

# Rhode Island Office of Management & Budget

## FFATA Sub-Award Reporting Worksheet

Please type or print clearly in black or blue ink, answer all questions, and sign and date the form.

### Section 1: State Agency and Federal Award Information

Agency Contact Name	Marissa Silva	Agency Contact Telephone	401-222-1055
Sub-Award Program Name	MEDS Municipality Agreement	Agency Contact Email	Marissa.silva@health.ri.gov
Sub-Award Program Description	Medical Emergency Distribution System (MEDS) funding to municipalities for planning and exercising.		
Federal Award Information			
Federal Program Name	HPP and PHEP	Federal Awarding Agency	DHHS
Federal Award Number	5U90TP550000	Date of Federal Award	7/1/15
Award Type	Cooperative Agreement	CFDA Number	9 3 . 0 7 4
Prime Agency DUNS +4	9 2 9 9 2 2 6 6 4 + 0 0 0 0	Amount Obligated from this Award	
Is sub-award funded by more than one federal award?		Yes * <input type="checkbox"/>	No X <input type="checkbox"/>

\* If yes, use Attachment 1-A to provide information on additional federal awards funding this sub-award.

### Section 2: Sub-Awardee Information

Sub-Awardee DUNS+4		System for Award Management Registration Expiration Date (if applicable)	
Sub-Awardee Name (as registered in DUNS)			
Sub-Awardee Address (as registered in DUNS)	Sub-Award Principal Place of Performance (where work performed)		
Number and Street		Number and Street	
City		City	
State		State	
ZIP+4		ZIP+4	

### Executive Compensation† (to be completed by sub-awardee)

In preceding fiscal year, did federal funds from all sources make up more than 80% of agency budget? If no, stop. Do not report executive compensation. Proceed to Sub-Awardee Certification.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In preceding fiscal year, did your agency receive more than \$25 million in federal funds? If no, stop. Do not report executive compensation. Proceed to Sub-Awardee Certification.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is information about the compensation of the senior executives in the subrecipient's organization (including parent organization, all branches, and all affiliates worldwide) publicly available? If no, report executive compensation for five highest paid officials below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1. Official Name	Compensation Amount	
2. Official Name	Compensation Amount	
3. Official Name	Compensation Amount	
4. Official Name	Compensation Amount	
5. Official Name	Compensation Amount	

† See Federal Register Volume 75, No. 177, Appendix A, Paragraph E5 for guidance on reporting executive compensation.

### Sub-Awardee Certification

I certify, to the best of my knowledge and belief, that the information provided is complete and accurate, and that I am authorized to sign contracts and other legally binding documents on behalf of the entity. I understand that my typed name below shall have the same force and effect as my written signature.

Signature

Title of Signatory

Date

### Section 3: Sub-Award Information (for state agency administrative purposes only)

Sub-Award Number	17-14-004-4/39	Sub-Award Date		FFATA Report Month	
Amendment 1 Obligation Amount		Amendment 1 Date		FFATA Report Month	
Amendment 2 Obligation Amount		Amendment 2 Date		FFATA Report Month	



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MODIFICATION # 1

TO THE

AGREEMENT

BETWEEN

RHODE ISLAND DEPARTMENT OF HEALTH

AND

CITY OF CENTRAL FALLS  
MEDS Municipality Agreement

*8/9/16*  
**Reviewed per F.S.A.**

**Leonard Morganis**  
**Administration & Finance Officer**

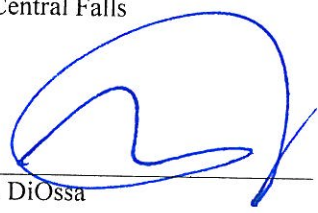
1. This section is in modification of an Agreement we have with City of Central Falls for the period August 1, 2015 through May 31, 2016.
2. The purpose of this modification is to **INCREASE** this agreement by \$ 3,600.00 and **EXTEND** this agreement through **May 31, 2017**.
3. A **revised** Addendum I **Scope of Work** and Addendum II **Budget** are attached for the **renewal period** of 9/1/16 through 5/31/17.
4. All other terms and conditions of the Agreement remain in effect.
5. A detailed Agreement is on file in the Division of Central Management's Purchasing Unit.

ACCEPTED:

Rhode Island Department of Health

City of Central Falls

\_\_\_\_\_  
Nicole Alexander-Scott, MD, MPH  
Director of Health

  
\_\_\_\_\_  
James A. DiOssa  
Mayor

Date: \_\_\_\_\_

Date: 08.11.16

Approved as to form and correctness

\_\_\_\_\_  
State of Rhode Island and Providence Plantations City Solicitor



## Sub-Award Agreement: Federal Funding Information

	Initial Award
	Amendment
	Sub-award is funded with a single federal award
	Sub Award is funded with more than one federal award

### Section I. State Awarding Agency Information

1. State Awarding Agency: HEALTH	2. State Agency Contact Name: Marissa Silva
3. State Agency Contact Phone: 401-222-1055	4. State Agency Contact E-Mail: Marissa.silva@health.ri.gov

### Section II. Sub-Award Identifying Information

5. Sub-Recipient Name: Central Falls, City of	6. Sub-Recipient DUNS Number: 089357636
7. Sub-Award Start Date: 9/1/16	8. Sub-Award End Date: 5/31/17
9. Amount Obligated this Action: \$3,600.00	10. Total Amount Obligated To-Date: \$10,675.00
11. Sub-Award Project Description: Medical Emergency Distribution System (MEDS) funding to municipalities for planning and exercising to ensure the ability to dispense medications/vaccine to large populations.	

### Section III. Sub-Award Funding Information – Federal Award(s)

#### Federal Award 1

12. Federal Award Identification Number: SU90TP550000	13. Name of Federal Awarding Agency: DHHS
14. Federal Award Date: 7/1/2012	15. Total Amount of the Federal Award: \$23,007,756
16. CFDA Number and Name: 93.074; TP12-1201 HPP and PHEP Cooperative Agreements	
17. Amount Obligated this Action: \$3,600.00	18. Total Amount Obligated To-Date: \$10,675.00
19. State Agency Approved Indirect Rate: 10.5	20. Sub-Recipient Approved Indirect Rate: NA
21. Research & Development (R&D) (Yes/No): No	
22. Federal Award Project Description: Hospital Preparedness and Public Health Emergency Preparedness	

#### Federal Award 2

12. Federal Award Identification Number:	13. Name of Federal Awarding Agency:
14. Federal Award Date:	15. Total Amount of the Federal Award:
16. CFDA Number and Name:	
17. Amount Obligated this Action:	18. Amount Obligated To-Date:
19. State Agency Approved Indirect Rate:	20. Sub-Recipient Approved Indirect Rate:
21. Research & Development (R&D) (Yes/No):	
22. Federal Award Project Description:	

**ADDENDUM I**  
**Scope of Work**  
**MEDS Municipality Agreement**  
**September 1, 2016 – May 31, 2017**  
**Modification # 2**

**Scope of Work:**

“The Agency” under the terms and conditions of this Agreement, agrees to the following:

This contract supports the grant program initiatives set forth in the US Department of Health and Human Services, Centers for Disease Control and Prevention’s Public Health Emergency Preparedness (PHEP) Cooperative Agreement’s Strategic National Stockpile (SNS) Program (including Rhode Island’s **Medical Emergency Distribution System (MEDS) Program**). The “Municipality” (Grantee) named in this contract agrees to provide proof of completion of the following critical benchmark deliverable items as outlined below following federal guidelines set forth within the PHEP grant program. Failure to complete any one item may be construed as a breach of contract and a cause to withhold payment for all items.

**DELIVERABLE 1 - MEDS-POINT OF DISPENSING (POD) PLAN**

Purpose and Goal: To ensure that the municipality has an updated MEDS-POD plan that can be operationalized and that POD site plans are realistic and accurate.

**Deliverable 1 – Objective 1: POD Site Visit**

Dollar Amount: \$200.00

- **Activity 1:** Municipality and Rhode Island Department of Health (RIDOH) SNS Staff shall set a date, time, and location for an in-person site visit of at least one approved primary POD site with the following personnel present:
  - Municipality Chief MEDS Planner / Manager  
(listed in the Municipal MEDS-POD Plan, Attachment 2: Key Contacts & Staffing Resources)
  - POD Site Administrator (e.g., Principal, Assistant Principal, Superintendent, as listed in the Municipal MEDS-POD Plan, Attachment 3: POD Site-Specific Plans)
  - POD Site Facilities Staff (e.g., custodian or maintenance staff, as listed in Municipal MEDS-POD Plan, Attachment 3: POD Site-Specific Plans)
  - RIDOH SNS Staff
- **Activity 2:** During the site visit, SNS Staff will conduct a review of the MEDS-POD plan and complete a site visit survey in conjunction with the Chief MEDS Planner / Manager.

Period of Performance: Site visits should be conducted between September 1, 2016 and December 1, 2016

Deliverable: Invoice and supporting documentation (listed below) must be submitted to RIDOH within thirty (30) days of accomplishing the deliverable, but no later than May 31, 2017. RIDOH will review and approve the following required documentation for successful completion of this deliverable:

Completed POD Site Survey, signed by those specified in Activity #1

Submission of Site Visit Sign-in sheet

### **Deliverable 1 – Objective 2: Update MEDS-POD Plan**

Dollar Amount: \$200.00

- **Activity 1:** The Municipal MEDS Planner shall use the checklist from the site visit and associated feedback from SNS Staff to make updates to the MEDS-POD plan and document in the record of change log.
- **Activity 2:** The Municipal MEDS Planner shall incorporate feedback from previous plan submissions and prior year corrective action plans into the MEDS-POD plan.

Period of Performance: MEDS Plan updates should be completed between September 1, 2016 and March 1, 2017.

Deliverable: Invoice and supporting documentation (listed below) must be submitted to RIDOH within thirty (30) days of accomplishing the deliverable, but no later than May 31, 2017. RIDOH will review and approve the following required documentation for successful completion of this deliverable:  
Updated MEDS-POD Plan including a completed record of change log documenting the changes made to the plan.

### **Deliverable 1 – Objective 3: Annual and quarterly MEDS Activities**

Dollar Amount: 200.00

- **Activity 1:** The Municipal MEDS Planner shall conduct an annual MEDS-POD multidisciplinary plan review meeting with plan stakeholders.
- **Activity 2:** The Municipal MEDS Planner shall ensure that plan stakeholders have been involved in the planning process and have signed the certificate of review within the past three years. If significant changes have been made to the plan since it was last signed, stakeholders must review and sign again.
- **Activity 3:** The Municipal MEDS Planner shall conduct and document quarterly call-down drills with POD Command Staff and Volunteer Staff. Documentation of drills must measure staff performance for each of the required operations and response activities (notification, acknowledgement, and availability to assemble) and be provided to RIDOH.
- **Activity 4:** The Municipal MEDS Planner shall conduct quarterly communications checks of all redundant communications systems to be used during a POD activation. (Communications systems listed in the MEDS-POD Plan, Attachment 6: Tactical Communications Plan should be tested quarterly and this testing documented on the record of change log.)

*Note: Suggested calendar year drill schedule (Q1-March, Q2-June, Q3-September, Q4-December). Real-world events involving POD Staff may be substituted for a call-down drill as long as they take place within one of the listed quarters and appropriate documentation, as described in Activity 3, is maintained.*

Period of Performance: These activities should occur from September 1, 2016 to May 31, 2017.

Deliverable: Invoice and supporting documentation (listed below) must be submitted to RIDOH within thirty (30) days of accomplishing the deliverable, but no later than May 31, 2017. RIDOH will review and approve the following required documentation for successful completion of this deliverable:

- ☐ Sign-in roster from plan review meeting or a record of change sheet signed by all parties on the date of the plan review meeting.

- ☐ Documentation of staff and volunteer call-down drills indicating the number of notifications, percent of acknowledgement, and number of personnel available.
- ☐ Documentation that all redundant communications systems from the MEDS-POD Plan, Attachment 6: Tactical Communications Plan have been tested on a quarterly basis.

## **DELIVERABLE 2 – MEDS-POD TRAINING**

**Purpose and Goal:** The purpose of the training is to provide participants with position-specific knowledge of POD functions through the instruction of RIDOH staff. The goal is to conduct hands-on training in a format that will provide real-world experience that cannot be gained through classroom instruction alone.

**Deliverable 2 – Objective 1: Attendance and participation in a Medical Countermeasures (MCM) Training Course.**

Dollar Amount: \$2,500.00

- **Activity 1:** Municipality will send a minimum number (detailed below) of their MEDS-POD Plan staff to a one-day Medical Countermeasures (MCM) Training Course. The MCM Training Course will be offered at two locations on two dates to accommodate volunteers and professional staff.

For those municipalities that require only one (1) Primary POD – Minimum of 10 Staff

For those municipalities that require two or three (2-3) primary PODs – Minimum of 15 Staff

For those municipalities that require four (4+) or more primary PODs – Minimum of 20 Staff

Period of Performance: Training will be conducted on two dates during the contract period (September 1, 2016 – May 1, 2017)

Deliverable: Invoice and supporting documentation (listed below) must be submitted to RIDOH within thirty (30) days of accomplishing the deliverable, but no later than May 31, 2017. RIDOH will review and approve the following required documentation for successful completion of this deliverable:

- ☐ Municipality will send the required minimum number of staff representatives from their MEDS-POD Plan staff to participate in either offering of the MCM Training Course.
- ☐ Participants will sign in on the official class roster.

## **DELIVERABLE 3 - EXERCISE**

**Medical Emergency Distribution System (MEDS) Point-of-Dispensing (POD) Exercise**

Purpose and Goal: To assess and improve MEDS-POD preparedness and response through a group exercise, planned and conducted by RIDOH, using the tenets of the Homeland Security Exercise and Evaluation Program (HSEEP).

**Deliverable 3 - Objective 1: Participate in one HSEEP-compliant MEDS-POD exercise and identify corrective actions.**

Dollar Amount: \$500.00

- **Activity 1:** The municipality shall participate in one HSEEP-compliant MEDS-POD exercise (discussion or operations-based) administered by RIDOH.

- **Activity 2:** The municipality shall provide a written summary of their municipality-specific AAR/IP items to RIDOH using the After Action Report (AAR) and Improvement Plan Template provided by RIDOH.

Period of Performance: Exercise will be conducted between March 1, 2017 and May 1, 2017

Deliverable: Invoice and supporting documentation (listed below) must be submitted to RIDOH within thirty (30) days of accomplishing the deliverable, but no later than May 31, 2017. RIDOH will review and approve the following required documentation for successful completion of this deliverable:

- ☐ Confirmation of participation in one HSEEP-compliant MEDS-POD exercise (discussion or operations-based) administered by RIDOH (as confirmed by the Deliverable #3 checklist).
- ☐ The municipality shall provide a written summary of their municipal-specific AAR/IP items of the above mentioned exercise to RIDOH by the contract termination date.
- ☐ The municipality shall have all participants sign in for the exercise and provide the exercise sign-in sheet to RIDOH with the names and titles of all exercise participants.

**APPENDIX III**  
**DELIVERABLE BUDGET**  
Municipal MEDS-POD Agreement  
September 1, 2016 – May 31, 2017  
Modification #2

The Contractor estimates that the budget for allowable expenses for work to be performed under this Agreement is as follows:

Upon completion of each deliverable, the Grantee shall be reimbursed as follows:			
<b>Deliverable. Objective</b>	<b>Title</b>	<b>Period of Performance</b>	<b>Amount</b>
<b>1</b>	<b>MEDS-POD Plan</b>		
1.1	POD Site Visit	September 1 – December 1, 2016	\$200.00
1.2	Update MEDS-POD Plan	September 1, 2016 – March 1, 2017	\$200.00
1.3	Annual and quarterly MEDS Activities	September 1, 2016 – May 1, 2017	\$200.00
<b>2</b>	<b>MEDS-POD Training</b>		
2.1	Medical Countermeasures (MCM) Training Course	September 1, 2016 – May 1, 2017	\$2,500.00
<b>3</b>	<b>Exercise</b>		
3.1	Participation in one HSEEP-Consistent MEDS-POD Exercise and identify corrective actions	September 1, 2016 – May 1, 2017	\$500.00
<b>Total:</b>			<b>\$3,600.00</b>

It is understood and agreed that the amounts indicated above for the several line items are estimates of expenditures to be incurred by the Contractor on behalf of this Agreement and to be claimed by the Contractor for reimbursement under this Agreement. It is further understood and agreed that actual variations shall not in themselves be cause for disallowance of reimbursement by RIDOH; provided, however, that the Contractor shall notify and obtain the approval of the contract officer, in writing, if expenditures to be claimed for reimbursement in any line item above shall begin to vary significantly from the estimate given above; and provided further, that unless permission of the contract officer shall have been obtained in advance, no expenditure shall be claimed by the Contractor for reimbursement by RIDOH under this Agreement if such expenditure shall have been incurred in a line item category not listed above. All transfer of funds between budget line items require prior written approval by the Department of Health.