# Agreement No. EPO 08-10

# 2008-09 CDC Public Health Emergency Preparedness, State General Fund (GF) Pandemic Influenza and HHS Hospital Preparedness Program Funding **AGREEMENT**

- This Agreement is entered into between the California Department of Public Health, herein 1. after referred to as "CDPH" and the County of El Dorado, herein after referred to as "LHD" and/or "Local HPP Entity".
- 2. The term of this Agreement is:
  - August 10, 2008 through August 9, 2009 (Centers for Disease Control and Prevention [CDC])
  - August 9, 2008 through August 8, 2009 (Hospital Preparedness Program [HPP])
  - July 1, 2008 through June 30, 2009 (State GF Pandemic Influenza)
- The maximum amount payable under this Agreement is \$629,848, and is allocated as 3. follows:
  - «\$226,111», CDC Base Allocation. (8/10/08 8/9/09)
  - «\$0», Laboratory Allocation. (8/10/08 8/9/09)
  - «\$0», Laboratory Trainee Stipends. (8/10/08 8/9/09)
  - «\$0», Laboratory Training Assistance Grant. (8/10/08 8/9/09)
  - «\$100,000», Cities Readiness Initiative Funds. (8/10/08 8/9/09)
  - «\$237,597», HPP Allocation. (8/9/08 8/8/09) •
  - «\$66.140». State GF Pandemic Influenza Allocation. (7/1/08 6/30/09)
- The parties agree to comply with the terms and conditions of the following exhibits, which 4. are by this reference made a part of this Agreement.

Exhibit A — Scope of Work	03 Pages
Exhibit B — Budget Detail and Budget Provisions	03 Pages
Exhibit B, Attachment 1, Criteria for Payments	01 Page
Exhibit C — Additional Provisions	02 Pages
Exhibit D(F) — Special Terms and Conditions (Federal)	26 Pages
Notwithstanding provisions 3, 4, 5(a), 6, 12, 13, 17, 22, 23, 27, and 30 which do not apply to this Agreement.	
Exhibit E – Non-Supplantation Certification Form	01 Page

Attachment 20 County of El Dorado 2008-09 Agreement No. EPO 08-10

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

CONTRAC	CTOR	
CONRACTOR'S NAME		
County of El Dorado		
BY (Authorized Signature)	DATE SIGNED (Do not type -signor must date)	
196 m	12/16/08	
PRINTED NAME AND TITLE OF PERSON SIGNING		ATTOT OUTSING IN 1991
	,	ATTEST: SUZANNE ALLEN de SANCHEZ,
Rusty Dupray, Chairman, El Dorado County Boar	rd of Supervisors	Clerk of the Board of Supervisors
ADDRESS		De Maria Mas La
330 Fair Lane, Placerville, CA 95667		By /////// // // // // // // // // // //
		, 05,011
STATE OF CA	LIFORNIA	
AGENCY NAME		
California Department of Public Health		
BY (Authorized Signature)	DATE SIGNED	
Elekabeth H. Lynon	12.29.0	8
ADDRESS		
1615 Canitol Avenue MS 7002 P.O. Box 99737	7 Sacramento CA	\ 95899-7377

County of El Dorado 2008-09 Agreement No. EPO 08-10

DEC 2 3 7102

## **EXHIBIT A**

# 2008-09 CDC Public Health Emergency Preparedness, State General Fund (GF) Pandemic Influenza and HHS Hospital Preparedness Program Funding Scope of Work

### 1. Service Overview

This Agreement is entered into between the California Department of Public Health, hereinafter referred to as "CDPH" and the County of El Dorado, hereinafter referred to as the "LHD" and/or "Local HPP Entity". LHD or Local HPP Entity agrees to provide to CDPH the services described herein.

Activities must be in accordance with the Centers for Disease Control and Prevention (CDC) and Hospital Preparedness Program (HPP) 2008-09 Program Guidance, State General Fund (GF) Pandemic Influenza, Public Health Emergency Preparedness Comprehensive Agreement Application 2008-09, Plan and Budget.

### 2. Service Location

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

## 3. Service Hours

The services shall be provided during normal LHD and/or Local HPP Entity working hours and days, as well as other hours and days the LHD deems appropriate.

#### 4. Project Representatives

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

Den	artme	nt of	Public	Health
	<b>u</b> i uii ci		I MNIIV	IIVaidi

Anne Arroyo

Telephone: (916) 650-6462

Fax: (916) 650-6420

Email: anne.arroyo@cdph.ca.gov

## **County of El Dorado**

Chris Weston

Telephone: (530) 621-6252

Fax: (530) 295-2589

Email: cweston@co.el-dorado.ca.us

### B. Direct all inquiries to:

## **Department of Public Health**

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

### **County of El Dorado**

Department of Health Services – Public Health Division

931 Spring Street

Placerville, CA, 95667 Telephone: (530) 621-6252

Fax: (530) 295-2589

#### **EXHIBIT A**

# 2008-09 CDC Public Health Emergency Preparedness, State General Fund (GF) Pandemic Influenza and HHS Hospital Preparedness Program Funding Scope of Work

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.

#### 5. Services to be Performed

LHD and/or Local HPP Entity shall perform services as outlined in accordance with the Public Health Emergency Preparedness, State GF Pandemic Influenza and HHS Hospital Preparedness Cooperative Agreement Application, Work Plans, and Budgets.

# 6. Allowable Informal Scope of Work Changes

- A. The LHD and/or Local HPP Entity or CDPH may propose informal changes or revisions to the activities, tasks, deliverables and/or performance time frames specified in the Scope of Work (SOW), provided such changes do not alter the overall goals and basic purpose of the agreement.
- B. Informal SOW changes may include the substitution of specified activities or tasks; the alteration or substitution of agreement deliverables and modifications to anticipated completion/target dates.
- C. Informal SOW changes processed hereunder shall not require a formal agreement amendment, provided the LHD's and/or Local HPP Entity's annual budget does not increase or decrease as a result of the informal SOW change.
- D. Unless otherwise stipulated in this agreement, all informal SOW changes and revisions are subject to prior written approval by the CDPH.
- E. In implementing this provision, CDPH will provide a format for the LHD's and/or Local HPP Entity's use to request informal SOW changes.

# 7. Reporting Requirements

A. Semi-annual written progress reports and expenditure reports must be submitted according to the schedule shown below. The purpose of the progress reports and expenditure reports are to document activities and expenditure of funds.

Start of each grant through 02/29/09
Start of each grant through end of each grant

April 16, 2009 November 9, 2008

#### **EXHIBIT A**

# 2008-09 CDC Public Health Emergency Preparedness, State General Fund (GF) Pandemic Influenza and HHS Hospital Preparedness Program Funding Scope of Work

B. Each progress report shall include, but not be limited to, data and information required by statute and information needed to satisfy federal reporting and CDPH monitoring requirements. The reports shall be submitted in accordance with procedures and a format required by CDPH.

# 8. Expenditure and Program Requirements

- A. In accordance with the LHD and/or Local HPP Entity signed Certification Against Supplanting (Exhibit E), funds shall not be used to supplant funding for existing levels of services and will only be used for the purposes designated herein.
- B. In executing this Agreement, the LHD and/or Local HPP Entity assures that it will comply with the LHD and/or Local HPP Entity Comprehensive Agreement Application, Work Plans and Budget 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 approval from CDPH before implementing.