective: Maintain ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Determine public health role in mass care operations <input type="checkbox"/> Function 2: Determine mass care needs of the impacted population <input type="checkbox"/> Function 3: Coordinate public health, medical, and mental/behavioral health services <input type="checkbox"/> Function 4: Monitor mass care population health	7/1/14 – 6/30/17		<ol style="list-style-type: none"> 1. Maintain partnership with local mass care lead. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Capability 8: Medical Countermeasure Dispensing

Objective: Maintain ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, and any others needed.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Identify and initiate medical countermeasure (MCM) dispensing strategies <input checked="" type="checkbox"/> Function 2: Receive medical countermeasures <input checked="" type="checkbox"/> Function 3: Activate dispensing modalities <input checked="" type="checkbox"/> Function 4: Dispense medical countermeasures to identified population <input type="checkbox"/> Function 5: Report adverse events	7/1/14 – 6/30/17	Supervising Health Education Coordinator Program Manager Health Program Specialist	<ol style="list-style-type: none"> 1. Maintain Public Health Emergency Preparedness Coordinator and staff trained in emergency response activities. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, Rand drills as required, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Meet annual MCM distribution requirements including inventory system drill and facility call down drill. 7. Participate in annual statewide medical and health exercise.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Capability 9: Medical Materiel Management and Distribution

Objective: Maintain ability to acquire, maintain (e.g., cold chain storage or other storage protocol) transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Direct and activate medical materiel management and distribution <input checked="" type="checkbox"/> Function 2: Acquire medical materiel <input checked="" type="checkbox"/> Function 3: Maintain updated inventory management and reporting system <input checked="" type="checkbox"/> Function 4: Establish and maintain security <input checked="" type="checkbox"/> Function 5: Distribute medical materiel <input type="checkbox"/> Function 6: Recover medical materiel and demobilize distribution operations	7/1/14 – 6/30/17	Supervising Health Education Coordinator Program Manager Health Program Specialist	<ol style="list-style-type: none"> 1. Purchase, store, and/or maintain medical supplies and equipment to ensue operational readiness to respond to a public health or medical emergency. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Participate in annual statewide medical and health exercise.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Capability 10: Medical Surge

Objective: Maintain the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community, encompassing the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were comprised.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input type="checkbox"/> Function 1: Assess the nature and scope of the incident <input checked="" type="checkbox"/> Function 2: Support activation of medical surge <input type="checkbox"/> Function 3: Support jurisdictional medical surge operations <input type="checkbox"/> Function 4: Support demobilization of medical surge operations	7/1/14 – 6/30/17		<ol style="list-style-type: none"> 1. Maintain partnership with County Hospital Preparedness Program to align activities and goals. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Purchase, store, and/or maintain medical supplies and equipment to ensure operational readiness to respond to a public health or medical emergency. 7. Submit annual performance measure data as required by the federal government. 8. Participate in annual statewide medical and health exercise.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Capability 11: Non-Pharmaceutical Interventions

Objective: Maintain ability to recommend to the applicable local lead agency (if not local public health) and implement, if applicable, strategies for disease, injury and exposure control. Strategies include: isolation and quarantine; restrictions on movement and travel advisory/warnings; social distancing; external decontamination; hygiene; and precautionary protective behaviors.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input type="checkbox"/> Function 1: Engage partners and identify factors that impact non-pharmaceutical interventions <input type="checkbox"/> Function 2: Determine non-pharmaceutical interventions <input type="checkbox"/> Function 3: Implement non-pharmaceutical interventions <input type="checkbox"/> Function 4: Monitor non-pharmaceutical interventions	7/1/14 – 6/30/17	Community Health Advocate	<ol style="list-style-type: none"> 1. Maintain Public Health Emergency Preparedness Coordinator and staff trained in emergency response activities. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Participate in annual statewide medical and health exercise.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Capability 12: Public Health Laboratory Testing

Objective: Maintain ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all-hazards. Hazards include chemical, radiological, and biological agents in multiple matrices that may include clinical samples, food, and environmental samples (e.g., water, air, and soil). This capability support routine surveillance, including pre-event or pre-incident and post-exposure activities.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Manage laboratory activities <input checked="" type="checkbox"/> Function 2: Perform sample management <input checked="" type="checkbox"/> Function 3: Conduct testing and analysis for routine surge capacity <input type="checkbox"/> Function 4: Support public health investigations <input checked="" type="checkbox"/> Function 5: Report laboratory results	7/1/14 – 6/30/17	Epidemiologist	<ol style="list-style-type: none"> 1. Maintain Public Health Laboratory or access to Public Health Laboratory and maintain list of laboratory contacts. 2. Purchase and/or maintain laboratory supplies needed for a surge in laboratory testing including items such as reagents and other testing items. 3. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 4. Revise work plan as directed by CDPH. 5. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 7. Submit annual performance measure data as required by the federal government. 8. Participate in annual statewide medical and health exercise.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Capability 13: Public Health Surveillance and Epidemiological Investigation

Objective: Ensure ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Conduct public health surveillance and detection <input checked="" type="checkbox"/> Function 2: Conduct public health and epidemiological investigations <input checked="" type="checkbox"/> Function 3: Recommend, monitor, and analyze mitigation actions <input checked="" type="checkbox"/> Function 4: Improve public health surveillance and epidemiological investigation systems	7/1/14 – 6/30/17	Epidemiologist El Dorado County Environmental Management	<ol style="list-style-type: none"> 1. Maintain capacity for surveillance and epidemiological investigation. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Participate in annual statewide medical and health exercise.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Capability 14: Responder Safety and Health

Objective: Maintain ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, as requested.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Identify responder safety and health risks <input checked="" type="checkbox"/> Function 2: Identify safety and personal protective needs <input checked="" type="checkbox"/> Function 3: Coordinate with partners to facilitate risk-specific safety and health training <input type="checkbox"/> Function 4: Monitor responder safety and health actions	7/1/14 – 6/30/17		<ol style="list-style-type: none"> 1. Develop procedures to ensure safety of public health workforce and purchase and maintain protective equipment for employees according to these procedures. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Participate in annual statewide medical and health exercise.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Capability 15: Volunteer Management

Objective: The ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency’s response to incidents of public health significance.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input type="checkbox"/> Function 1: Coordinate volunteers <input type="checkbox"/> Function 2: Notify volunteers <input type="checkbox"/> Function 3: Organize, assemble, and dispatch volunteers <input type="checkbox"/> Function 4: Demobilize volunteers	7/1/14 – 6/30/17		<ol style="list-style-type: none"> 1. Maintain local administrative functions to ensure operational readiness of the Disaster Healthcare Volunteers system. 2. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. 3. Revise work plan as directed by CDPH. 4. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 5. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 6. Submit annual performance measure data as required by the federal government. 7. Participate in annual statewide medical and health exercise.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Capability 16: Program Management

Objective: Support public health emergency preparedness program activities including application, progress reporting, invoicing, fiscal monitoring, and coordination across multiple capabilities including alignment with Hospital Preparedness Program (HPP).

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Coordination across multiple Capabilities <input checked="" type="checkbox"/> Function 2: Fiscal Monitoring and Tracking <input checked="" type="checkbox"/> Function 3: Grants Management <input checked="" type="checkbox"/> Function 4: Reporting on Performance Measures	7/1/14 – 6/30/17	Program Manager Senior Office Assistant	<ol style="list-style-type: none"> 1. Maintain local Public Health Emergency Preparedness Coordinator. 2. Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting. 3. Support program operations including office supplies and equipment, communications, laptops, cell phones, fax machines, satellite phones, and other forms of communication necessary for daily operations or emergency response.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Pandemic Influenza Planning

Pandemic Influenza Capability 1: Planning and Preparedness Activities

Objective: The ability of communities to prepare for, withstand, and recover from public health incidents including a potential pandemic influenza. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health’s role in preparing for, responding to, and recovering from a public health incident such as a pandemic influenza.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Develop, maintain and/or strengthen local pandemic influenza emergency response plan <input checked="" type="checkbox"/> Function 2: Test pandemic influenza response in drills, exercises, and real events <input checked="" type="checkbox"/> Function 3: Engage public and private partners to ensure coordinated response efforts <input checked="" type="checkbox"/> Function 4: Maintain surveillance system for reporting severe and fatal cases of laboratory confirmed influenza as required by CDPH	7/1/14 – 6/30/17	Program Manager I Supervising Health Education Coordinator Community Health Advocate	<ol style="list-style-type: none"> 1. Maintain Pandemic Influenza Coordinator and other trained staff needed to complete pandemic plans and testing of plans. 2. Maintain pandemic influenza operational response plans including plans for Government Authorized Alternate Care Sites. Purchase, store, and/or maintain supplies and equipment for operation of an alternate care site. 3. Hold mass vaccination clinics including the purchase of influenza or pneumococcal vaccine and other supplies for use in these clinics. Maintain capacity to store vaccine under refrigeration. 4. For each selected function, develop work plan activities for each budget year according to annual Local Application Guidance. Revise work plan as directed by California Department of Public Health (CDPH). 5. Submit mid-year and year-end progress reports to CDPH according to guidelines within the Local Application Guidance. 6. Complete and submit specific deliverables (response plans, After-Action Reports, meeting minutes, training schedules) as described in approved work plan under each selected function for each budget year. 7. Test capability in annual statewide medical and health exercise and/or other drills, exercises or real events.

Exhibit A – Attachment 1
El Dorado County Scope of Work
Pandemic Influenza Planning

Pandemic Influenza Capability 16: Program Management

Objective: Support Pandemic Influenza planning and preparedness program activities including application, progress reporting, invoicing, fiscal monitoring, and coordination across multiple capabilities including alignment with Hospital Preparedness Program (HPP).

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<input checked="" type="checkbox"/> Function 1: Coordination across multiple Capabilities <input checked="" type="checkbox"/> Function 2: Fiscal Monitoring and Tracking <input checked="" type="checkbox"/> Function 3: Grants Management	7/1/14 – 6/30/17	Program Manager I Supervising Health Education Coordinator Community Health Advocate	<ol style="list-style-type: none"> 1. Maintain local Public Health Emergency Preparedness Coordinator. 2. Support staff to prepare application, progress reports, fiscal reports, invoicing, performance measures and other data reporting. 3. Support program operations including office supplies and equipment, communications, laptops, cell phones, fax machines, satellite phones, and other forms of communication necessary for daily operations or emergency response.

Exhibit B
Budget Detail and Payment Provisions

1. Invoicing and Payment

- A. For services satisfactorily rendered, and upon receipt and approval of the invoices, the State agrees to compensate the Contractor for actual expenditures incurred in accordance with the budget(s) attached hereto.
- B. Invoices shall include the Agreement Number and shall be submitted electronically not more frequently than quarterly in arrears to:

California Department of Public Health
Emergency Preparedness Office
Attn: Local Management Unit
MS 7002
P.O. Box 997377
Sacramento, CA 95899-7377

- C. HPP Invoices shall:
 - 1) Be prepared and submitted in the format determined by EPO. If invoices are not on produced template invoices must be signed by an authorized official, employee, or agent certifying that the expenditures claimed represent actual expenses for the service performed under this agreement.
 - 2) Bear the Contractor's name as shown on the agreement.
 - 3) Identify the billing and/or performance period covered by the invoice.
 - 4) Itemize costs for the billing period in the same or greater level of detail as indicated in this agreement. Subject to the terms of this agreement, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable in this agreement and approved by CDPH.
- D. Pan Flu Invoices shall:
 - 1) Be prepared and submitted in the format determined by EPO. If invoices are not on produced template invoices must be signed by an authorized official, employee, or agent certifying that the expenditures claimed represent actual expenses for the service performed under this agreement.
 - 2) Bear the Contractor's name as shown on the agreement.
 - 3) Identify the billing and/or performance period covered by the invoice.
 - 4) Itemize costs for the billing period in the same or greater level of detail as indicated in this agreement. Subject to the terms of this agreement, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable in this agreement and approved by CDPH.
- E. PHEP Supporting Documentation shall:
 - 1) Be prepared and submitted in the format determined by EPO. If invoices are not on produced template invoices must be signed by an authorized official, employee, or agent certifying that the expenditures claimed represent actual expenses for the service performed under this agreement.
 - 2) Bear the Contractor's name as shown on the agreement.
 - 3) Identify the billing and/or performance period covered by the invoice.
 - 4) Itemize costs for the billing period in the same or greater level of detail as indicated in this agreement. Subject to the terms of this agreement, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable in this agreement and approved by CDPH.

Exhibit B
Budget Detail and Payment Provisions

2. Budget Contingency Clause

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this Agreement, and Contractor shall not be obligated to perform any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Contractor to reflect the reduced amount.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

4. Amounts Payable

- A. The maximum amount payable under this agreement shall not exceed the total sum of \$1,392,633.00. Financial year individual fund limits are:

Financial Year July 1, 2014 through June 30, 2015

- 1. \$201,297.00, CDC PHEP Base Funds.
- 2. \$0.00, Laboratory Funds.
- 3. \$0.00, Laboratory Trainee Funds.
- 4. \$0.00, Laboratory Training Assistance Funds.
- 5. \$37,825.00, Cities Readiness Initiative Funds.
- 6. \$158,946.00, HPP Funds.
- 7. \$66,143.00, State General Funds Pandemic Influenza Funds.

Financial Year July 1, 2015 through June 30, 2016

- 1. \$201,297.00, CDC PHEP Base Funds.
- 2. \$0, Laboratory Funds.
- 3. \$0, Laboratory Trainee Funds.
- 4. \$0, Laboratory Training Assistance Funds.
- 5. \$37,825.00, Cities Readiness Initiative Funds.
- 6. \$158,946.00, HPP Funds.
- 7. \$66,143.00, State General Funds Pandemic Influenza Funds.

Financial Year July 1, 2016 through June 30, 2017

- 1. \$201,297.00, CDC PHEP Base Funds.
- 2. \$0.00, Laboratory Funds.
- 3. \$0.00, Laboratory Trainee Funds.
- 4. \$0.00, Laboratory Training Assistance Funds.
- 5. \$37,825.00, Cities Readiness Initiative Funds.
- 6. \$158,946.00, HPP Funds.
- 7. \$66,143.00, State General Funds Pandemic Influenza Funds.

- B. Reimbursement shall be made for allowable expenses up to the amount annually encumbered, commensurate with the state fiscal year in which services are performed and/or goods are received.

Exhibit B
Budget Detail and Payment Provisions

- C. Reconciliation with the payments shall be through a semi-annual expenditure report and an annual reconciliation report. These reports shall be submitted in accordance with timelines, formats and specifications to be provided by CDPH. Expenditure reports and annual reconciliation report should be sent to:

California Department of Public Health
Emergency Preparedness Office
Attn: Local Management Unit
MS 7002
P.O. Box 997377
Sacramento, CA 95899-7377

- D. The Contractor must maintain records reflecting actual expenditures for each state fiscal year covered by the term of this agreement.
- E. Contractor shall deposit funds received under this Agreement into separate accounts such that they can track and report on funds separately, and identify interest earned from each funding stream of local public health preparedness for this purpose before transferring or expending the funds for any of the uses allowed pursuant to this Agreement. CDPH requires the Contractor to set up separate Federal Funds for PHEP CDC and HPP funds.
- F. The interest earned on moneys in the accounts shall accrue to the benefit of the fund and shall be expended for the same purposes as other moneys in the fund.

5. Timely Submission of Final Invoice

- A. A final undisputed invoice shall be submitted for payment no more than sixty (60) calendar days following the expiration or termination date of this agreement, unless a later or alternate deadline is agreed to in writing by the program contract manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this agreement have ceased and that no further payments are due or outstanding. The State may, at its discretion, choose not to honor any delinquent final invoice if the Contractor fails to obtain prior written State approval of an alternate final invoice submission deadline.

6. Expense Allowability / Fiscal Documentation

- A. Funds shall not be used to supplant funding for existing levels of services and shall only be used for the purposes specified in this Agreement.
- B. In executing this Agreement, Contractor agrees to comply with the terms and conditions of the Local Health Department and/or Local HPP Entity, the Local Grant Application Guidance for Financial Year 2014-15, Financial Year 2015-16, and Financial Year 2016-17, and the Work Plans and Budget as approved by CDPH.
- C. Funds made available are limited to activities approved in the Work Plans and Budgets. Any changes to the Work Plans or Budgets need prior written approval from CDPH and funds may not be expended prior to such approval.
- D. Invoices, received from the Contractor and accepted for payment by the State, shall not be deemed evidence of allowable agreement costs.

Exhibit B
Budget Detail and Payment Provisions

- E. Contractor shall maintain for review and audit, and supply to CDPH upon request adequate documentation of all expenses claimed pursuant to this agreement to permit a determination of expense allowability.
- F. If the allowability of an expense cannot be determined by the State because invoice detail, fiscal records, or backup documentation is nonexistent, or inadequate according to generally accepted accounting principles or practices, all questionable costs may be disallowed, and payment may be withheld by the State. Upon receipt of adequate documentation supporting a disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.
- G. Contractor shall be reimbursed for travel and per diem expenses using the same rates provided to non-represented state employees. Contractor must pay for travel in excess of these rates. Travel expenses not listed cannot be reimbursed. Contractor may obtain current rates at the following web site: <http://www.Calhr.ca.gov>

7. Recovery of Overpayments

- A. Contractor agrees that claims based upon the term of this agreement or an audit finding, and/or an audit finding that is appealed and upheld, will be recovered by the State by one of the following options:
 - 1) Contractor's remittance to the State of the full amount of the audit exception within 30 days following the State's request for repayment;
 - 2) A repayment schedule which is agreeable to both the State and the Contractor.
- B. The State reserves the right to select which option as indicated above in paragraph A will be employed and the Contractor will be notified by the State in writing of the claim procedure to be utilized.
- C. Interest on the unpaid balance of the audit finding or debt will accrue at a rate equal to the monthly average of the rate received on investments in the Pooled Money Investment Fund commencing on the date that an audit or examination finding is mailed to the Contractor, beginning 30 days after Contractor's receipt of the State's demand for repayment.
- D. If the Contractor has filed a valid appeal regarding the report of audit findings, recovery of the overpayments will be deferred until a final administrative decision on the appeal has been reached. If the Contractor loses the final administrative appeal, Contractor shall repay, to the State, the over-claimed or disallowed expenses, plus accrued interest. Interest accrues from the Contractor's first receipt of State's notice requesting reimbursement of questioned audit costs or disallowed expenses.

8. Contracts Funded By The Federal Government

- A. It is mutually understood between the parties that this Agreement may have been written before ascertaining the availability of congressional appropriation of funds, for the mutual benefit of both parties, in order to avoid program and fiscal delays which would occur if the Agreement were executed after that determination was made.

Exhibit B
Budget Detail and Payment Provisions

- B. This Agreement is valid and enforceable only if sufficient funds are made available to CDPH by the United States Government for the Fiscal Year(s) covered by the term of this Agreement for the purposes of this program. In addition, this Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or any statute enacted by the Congress, which may affect the provisions, terms or funding of this Agreement in any manner.
- C. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.
- D. CDPH has the option to void the Agreement under the 30-day cancellation clause or to amend the Agreement to reflect any reduction of funds.
- E. Contractor shall comply with the Single Audit Act and the reporting requirements set forth in OMB Circular A-133.

9. Accountability Requirements

- A. CDPH may recoup funds that are not expended for purposes and tasks specified or authorized by this Agreement, as determined by CDPH. CDPH will notify Contractor prior to taking any action to recoup such funds.
- B. CDPH may withhold payments if the Contractor is not in compliance with the terms and conditions of this Agreement or the approved Application, Work Plans and Budgets. CDPH may withhold payments if the Contractor cannot demonstrate progress toward protecting the jurisdiction from the threat of a bioterrorist attack, infectious disease outbreak or other public health threat or emergency as described in its progress and expenditure reports. CDPH may withhold or reduce payments if the Contractor's expenditure reports indicate that quarterly payments remain unspent. CDPH will notify the Contractor prior to withholding or reducing such payments.
- C. Contractor shall return unexpended funds unless carry forward or extension of such funds is approved by CDPH in accordance with Federal requirements.
- D. Contractor shall maintain the supporting documentation that substantiates all expenditure reports for a minimum of seven years and make them available for inspection and audit by CDPH or the Bureau of State Audits upon reasonable request.

10. Financial and Compliance Audit Requirements

- A. This section supersedes paragraph d of provision 16 in Exhibit D(F) is amended to read as follows:

The A-133 audit report must either include the PHEP, HPP and State General Fund Pandemic Influenza programs (as applicable to the contractor) at a minimum once every three years or a separate independent audit of these programs must be conducted according to the requirements specified in OMB Circular A-133 entitled "Audits of States, Local Governments, and Non-Profit Organizations" at least once every three years. If an audit of the PHEP, HPP and State General Fund Pandemic Influenza programs has not been completed within the past two years from the date of this Agreement, an audit of the funds awarded for the period of July 1, 2014 through June 30, 2017 must be conducted and concluded no later than July 1, 2017, or according to the County schedule for the A-133 audit for each fiscal period being July 1, through

Exhibit B
Budget Detail and Payment Provisions

June 30, if PHEP, HPP and State General Funds Pandemic Influenza funds are included in the A-133 Audit.

In addition, the A-133 audit or other independent audit must identify the Contractor's legal name and the number assigned to this Agreement and be sent annually to CDPH within 30 days after the completion of the audit. The Contractor or HPP Entity shall keep a copy of the audit report on file and have it available for review by CDPH or auditors upon request.

11. Advance Payment Authority and Limitation

- A. Pursuant to Government Health and Safety Code Section 101317(d) Funds appropriated pursuant to the annual Budget Act or another act for allocation to local health jurisdictions pursuant to this article shall be disbursed quarterly to local health jurisdictions beginning July 1, 2002, using the following process:
- B. Each fiscal year, upon the submission of an application for funding by the administrative body of a local health jurisdiction, the department shall make the first quarterly payment to each eligible local health jurisdiction. Subsequent payments will be made pursuant to this Agreement or an amendment to this agreement, and those payments would not be advance payments, they would be quarterly allocations.
- C. If the funding is increased by amendment in any year, CDPH may authorize subsequent advance payments on those amounts provided said cumulative advances do not exceed twenty-five percent (25%) of the Contractor's annual contract budget.

Exhibit B, Attachment 1 - Payment Criteria

2014-15 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding
2014-15 Allocation Agreement

		CDC PHEP and Cities Readiness Initiative (CRI)	Reference Lab Funds (\$260,246 total to each Reference Lab)
1st Quarter Payment	Criteria	CDPH must receive the following: <ul style="list-style-type: none"> • Signed Allocation Agreement • Receipt of all required application documents • Approved PHEP Work Plan • Approved PHEP Budget • Submission of FY13-14 PHEP Year End Progress Report 	CDPH must receive the following: <ul style="list-style-type: none"> • Signed Allocation Agreement • Receipt of all required application documents • Approved PHEP Lab Work Plan • Approved PHEP Lab Budget • Submission of FY 13-14 Year End Progress Report
	Payment	Advance payment of 25% of initial FY 14-15 CDC PHEP Base and/or CRI Fund	Advance payment of 25% of initial FY 14-15 Lab Fund (not including lab trainees)
2nd Quarter Payment	Criteria	CDPH must receive the following: <ul style="list-style-type: none"> • 1st Quarter Payment Criteria must be met • Receipt of FY13-14 PHEP Year End Expenditure Report • Approved Carry-Forward amount • Signed Agreement Amendment, includes Carry-Forward • If required, submission of FY13-14 Supplemental Work Plan Progress Report • Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial PHEP Base and/or CRI to cover the Q1 advance payment. 	CDPH must receive the following: <ul style="list-style-type: none"> • same as PHEP
	Payment	If receipt of more than the 25% minimum requirement, first pay carry-forward, if applicable, matching PHEP Supporting Documentation submission up to the carry-forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation remaining will be 25% of the total CDC PHEP Base and/or CRI Fund.	same as PHEP
3rd Quarter Payment	Criteria	<ul style="list-style-type: none"> • 1st & 2nd Payment Criteria must be met • Receipt of FY 14-15 Mid-Year reports • if required, completed Supplemental Work Plan and report • Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial Allocation. 	<ul style="list-style-type: none"> • 1st & 2nd Payment Criteria must be met • same as PHEP

Exhibit B, Attachment 1 - Payment Criteria

2014-15 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding
2014-15 Allocation Agreement

	Payment	If receipt of more than the 25% minimum requirement, first pay carry-forward, if applicable, matching PHEP Supporting Documentation submission up to the carry-forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation remaining will be 25% of the total CDC PHEP Base and/or CRI Fund.	same as PHEP
Final Payment	Criteria	<ul style="list-style-type: none"> • 1st, 2nd & 3rd Payment Criteria must be met • Receipt of required Performance Measure reports • Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial Allocation. 	<ul style="list-style-type: none"> • 1st, 2nd & 3rd Payment Criteria must be met • same as PHEP
	Payment	If receipt of more than the 25% minimum requirement, first pay carry-forward, if applicable, matching PHEP Supporting Documentation submission up to the carry-forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation remaining will be 25% of the total CDC PHEP Base and/or CRI Fund.	same as PHEP

Exhibit B, Attachment 1 - Payment Criteria

2014-15 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding
2014-15 Allocation Agreement

		Lab Trainee Funds	Lab Training Assistance Funds
1st Quarter Payment	Criteria	CDPH must receive the following: <ul style="list-style-type: none"> • Signed Allocation Agreement, includes Lab Trainee Funds • Receipt of all required Trainee application documents • Approved Lab trainee(s) must be included in the approved Work Plan and Lab budget • same as PHEP 	LHD must: <ul style="list-style-type: none"> • Signed Allocation Agreement, includes Lab Training Assistance Funds • Receipt of all required Training Assistance application documents • Approved Lab Training Assistance must be included in the approved Work Plan and Lab budget • same as PHEP
	Payment	Advance payment of 25% of initial FY 14-15 PHEP Trainee initial allocation	Advance payment of 25% of initial FY 14-15 PHEP Training Assistance initial allocation
2nd Quarter Payment	Criteria	N/A	N/A
	Payment	N/A	N/A
3rd Quarter Payment	Criteria	N/A	N/A
	Payment	N/A	N/A
Final Payment	Criteria	N/A	N/A
	Payment	N/A	N/A

Exhibit B, Attachment 1 - Payment Criteria

2014-15 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding
2014-15 Allocation Agreement

		HPP	State GF
1st Quarter Payment	Criteria	CDPH must receive the following: <ul style="list-style-type: none"> Signed Allocation Agreement Receipt of all required application documents Five Letters of Support (Refer to the FY 14-15 Application Guidance) Approved HPP Work Plan Approved HPP Budget Submission of Health Care Facility (HCF) Form Receipt of FY 13-14 HPP Year End Progress Report 	CDPH must receive the following: <ul style="list-style-type: none"> Signed Allocation Agreement Receipt of all required application documents Receipt of FY 13-14 GF Pan Flu Year End Progress Report Approved GF Pan Flu Work Plan Approved GF Pan Flu Budget
	Payment	Advance payment of 25% of HPP Initial Allocation	Advance payment of 25% of State GF Pandemic Influenza Initial Allocation.
2nd Quarter Payment	Criteria	<ul style="list-style-type: none"> 1st Payment Criteria must be met Receipt of HPP FY13-14 Year End Expenditure Report An invoice for unique HPP expenditures for a minimum of 25% of Initial Allocation to cover the Q1 advance payment If required, submission of completed FY 13-14 Supplemental Work Plan 	<ul style="list-style-type: none"> 1st Payment Criteria must be met Receipt of GF Pan Flu FY13-14 Year End Expenditure Report An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation to cover the Q1 advance payment If required, submission of completed FY 13-14 Supplemental Work Plan
	Payment	HPP for unique expenditures less the advance payment of 25% of HPP Initial Allocation.	GF Pandemic Influenza for unique expenditures less the advance payment of 25% of State GF Pandemic Influenza Initial Allocation.
3rd Quarter Payment	Criteria	<ul style="list-style-type: none"> 1st & 2nd Payment Criteria must be met An invoice for unique HPP expenditures for a minimum of 25% of Initial Allocation 	<ul style="list-style-type: none"> 1st & 2nd Payment Criteria must be met An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation
	Payment	HPP for unique expenditures .	GF Pandemic Influenza for unique expenditures.
Final Payment	Criteria	<ul style="list-style-type: none"> 1st, 2nd & 3rd Payment Criteria must be met Receipt of required Performance Measure reports An invoice for unique HPP expenditures for a minimum of 25% amount of Initial Allocation 	<ul style="list-style-type: none"> 1st, 2nd & 3rd Payment Criteria must be met An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation
	Payment	HPP for unique expenditures.	GF Pandemic Influenza for unique expenditures.

**Exhibit B - Attachment 2
El Dorado County Budget Cost Sheet - Year 1**

El Dorado County
14-10500

2014 - 2015 PROJECT BUDGET	CDC PHEP Base Funds			Laboratory Funds			Laboratory Trainee Funds			Laboratory Training Assistance Funds			Cities Readiness Initiative Funds			HPP Funds			GFPF			TOTALS	
Personnel	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost		
Position Title and Number of each																							
Program Manager I (1)	15%	\$ 90,028	\$13,504	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	15%	\$ 90,028	\$13,504	20%	\$ 90,028	\$18,006	11%	\$ 90,028	\$9,453	\$ 360,112	\$54,467
Supervising Health Education Coordinator (1)	5%	\$ 64,477	\$3,224	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	5%	\$ 64,488	\$3,224	70%	\$ 64,477	\$45,142	5%	\$ 64,488	\$3,224	\$ 257,930	\$54,815
Health Program Specialist (1)	55%	\$ 57,224	\$31,330	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	2%	\$ 57,224	\$1,144		\$ -	\$0		\$ -	\$0	\$ 114,448	\$32,475
Community Health Advocate (1)	45%	\$ 45,262	\$20,368	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0	55%	\$ 45,252	\$24,889	\$ 90,514	\$45,257
Senior Office Assistant (1)	75%	\$ 37,359	\$28,019	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	25%	\$ 37,359	\$9,340		\$ -	\$0		\$ -	\$0	\$ 74,718	\$37,359
Epidemiologist (1)	5%	\$ 74,256	\$3,713	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 74,256	\$3,713
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0											

**Exhibit B - Attachment 3
El Dorado County Budget Cost Sheet - Year 2**

El Dorado County
14-10500

2015 - 2016 PROJECT BUDGET		CDC PHEP Base Funds			Laboratory Funds			Laboratory Trainee Funds			Laboratory Training Assistance Funds			Cities Readiness Initiative Funds			HPP Funds			GFPF			TOTALS	
Position Title and Number of each	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost			
Personnel																								
Program Manager I (1)	15%	\$ 90,028	\$13,504	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	15%	\$ 90,028	\$13,504	20%	\$ 90,028	\$18,006	11%	\$ 90,028	\$9,453	\$ 360,112	\$54,467	
Supervising Health Education Coordinator (1)	5%	\$ 64,477	\$3,224	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	5%	\$ 64,488	\$3,224	70%	\$ 64,477	\$45,142	5%	\$ 64,488	\$3,224	\$ 257,930	\$54,815	
Health Program Specialist (1)	55%	\$ 57,224	\$31,330	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	2%	\$ 57,224	\$1,144		\$ -	\$0		\$ -	\$0	\$ 114,448	\$32,475	
Community Health Advocate (1)	45%	\$ 45,262	\$20,368	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0	55%	\$ 45,252	\$24,889	\$ 90,514	\$45,257	
Senior Office Assistant (1)	75%	\$ 37,359	\$28,019	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	25%	\$ 37,359	\$9,340		\$ -	\$0		\$ -	\$0	\$ 74,718	\$37,359	
Epidemiologist (1)	5%	\$ 74,256	\$3,713	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 74,256	\$3,713	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0	
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0												

**Exhibit B - Attachment 4
El Dorado County Budget Cost Sheet - Year 3**

El Dorado County
14-10500

2016 - 2017 PROJECT BUDGET	CDC PHEP Base Funds			Laboratory Funds			Laboratory Trainee Funds			Laboratory Training Assistance Funds			Cities Readiness Initiative Funds			HPP Funds			GFPF			TOTALS	
Position Title and Number of each	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost	FTE	Salary	Cost		
Personnel																							
Program Manager I (1)	15%	\$ 90,028	\$13,504	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	15%	\$ 90,028	\$13,504	20%	\$ 90,028	\$18,006	11%	\$ 90,028	\$9,453	\$ 360,112	\$54,467
Supervising Health Education Coordinator (1)	5%	\$ 64,477	\$3,224	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	5%	\$ 64,488	\$3,224	70%	\$ 64,477	\$45,142	5%	\$ 64,488	\$3,224	\$ 257,930	\$54,815
Health Program Specialist (1)	55%	\$ 57,224	\$31,330	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	2%	\$ 57,224	\$1,144		\$ -	\$0		\$ -	\$0	\$ 114,448	\$32,475
Community Health Advocate (1)	45%	\$ 45,262	\$20,368	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0	55%	\$ 45,252	\$24,889	\$ 90,514	\$45,257
Senior Office Assistant (1)	75%	\$ 37,359	\$28,019	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	25%	\$ 37,359	\$9,340		\$ -	\$0		\$ -	\$0	\$ 74,718	\$37,359
Epidemiologist (1)	5%	\$ 74,256	\$3,713	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ 74,256	\$3,713
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -	\$0		\$ -	\$0	\$ -	\$0
		\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0	\$ -	\$ -	\$0		\$ -	\$0		\$ -</						