



**Heluna Health**  
EMPOWERING POPULATION  
HEALTH INITIATIVES SINCE 1969

13300 Crossroads Parkway North, Suite 450 | City of Industry, CA | 91746  
Phone: 800.201.7320 | Fax: 562.205.2453 | [www.helunahealth.org](http://www.helunahealth.org)

## WORK ORDER AGREEMENT

This Work Order Agreement (this "Agreement") is hereby made by and between Public Health Foundation Enterprises, Inc. DBA Heluna Health, a 501(c)(3) California nonprofit corporation (hereafter "**HELUNA HEALTH**", or "**Client**"), and the County of Monterey on behalf of the Monterey County Health Department, identified below (hereafter "**Local Health Department**") and sets forth the terms and conditions between Client and Local Health Department, for agreed services, as required by the Client, and as stated in this Agreement. This Agreement does not designate Local Health Department as the agent or legal representative of HELUNA HEALTH for any purpose whatsoever. (HELUNA HEALTH and Local Health Department shall be referred to herein individually as a "party" and collectively as the "parties").

### I. IDENTIFIED PARTIES

**CLIENT**  
Heluna Health  
13300 Crossroads Parkway North, Suite 450  
City of Industry, CA 91746  
[www.helunahealth.org](http://www.helunahealth.org)  
ATTN: Rochelle McLaurin, Deputy Director  
[ELCCOVID19Invoices@helunahealth.org](mailto:ELCCOVID19Invoices@helunahealth.org)

**LOCAL HEALTH DEPARTMENT**  
Monterey County Health Department  
1270 Natividad Road  
Salinas, CA 93906  
ATTN: Elsa Jimenez, Director of Health  
[Jimenezem@co.monterey.ca.us](mailto:Jimenezem@co.monterey.ca.us)  
(831) 755-4526

Grant#: 6NU50CK000539-01-08 DHHS-CDC CFDA#: 93.323

Program#: 0187.3180

- II. **TERM.** Unless otherwise terminated or extended by written notice, the term of this Agreement shall commence on 5/1/2020 and end on 3/31/2022.
- III. **SERVICES AND COMPENSATION.** Local Health Department shall perform the services (the "Services") described below and as described in Attachment A, Statement of Work ("SOW") attached hereto and incorporated herein by this reference. The Services will take place at the location as referenced in Section 1. Identified Parties for Local Health Department and at such other location as may be set forth in the SOW.
- (a) **Services.** Local Health Department shall perform all services as stated in the SOW. Local Health Department shall perform the Services in accordance with generally accepted professional standards and in an expeditious and economical manner consistent with sound professional practices. Local Health Department maintains and shall maintain at all times during the term of this Agreement all applicable federal, state and local business and other licenses, including any professional licenses or certificates, industrial permits and/or licenses, industry specific licenses, licenses required by the state(s) and/or locality(s) in which it does business, fictitious business names, if applicable, federal tax identification numbers, insurance, and anything else required of Local Health Department as a business operator or to perform the Services.
- (b) **Payment.** HELUNA HEALTH agrees to compensate the Local Health Department on a **Cost-Reimbursable Contract. See Attachment A "Budget" for line item budget detail.** Local Health Department shall be compensated only for Services actually performed and required as set forth herein and any services in excess will not be compensated. The total compensation payable to the Local Health Department hereunder shall be as set forth below: A total to not exceed **\$319,618.00**.  
If for any reason Local Health Department receives an overpayment of amount described above, Local Health Department shall promptly notify HELUNA HEALTH or such and repay said amount to HELUNA HEALTH within 10 days of demand for such repayment.
- (c) **Invoice.** Invoices shall be submitted: **Monthly, No Later than 30 Days after month end. See Attachment C for "Required Invoice Template."** Payment for all undisputed amounts of submitted invoices shall be paid no later than 30 days after HELUNA HEALTH's receipt of the invoice and required back up documentation. Local Health Department shall submit invoices to the attention of the contact person identified by HELUNA HEALTH. All final invoices must be received within 45 days of the expiration or termination of this Agreement or within such earlier time period as HELUNA HEALTH may require. If any invoices are not submitted within such time periods, Local Health Department waives all rights to payment under such invoices. Local Health Department shall be solely responsible for the payment of all federal, state and local income taxes, social security taxes, federal and state unemployment insurance and similar taxes and all other assessments, taxes, contributions or sums payable with respect to Local Health Department or its employees as a result of or in connection with the Services performed by Local Health Department hereunder.
- (d) **Budget Modifications.**  
The budget may be modified accordingly:
- Informal Budget Modification: Two (2) times throughout the term of this agreement. The informal budget modification must be a change of <10% of the total budget. The request must be in writing to [ELCCOVID19Invoices@helunahealth.org](mailto:ELCCOVID19Invoices@helunahealth.org). Any informal budget modification request must be submitted thirty (30) days before the end of the agreement term.
  - Formal Budget Modification: Two (2) times throughout the term of this agreement. The formal budget modification must be a change of 10% or greater of the total budget. The request must be in writing on agency letterhead to [ELCCOVID19Invoices@helunahealth.org](mailto:ELCCOVID19Invoices@helunahealth.org). Any formal budget modification request must be submitted sixty (60) days before the end of the agreement term.
- IV. **INSURANCE.** Local Health Department, at its sole cost and expense, shall at all times during the term of this Agreement maintain the insurance coverage set forth on Attachment B, attached hereto and incorporated herein by this reference, on the terms and conditions described therein. Evidence of such insurance coverage shall be provided to HELUNA HEALTH by Local Health Department prior to commencing performance of the Services under this Agreement in the form of a Certificate of Insurance or Certificate of Self-Insurance.

V. **AUTHORIZED SIGNERS.** The undersigned certify their acknowledgment of the nature and scope of this agreement and support it in its entirety.

\_\_\_\_\_  
**Signature & Date**  
Heluna Health

\_\_\_\_\_  
**Signature & Date**  
Monterey County Health Department

\_\_\_\_\_  
**Name & Title**

\_\_\_\_\_  
**Signature & Date**

\_\_\_\_\_  
**Name & Title**

DocuSigned by:  
*Marina Pantchenko* 1/5/2021 | 11:03 AM PST  
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\_\_\_\_\_  
**Signature & Date**

Marina Pantchenko Deputy County Counsel

\_\_\_\_\_  
**Name & Title**

DocuSigned by:  
*Gary Giboney* 1/5/2021 | 11:06 AM  
D3834BFEC1D8449...

Gary Giboney

Chief Deputy Auditor-Cc

## TERMS AND CONDITIONS

1. **INDEPENDENT LOCAL HEALTH DEPARTMENT RELATIONSHIP.** Nothing herein is intended to place the parties in the relationship of employer-employee, partners, joint venturers, or in anything other than an independent Local Health Department relationship. Local Health Department shall not be an employee of HELUNA HEALTH for any purposes, including, but not limited to, the application of the Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, the State Revenue and Taxation Code relating to income tax withholding at the source of income, the Workers' Compensation Insurance Code 401(k) and other benefit payments and third party liability claims.

Local Health Department shall retain sole and absolute discretion and judgment in the manner and means of carrying out Local Health Department's Services hereunder. Local Health Department is in control of the means by which the Services are accomplished. Any advice given to Local Health Department regarding the Services shall be considered a suggestion only, not an instruction. HELUNA HEALTH retains the right, but does not have the obligation, to inspect, stop, or alter the work of Local Health Department to assure its conformity with this Agreement. Local Health Department shall be responsible for completing the Services in accordance with this Agreement and within the time period and schedule set forth in the SOW, but Local Health Department will not be required to follow or establish a regular or daily work schedule.

2. **FEDERAL, STATE, AND LOCAL PAYROLL TAXES.** Neither federal, nor state, nor local income tax nor payroll taxes of any kind shall be withheld or paid by HELUNA HEALTH on behalf of Local Health Department or the employees of Local Health Department. Local Health Department shall not be treated as an employee with respect to the services performed hereunder for federal or state tax purposes.

Local Health Department understands that Local Health Department is responsible to pay, according to law, Local Health Department's income taxes. If Local Health Department is not a corporation or other legal entity, Local Health Department further understands that Local Health Department may be liable for self-employment (social security) tax, to be paid by Local Health Department according to law. Local Health Department agrees to defend, indemnify and hold HELUNA HEALTH harmless from any and all claims made by federal, state and local taxing authorities on account of Local Health Department's failure to pay any federal, state or local income and self-employment taxes or other assessments due as a result of Local Health Department's Services hereunder. Furthermore, to avoid conflict with federal or state regulations, Local Health Department will not be eligible for employment with HELUNA HEALTH within the same calendar year in which Local Health Department performed services for HELUNA HEALTH.

3. **FRINGE BENEFITS.** Because Local Health Department is an independent entity, Local Health Department is not eligible for, and shall not participate in, any HELUNA HEALTH pension, health, or other fringe or employee benefit plans. Only personnel hired as HELUNA HEALTH employees will receive fringe benefits.
4. **WORKERS' COMPENSATION.** No workers' compensation insurance shall be obtained by HELUNA HEALTH concerning Local Health Department or the employees of Local Health Department. All persons hired by Local Health Department to assist in performing the tasks and duties necessary to complete the Services shall be the employees of Local Health Department unless specifically indicated otherwise in an agreement signed by all parties. Local Health Department shall immediately provide proof of insurance, including Workers' Compensation insurance and General Liability insurance, covering said employees, upon request of HELUNA HEALTH.
5. **EQUIPMENT AND SUPPLIES.** Local Health Department or Jurisdiction shall provide all necessary equipment, materials and supplies required by Local Health Department to perform the Services.
6. **TERMINATION.** HELUNA HEALTH may terminate this Agreement without cause at any time by giving written notice to Local Health Department at least 30 days prior to the effective date of termination. Either party may terminate this Agreement with reasonable cause effective immediately by giving written notice of termination for reasonable cause to the other party. Reasonable cause shall mean: (A) material violation or breach of this Agreement; (B) any act of the other party that exposes the terminating party to liability to others for personal injury or property damage or any other harm, damage or injury; (C) cancellation or reduction of funding affecting the Program affecting the Services; or (D) improper use of funds. In the event this Agreement is terminated for reasonable cause by HELUNA HEALTH, Local Health Department shall not be relieved of any liability to HELUNA HEALTH for damages and HELUNA HEALTH may withhold any payments to Local Health Department for the purpose of setoff until such time as the actual amount of damages due to HELUNA HEALTH from Local Health Department is determined.

If applicable, upon the expiration or termination of this Agreement, Local Health Department shall immediately return to HELUNA HEALTH all computers, cell phones, smart phones, computer programs, files, documentation, user data, media, related material, finished or unfinished documents, studies, reports and any and all Confidential Information (as defined below) and Work Product (as defined below).

HELUNA HEALTH shall have the right to withhold final payment to Local Health Department until all such items are returned to HELUNA HEALTH.

These Terms and Conditions and any other provisions of this Agreement that by their nature should or are intended to survive the expiration or termination of this Agreement shall survive and the parties shall continue to comply with the provisions of this Agreement that survive. Notwithstanding any termination that may occur, each party shall continue to be responsible for carrying out all the terms and conditions required by law to ensure an orderly and proper conclusion.

7. **COMPLIANCE WITH LAWS.** Local Health Department shall comply with all state and federal statutes and regulations applicable to Local Health Department, the Services and the Program in performing Local Health Department's obligations under this Agreement. Local Health Department represents and warrants that neither Local Health Department nor its principals or personnel are presently, nor will any of them be during the term of this Agreement, debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or funding agency.
8. **HIPAA (if applicable).** In the event that Local Health Department's performance under this Agreement may expose Local Health Department to individually identifiable health information or other medical information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended, and any regulations promulgated in connection thereto, then Local Health Department agrees to execute and deliver a copy of HELUNA HEALTH's standard Business Associate Agreement or Business Associate sub Local Health Department Agreement, as applicable, as required by HIPAA.
9. **CALIFORNIA PUBLIC RECORDS ACT.** The County of Monterey is a public agency subject to disclosure requirements of the California Public Records Act ("CPRA"). If HELUNA HEALTH's proprietary or otherwise confidential information is contained in documents submitted to County, and HELUNA HEALTH claims that such information falls within one or more CPRA exemptions, HELUNA HEALTH must clearly mark such information "CONFIDENTIAL AND PROPRIETARY," and identify the specific lines containing the information. In the event of a request for such information, the County will provide notice to HELUNA HEALTH prior to such disclosure. If HELUNA HEALTH contends that any documents are exempt from CPRA and wishes to prevent disclosure, it will coordinate with the County of Monterey on possible non-disclosure of confidential information.
10. **CONFIDENTIALITY AND NON-DISCLOSURE.** HELUNA HEALTH and County of Monterey agree that during the course of this Agreement, if information is exchanged that is deemed confidential, County of Monterey agrees to hold any and all Confidential Information in the strictest of confidence. County of Monterey expressly acknowledges that the Confidential Information constitutes confidential, valuable, special and unique assets of HELUNA HEALTH or, if applicable, any third-parties (i.e. Federal Government) who may have disclosed Confidential Information to HELUNA HEALTH and that the Confidential Information belongs to and shall remain the property of HELUNA HEALTH and such third-parties. County of Monterey agrees to afford HELUNA HEALTH protection against any unauthorized use of the Confidential Information or any use of the Confidential Information in any manner that may be detrimental to HELUNA HEALTH.
11. **NON-SOLICITATION OF EMPLOYEES.** During the term of this Agreement and for two years following its termination, Local Health Department shall not induce, encourage, or advise any person who is employed by or is engaged as an agent or independent Local Health Department by HELUNA HEALTH to leave the employment of HELUNA HEALTH or otherwise raid the employees of HELUNA HEALTH, without the express written consent of HELUNA HEALTH. Nothing contained in this paragraph shall constitute a waiver by HELUNA HEALTH of any rights it may have if Local Health Department engages in actionable conduct after the two-year period referred to above.
12. **WORKS FOR HIRE. RESERVED.**
13. **INDEMNITY.** Local Health Department hereby agrees to indemnify, hold harmless and defend HELUNA HEALTH, its board of trustees, officers, directors, agents, Local Health Departments, subcontractors, employees, affiliated companies, representatives, and agents (collectively, the "Local Health Department Indemnified Parties") from and against any and all claims, causes of action, costs, demands, lawsuits, expenses (including, without limitation, attorney's fees and costs), interest, penalties, losses, damages, settlements, liabilities, and any and all amounts paid in investigation or defense incurred by any of the Local Health Department Indemnified Parties arising out of or resulting from: (i) Local Health Department's (or its agents', subcontractors' or employees') performance of the Services; (ii) Local Health Department's (or its agents', subcontractors' or employees') default, non-performance or breach of this Agreement, including any representations, warranties, or certifications; (iii) any alleged or actual acts or omissions of Local Health Department (or its agents, subcontractors or employees) relating to services provided outside the scope of

this Agreement; or (iv) Local Health Department's (or its agents', subcontractors' or employees') violation of any federal, state or local law or regulation.

If any lawsuit, enforcement or other action is filed against any of the Local Health Department Indemnified Parties Local Health Department for which the Local Health Department Indemnified Parties are entitled to indemnification pursuant to this Agreement, Local Health Department and such other Local Health Department Indemnified Parties may elect to have Local Health Department, Local Health Department's sole expense, take control of the defense and investigation of such lawsuit or action using attorneys, investigators and others reasonably satisfactory to Local Health Department. The parties shall cooperate in all reasonable respects with the investigation, trial, and defense of any such lawsuit or action and any appeal arising from it. The terms of this section shall survive the termination of this Agreement.

14. **RECORD RETENTION AND ACCESS TO RECORDS.** Local Health Department agrees to retain all books, documents, papers, files, accounts, fiscal data, records, and reports relating to this Agreement or the Services, including, but not limited to, evidence pertaining costs and expenses, payment information, accounts of services provided and any other information or documentation related to Local Health Department's performance under this Agreement. Local Health Department shall retain all such records for a period of not less than seven (7) years after final payment is made under this Agreement and all pending matters are closed or longer if required by (i) HELUNA HEALTH's record retention policy, (ii) the Program, or (iii) any other applicable laws or regulations, including under the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards issued by the federal Office of Management Budget codified at 2 CFR Part 200 ("Uniform Guidance") and Federal Acquisition Regulation (FAR) System regulations at 48 CFR 4.700 et seq. Notwithstanding the foregoing, in the event any litigation, claim, negotiation, audit or other action is commenced prior to the expiration of the aforementioned retention period, all records related to such litigation, claim, negotiation, audit or other action shall be retained until full completion and resolution of the litigation, claim, negotiation, audit or other action.

Local Health Department agrees that HELUNA HEALTH, the Program, the U.S. Comptroller General and their respective authorized representatives or designees shall have the right, upon demand, to access, examine, copy, audit or inspect any and all of the records described in this section, including on-site audits, reviews and copying of records. The terms of this section shall survive expiration or termination of the Agreement.

15. **AMENDMENTS.** Amendments to this Agreement shall be in writing, signed by the party to be obligated by such amendment and attached to this Agreement.
16. **GOVERNING LAW; VENUE.** This Agreement shall be interpreted, construed and governed by, in accordance with and consistent with the laws of the State of California without giving effect to its conflicts of laws principals. The sole, exclusive and proper venue for any proceedings brought to interpret or enforce this Agreement or to obtain a declaration of the rights of the parties hereunder shall be Los Angeles County, California. Each of the parties hereto submits to the exclusive personal jurisdiction of the courts located in Los Angeles County, California and waives any defense of forum non conveniens.
17. **EQUITABLE RELIEF.** In light of the irreparable harm to HELUNA HEALTH that a breach by Local Health Department of Sections 9, 10 and 11 of these Terms and Conditions would cause, in addition to other remedies set forth in this Agreement and other relief for violations of this Agreement, HELUNA HEALTH shall be entitled to enjoin Local Health Department from any breach or threatened breach of such Sections, to the extent permitted by law and without bond.
18. **FAIR INTERPRETATION.** The language appearing in all parts of this Agreement shall be construed, in all cases, according to its fair meaning in the English language, and not strictly construed for or against any party hereto. This Agreement has been prepared jointly by the parties hereto after arm's length negotiations and any uncertainty or ambiguity contained in this Agreement, if any, shall not be interpreted or construed against any party, but according to its fair meaning applying the applicable rules of interpretation and construction of contracts.
19. **NO WAIVER.** No failure or delay by any party in exercising a right, power or remedy under the Agreement shall operate as a waiver of any such right or other right, power or remedy. No waiver of, or acquiescence in, any breach or default of any one or more of the terms, provisions or conditions contained in this Agreement shall be deemed to imply or constitute a waiver of any other or succeeding or repeated breach or default hereunder. The consent or approval by any party hereto to or of any act of the other party hereto requiring further consent or approval shall not be deemed to waive or render unnecessary any consent or approval to or of any subsequent similar acts.
20. **NOTICES.** Any notice given in connection with this agreement shall be in writing and shall be delivered either by hand to the party or by certified mail, return receipt requested, to the party at the party's address stated in Section 1: Identified Parties. Any party may change its address stated herein by giving notice of the change in accordance with this paragraph.
21. **REMEDIES NON-EXCLUSIVE.** Except where otherwise expressly set forth herein, all remedies provided by this Agreement shall be deemed to be cumulative and additional and not in lieu of or exclusive of each other or of any other remedy available to the respective parties at law or in equity.
22. **SEVERABILITY.** If any term, provision, condition or other portion of this Agreement is determined to be invalid, void or unenforceable by a forum of competent jurisdiction, the same shall not affect any other term, provision, condition or other portion hereof, and the remainder of this Agreement shall remain in full force and effect, as if such invalid, void or unenforceable term, provision, condition or other portion of this Agreement did not appear herein.
23. **NON-ASSIGNABILITY.** This agreement shall not be assigned, in whole or in part, by Local Health Department without the prior written approval and consent of HELUNA HEALTH.
24. **COUNTERPARTS.** This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and all of which together shall constitute one instrument. Any signed counterpart delivered by electronic mail or facsimile shall be deemed for all purposes to constitute such party's good and valid execution and delivery of this Agreement.
25. **FEDERAL TERMS AND CONDITIONS.**
- a. **Equal Employment Opportunity.** Except as otherwise provided under 41 CFR Part 60, to the extent this Agreement meets the definition of a "federally assisted construction contract" as set forth in 41 CFR Part 60-1.3, Local Health Department agrees at all times during the term of this Agreement to comply with and abide by the following: (i) the equal opportunity clause ("Equal Opportunity Clause") in 41 CFR 60-1.4(b) in accordance with Executive Order 11246, as amended by Executive Order 11375 and that the Equal Opportunity Clause is a part of this Agreement and incorporated herein by this reference; and (ii) the regulations implementing the Equal Opportunity Clause at 41 CFR Part 60 and that such implementing regulations are a part of this Agreement and incorporated herein by this reference.
  - b. **Contract Work Hours and Safety Standards Act.** To the extent this Agreement is in excess of \$100,000 and involves the employment of mechanics or laborers, Local Health Department agrees at all times during the term of this Agreement to comply with and abide by the terms of the Contract Work Hours and Safety Standards Act, codified at 40 U.S.C. 3701 et seq., as supplemented by regulations at 29 CFR Part 5, and that such terms and regulations are a part of this Agreement and incorporated herein by this reference.
  - c. **Clean Air Act and Federal Water Pollution Control Act.** To the extent this Agreement is in excess of \$150,000, Local Health Department agrees at all times during the term of this Agreement to comply with and abide by the standards, orders or regulations issued pursuant to the Clean Air Act, codified at 42 U.S.C. 7401 et seq. and the Federal Water Pollution Control Act codified at 33 U.S.C. 1251 et seq. Local Health Department further agrees to report any violations of the foregoing to HELUNA HEALTH and the Regional Office of the Environmental Protection Agency.
  - d. **Debarment and Suspension Certification.** Local Health Department certifies that neither Local Health Department nor any of Local Health Department's agents, sub Local Health Departments or employees who may perform services under this Agreement are debarred, suspended or excluded from participation in any federal assistance programs in accordance with Executive Orders 12549 and 12689 and its implementing guidelines. Local Health Department agrees to immediately notify HELUNA HEALTH if Local Health Department or any of Local Health Department's agents, sub Local Health Departments or employees who may perform services under this Agreement become debarred, suspended or excluded from participation in federal assistance programs or federal contract transactions.
  - e. **Byrd Anti-Lobbying Amendment Certification.** To the extent this Agreement is in excess of \$100,000, Local Health Department certifies that neither Local Health Department nor any of Local Health Department's agents, sub Local Health Departments or employees who may perform services under this Agreement have not used and will not use any Federally appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Local Health Department agrees to immediately notify HELUNA HEALTH if Local Health Department or any of Local Health Department's agents, sub Local Health Departments or employees who may perform services under this Agreement influence or attempt to influence any officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352.

**ATTACHMENT A**

**Statement of Work (SOW), Budget, and Reporting**

Statement of Work

<b>Activity 1 - Milestone 1</b>	<b>Activity 1: Establish or enhance ability to aggressively identify cases, conduct contact tracing and follow up, as well as implement recommended containment measures.</b>	
	Planned Activity <i>(Provide a title for this milestone)</i>	<i>Maintain sufficient workforce for conducting case investigations and contact tracing</i>
	Implementation Plan <i>(Bulleted items or brief sentences)</i>	<ul style="list-style-type: none"> <li>• <i>Conduct ongoing assessments of staffing levels needed to conduct timely case investigations and contact tracing</i></li> <li>• <i>Reassign department staff to contact tracing positions</i></li> <li>• <i>Recruit new staff and volunteers for contact tracing positions</i></li> <li>• <i>Provide contact tracing training to new staff and volunteers</i></li> </ul>
	Applicant capacity: What is the current capacity to perform this milestone?	<i>We continually assess staffing needs and fill positions as required by quantity of cases and contacts, our capacity to fill positions will be determined by need. These activities will be ongoing throughout the duration of the event.</i>
Expected Achieve By Date <i>(select from drop down)</i>		

<b>Activity 1 - Milestone 2</b>	<b>Activity 1: Establish or enhance ability to aggressively identify cases, conduct contact tracing and follow up, as well as implement recommended containment measures.</b>	
	Planned Activity <i>(Provide a title for this milestone)</i>	<i>Conduct case investigations and contact tracing</i>
Implementation Plan <i>(Bulleted items or brief sentences)</i>		<ul style="list-style-type: none"> <li>• <i>Receive reports of suspect/confirmed covid-19 cases from health care providers and laboratories.</i></li> <li>• <i>Notify each case and conduct a case investigation eliciting information related to risk, exposure, demographics and known contact and enter provided information into CalREDIE.</i></li> <li>• <i>Notify each elicited contact, conduct a contact investigation, enter contact information into LHD maintained system (when available, data will be entered into statewide system).</i></li> <li>• <i>Receive reports from CDPH that identify amounts confirmed and suspected cases in hospital and skilled nursing facility patients and staff.</i></li> <li>• <i>Work with health care facilities to identify contacts of confirmed health care cases and provide guidance to limit an outbreak in their facility.</i></li> </ul>

	<b>Applicant capacity: What is the current capacity to perform this milestone?</b>	<i>We are actively recruiting and reassigning staff to meet our current needs. Our capacity will be dependent upon future case/contact levels.</i>
	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	

<b>Activity 2 - Milestone 1</b>	<b>Activity 2: Improve morbidity and mortality surveillance</b>	
	Planned Activity (Provide a title for this milestone)	<i>Maintain Community Surveillance</i>
	Implementation Plan (Bulleated items or brief sentences)	<ul style="list-style-type: none"> <li>• <i>Increase laboratory testing and reporting to detect cases</i></li> <li>• <i>Encourage asymptomatic testing at community testing locations</i></li> <li>• <i>Receive reports of suspected and confirmed cases from health care providers and laboratories and enter data into CalREDIE</i></li> <li>• <i>Review death certificate data in the Electronic Death Registration System and cross reference with case data in CalREDIE.</i></li> <li>• <i>Extract and analyze case data</i></li> <li>• <i>As applicable, share surveillance data with stakeholders through internet publication, fax, social media, and email.</i></li> <li>• <i>Increase enrollment of Monterey county providers into electronic case reporting system</i></li> </ul>
	<b>Applicant capacity: What is the current capacity to perform this milestone?</b>	<i>Activity is being performed however we are actively recruiting and reassigning staff to increase capacity to fulfill this function.</i>
	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	

<b>Activity 3 - Milestone 1</b>	<b>Activity 3: Enhance laboratory testing and reporting capacity.</b>	
	Planned Activity (Provide a title for this milestone)	<i>Increase the Monterey County Public Health Laboratory testing capacity</i>
	Implementation Plan (Bulleated items or brief sentences)	<ul style="list-style-type: none"> <li>• <i>Increase amount of lab staff conducting covid-19 testing</i></li> <li>• <i>Purchase high throughput instruments for serology and PCR testing</i></li> <li>• <i>Implement additional FDE EUA approved testing methods as available</i></li> </ul>

	<b>Applicant capacity:</b> What is the current capacity to perform this milestone?	<i>The Monterey County Public Health Laboratory can conduct 150 test per day.</i>
	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	

<b>Activity 3 - Milestone 2</b>	<b>Activity 3: Enhance laboratory testing and reporting capacity.</b>	
	Planned Activity (Provide a title for this milestone)	<i>Coordinate with partners to increase community testing capacity</i>
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> <li>• <i>Inter laboratory reports received via fax into CalREDIE ELR module</i></li> <li>• <i>Promote the public's use of community testing locations</i></li> <li>• <i>Participate in planning meetings with state sponsored testing provider</i></li> <li>• <i>Assist hospital laboratories in acquiring covid testing equipment and supplies</i></li> <li>• <i>Establish partnerships with outside laboratories to increase testing capacity</i></li> </ul>
	<b>Applicant capacity:</b> What is the current capacity to perform this milestone?	<i>Each of the four hospitals in Monterey County can conduct COVID-19 testing and there is currently two state funded community testing locations located within the County.</i>
	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	

<b>Activity 4 - Milestone 1</b>	<b>Activity 4: Control COVID-19 in high-risk settings and protect vulnerable or high-risk populations.</b>	
	Planned Activity (Provide a title for this milestone)	<i>Mitigate Covid-19 Spread in health care settings</i>
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> <li>• <i>Provide information to health care facilities for accessing the CALOES health care worker housing program</i></li> <li>• <i>Through MHOAC program, assist healthcare facilities in obtaining needed PPE to decrease covid-19 spread.</i></li> <li>• <i>Receive and assess CDPH provided hospital and snf reports that contain case counts, on hand PPE, and anticipated staffing needs.</i></li> <li>• <i>Participate in weekly coordination calls with hospitals and skilled nursing facilities to share best practices, infection prevention strategies, preparations for surge, testing options, and resource requesting.</i></li> <li>• <i>Share guidance with health care facilities.</i></li> </ul>

	<b>Applicant capacity:</b> What is the current capacity to perform this milestone?	<i>The activities within this milestone are currently being performed.</i>
	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	

<b>Activity 4 - Milestone 2</b>	<b>Activity 4: Control COVID-19 in high-risk settings and protect vulnerable or high-risk populations.</b>	
	Planned Activity (Provide a title for this milestone)	<i>Mitigate Covid-19 Spread in non-health care high risk settings congregate settings</i>
	Implementation Plan (Bulleated items or brief sentences)	<ul style="list-style-type: none"> <li>• <i>Participate in weekly Access and functional needs meetings hosted by the Monterey county department of social services.</i></li> <li>• <i>Share guidance and recommendations with congregate living facilities for decreasing spread of covid-19.</i></li> <li>• <i>Receive lab reports of positive cases in congregate settings, initiate case investigations and share outbreak prevention guidance.</i></li> </ul>
	<b>Applicant capacity:</b> What is the current capacity to perform this milestone?	<i>The activities within this milestone are currently being performed.</i>
	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	

<b>Activity 4 - Milestone 3</b>	<b>Activity 4: Control COVID-19 in high-risk settings and protect vulnerable or high-risk populations.</b>	
	Planned Activity (Provide a title for this milestone)	<i>Mitigate covid-19 impacts to vulnerable populations</i>
	Implementation Plan (Bulleated items or brief sentences)	<ul style="list-style-type: none"> <li>• <i>Refer eligible individuals who cannot safely isolate or quarantine to county ran alternate house services.</i></li> <li>• <i>Conduct outreach encouraging older adults, individuals with chronic medical conditions and low income and impoverished families to seek appropriate and timely health care and not to delay essential services.</i></li> <li>• <i>Maintain COVID-19 hotline for vulnerable residents seeking immediate answers to questions about sheltering in place, PPE availability, testing sites, and other covid-19 related questions.</i></li> </ul>



	<b>Applicant capacity:</b> What is the current capacity to perform this milestone?	<i>The activities within this milestone are currently being performed.</i>
	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	

<b>Activity 5 - Milestone 1</b>	<b>Activity 5: Monitor and mitigate COVID-19 introductions from connected jurisdictions (i.e., neighboring cities, states; including air travel).</b>	
	Planned Activity (Provide a title for this milestone)	<i>Coordinate covid-19 response with neighboring jurisdictions</i>
	Implementation Plan (Bulleated items or brief sentences)	<ul style="list-style-type: none"> <li>• <i>Coordinate changes to Shelter-in-Place Orders with neighboring LHJs.</i></li> <li>• <i>Participate in tri-county (Monterey, Santa Cruz, and San Benito) planning meetings to address any impacts resulting from increase travel across county borders.</i></li> <li>• <i>Participate in the Association of Bay Area Health Officers Multi-Agency Coordination meetings.</i></li> </ul>
	<b>Applicant capacity:</b> What is the current capacity to perform this milestone?	<i>The activities within this milestone are currently being performed.</i>
	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	

<b>Activity 6 - Milestone 1</b>	<b>Activity 6: Work with healthcare system to manage and monitor system capacity.</b>	
	Planned Activity (Provide a title for this milestone)	<i>Maintain situational awareness of healthcare facility capacity</i>
	Implementation Plan (Bulleated items or brief sentences)	<ul style="list-style-type: none"> <li>• <i>Receive and assess CDPH hospital and SNF reports that contain data on suspected and confirmed patient and staff cases, ppe levels, bed availability, and critical needs.</i></li> <li>• <i>Participate in weekly coordination meetings with SNFs and hospitals.</i></li> <li>• <i>Receive reports of suspected and confirmed cases from health care</i></li> </ul>

		<p><i>providers and hospital laboratories and enter data into CalREDIE</i></p> <ul style="list-style-type: none"> <li>• <i>Through MHOAC program, assist healthcare facilities in obtaining needed PPE and medical equipment.</i></li> <li>• <i>increase enrollment of Monterey county providers into electronic case reporting system.</i></li> </ul>
	<p><b>Applicant capacity:</b> What is the current capacity to perform this milestone?</p>	<p><i>We are actively recruiting and reassigning staff to meet our current needs. Our capacity will be dependent upon future case/contact levels.</i></p>
	<p><b>Expected Achieve By Date</b> <i>(select from drop down)</i></p>	

<b>Activity 7 - Milestone 1</b>	<b>Activity 7: Improve understanding of jurisdictional communities with respect to COVID-19 risk.</b>	
	Planned Activity (Provide a title for this milestone)	<i>Identify disparate impacts to communities in Monterey County</i>
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> <li>• <i>Collect and record case demographics including age, race and ethnicity, zip code, employment industry, co-morbidities, and exposure risk.</i></li> <li>• <i>Share cumulative case demographics via internet publication.</i></li> </ul>
	Applicant capacity: What is the current capacity to perform this milestone?	<i>We are actively recruiting and reassigning staff to meet our current needs. Our capacity will be dependent upon future case/contact levels.</i>
	Expected Achieve By Date <i>(select from drop down)</i>	

<b>Activity 7 - Milestone 2</b>	<b>Activity 7: Improve understanding of jurisdictional communities with respect to COVID-19 risk.</b>	
	Planned Activity (Provide a title for this milestone)	<i>Document complaints received by LHJ</i>
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> <li>• <i>Record and analyze violation/compliance complaints received by LHJ COVID-19 call center.</i></li> <li>• <i>Receive and address complaints received about businesses regulated by MCHD environmental health.</i></li> </ul>

	<b>Applicant capacity:</b> What is the current capacity to perform this milestone?	<i>The activities within this milestone are currently being performed.</i>
	<b>Expected Achieve By Date</b> (select from drop down)	

**Budget**

Expenditure Type	Expenditure Name	Max # of Hours (if hourly employee)	(if available) Monthly Salary/Hourly Range (per budget)	Salary/Hourly Rate	Total % Budgeted	Months Position Budgeted	Original Budget
Position Title	Public Health Epi II Salary		5,842-7,975	6,857.00	1 FTE	20 Months Salary	\$ 137,140.00
Position Title	Temp Office Assistant II Salary		2,756-3,764	3,236.00	1 FTE	7.5 Months Salary	\$ 24,536.10
<b>Total Salaries and Wages</b>							<b>\$ 161,676.10</b>
Fringe	Public Health Epi II Fringe			4228.75		20 Months Benefits	\$ 84,575.00
<b>Total Fringe Benefits</b>					0.00%		<b>\$ 84,575.00</b>
<b>Total Personnel</b>							<b>\$ 246,251.10</b>
<b>Other Costs</b>							
Information Tech and Telecommunications	EPI II's telephone equipment and local phone service, email, internet connection, enterprise cost, interface system service, and maintenance (20 months X 431.66 per month)						\$ 8,633.20
Information Tech and Telecommunications	OA II's telephone equipment and local phone service, email, internet connection, enterprise cost, interface system service, and maintenance (7.5 months X 431.66 per month)						\$ 3,237.45
<b>Total Other Costs</b>							<b>\$ 11,870.65</b>
<b>Total Direct Cost</b>							<b>\$ 258,121.75</b>
FA - Indirect (Use CDPH Approved Cost Rate for ICR)		25.0%	Indirect Type				\$ 61,496.25
<b>Total Budget</b>							<b>\$ 319,618.00</b>

**Total not to exceed \$319,618.00.**

**Reporting**

**Progress Reports**

Progress reports are due quarterly by the 30<sup>th</sup>/31<sup>st</sup> of the month following the end of the quarter. Progress report will be emailed by the due date to [ELCCOVID19@helunahealth.org](mailto:ELCCOVID19@helunahealth.org).

**Mandatory Grant Disclosures**

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations

of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Tonya M. Jenkins, Grants Management Specialist  
Time Solutions LLC  
Office of Grants Services (OGS)  
Office of Financial Resources (OFR)  
Office of the Chief Operating Officer (OCOO)  
Centers for Disease Control and Prevention (CDC)  
pjo6@cdc.gov | 404-498-2399 office

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

## ATTACHMENT B

### **Insurance Coverage Requirements**

Local Health Department (and any sub Local Health Department may use if permitted under the Agreement) shall, at its own expense, obtain and maintain the following self-insurance coverage during all periods while providing services under the Agreement:

#### General Liability Insurance

- (a) Coverage on an occurrence basis of all operations and premises, independent Local Health Departments, products, completed operations, explosion, collapse and underground hazards, broad form contractual liability, personal injury (including bodily injury and death), broad form property damage (including completed operations and loss of use) and additional insured endorsement.
- (b) The minimum limits of liability under this insurance requirement shall be not less than the following:
  - (i) General Aggregate Limit \$2,000,000
  - (ii) Each Occurrence \$1,000,000

#### Workers Compensation & Employer's Liability Insurance

Coverage in accordance with all applicable state laws reflecting the following limits of liability

- (b) Workers' Compensation:
  - (i) California Statutory Benefits
- (b) Employer's Liability:
  - (i) \$1,000,000 Bodily Injury each Accident
  - (ii) \$1,000,000 Bodily Injury by Disease – Policy Limit
  - (iii) \$1,000,000 Bodily Injury by Disease – Each Employee

#### Comprehensive Automobile Liability Insurance

Coverage for all owned, hired and non-owned vehicles with limits not less than \$1,000,000 combined single limit, bodily injury and property damage liability per occurrence with no annual aggregate limits.

#### Professional Liability Insurance

Coverage with minimum limits of liability not less than \$1,000,000 each occurrence and \$2,000,000 annual aggregate. To the extent coverage is afforded on a claims made basis, tail coverage for a minimum of three (3) years shall be required.

All insurance policies shall: (i) name HELUNA HEALTH and any related entities identified by HELUNA HEALTH as Additional Insureds on a primary basis; (ii) stipulate that the insurance is primary and that any insurance carried by any of said Additional Insureds shall be excess and non-contributory insurance; (iii) be provided by carriers rated by A.M. Best Company as "A- VII" or better and be admitted to conduct insurance business in California; (iv) not contain a deductible greater than \$1,000; (v) provide that thirty (30) days written notification is to be given to HELUNA HEALTH prior to the non-renewal, cancellation or material alteration of any policy; and (vi) be acceptable to HELUNA HEALTH.

## **ATTACHMENT C**

### **Required Invoice Template**

**Draft**

An example of the required invoice template is attached. The invoice template specific to your agency will be provided after the agreement is fully executed.

#### **Invoice Instructions**

The invoice template will be updated monthly and provided the third week of month for the previous month.

Monthly invoice template and supporting documentation are due within 30 days of month end via email to [ELCCOVID19Invoices@helunahealth.org](mailto:ELCCOVID19Invoices@helunahealth.org).

- Supporting documentation required: Invoice, proof of payment, receipts, and packing slips for any operating cost purchases (i.e. equipment, supplies, etc.).
- For personnel supporting documentation, please provide payroll register or general ledger detail for employees and timesheets.

**INVOICE**

**Heluna Health**  
**13300 Crossroads Parkway North, Suite 450**  
**City of Industry, CA 91746**  
**(800) 201-7320**  
**ELCCOVID19Invoices@helunahealth.org**

Name of Local Health Department \_\_\_\_\_  
 Local Health Department Address \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 Email \_\_\_\_\_

Program Number: \_\_\_\_\_ Invoice No: \_\_\_\_\_  
 Period Covered: \_\_\_\_\_ Date of Invoice: \_\_\_\_\_  
 Final: Yes \_\_\_\_\_ No \_\_\_\_\_

ITEM	Prior Month Expended	CURRENT EXPENSES	CUMULATIVE EXPENSES	APPROVED BUDGET	UNEXPENDED BALANCE
<b>Non-Heluna Health Personnel Costs</b>					
Position Title	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Salaries</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Benefits</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL NON-HELUNA HEALTH PERSONNEL COSTS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Operating Costs</b>					
Line 1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Line 2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Line 3	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Line 4	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL OPERATING COSTS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>TOTAL DIRECT COSTS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Indirect Costs</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>TOTAL INVOICE</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Please submit only one (1) invoice per month.  
 Due Date: Invoice and supporting documentation are due within 30 days of month end via email to [ELCCOVID19Invoices@helunahealth.org](mailto:ELCCOVID19Invoices@helunahealth.org).  
 Supporting documentation required: Invoice, proof of payment, receipts, and packing slips for any operating cost purchases (i.e. equipment, supplies, etc.).  
 For personnel supporting documentation, please provide payroll register or general ledger detail for employees and timesheets.

I certify that all expenditures reported are for appropriate purposes and in accordance with the terms and conditions of the agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

\*\*\*\*\*Heluna Health Use Only\*\*\*\*\*

Received on: \_\_\_\_\_

First Review & Date: \_\_\_\_\_

Approver & Date: \_\_\_\_\_

Date Sent to Accounting: \_\_\_\_\_