

**BROADWATER COUNTY COMMISSIONERS**  
**515 Broadway, Townsend**  
**Meetings are held at the Flynn Building on 416 Broadway St.**

Current and previously recorded meetings, official agenda, and minutes may be viewed on the website at <https://www.broadwatercountymt.com>.

Per Montana Code Annotated (MCA) 2-3-202, agenda must include an item allowing public comment on any public matter that is not on the agenda of the meeting and that is within the jurisdiction of the agency conducting the meeting. Public comments and items not on the agenda will be taken either in writing before the meeting or in person at the beginning of the meeting. Mail and items for discussion and/or signature may occur as time allows during the meeting. Issues and times are subject to change. Working meetings will be posted on the agenda and will not be recorded.

**OFFICIAL agendas are posted in the Courthouse (1<sup>st</sup> floor bulletin board), on our website at [www.broadwatercountymt.com](http://www.broadwatercountymt.com), in the window of the Flynn Building at least 48 hours in advance of the meeting, and in the Helena Independent Record (IR).**

**REVISED**

**Monday, July 31, 2023**

**2:00 PM Working Meeting; Community Technical Assistance Program (CTAP) discussion and planning with Department of Commerce and WGM Group**

**Tuesday, August 1, 2023**

**6:00 PM Public Hearing: Rolling Glen Ranch PUD as it relates to the proposed Rolling Glen Ranch Estates Minor Subdivision**

**Wednesday, August 2, 2023**

**10:00 AM Public Comment on any subject not on the agenda, and that the Commission has jurisdiction over**

**10:00 AM Discussion/Decision, Ruby Taylor, Public Health Director, Task Order #24-07-6-11-05-0; To the Master Contract Between the State of Montana, Department of Health and Human Services (DPHHS), and Broadwater County; Public Health Emergency Preparedness (PHEP); \$30,381**

**10:05 AM Discussion/Decision, Standard Lease Agreement between Montana Department of Revenue and Broadwater County; \$3,000**

**10:10 AM Discussion/Decision, Resolution Declaring Tangible Personal Property Owned by Broadwater County to be Surplus Property and Authorizing the Disposal of that Property**

**10:15 AM Discussion/Decision, Board of Health By-Laws Approval**

**Thursday, August 3, 2023**

**10:00 AM Weekly Working Meeting with Jania Hatfield, Deputy County Attorney, in the Commission Office regarding projects and deadlines**

**Public Meeting Notice: Broadwater County Public Works Will Be in The Flynn Building Monday, August 7th from 6PM-8PM for Public Comment on Proposed Solid Waste Changes.**

Items for Discussion / Action / Review / Signature – Consent Agenda

- ✓ Certificate of Survey review
- ✓ Management – on-going advisory board appointments
- ✓ Claims/Payroll/minutes
- ✓ County Audit / Budget
- ✓ Mail – ongoing grants
- ✓ Correspondence – support letters

Debi Randolph, Chairman (406) 266-9270 or (406) 980-2050

Darrel Folkvord, Vice Chairman (406) 266-9272 or (406) 980-1213

Lindsey Richtmyer (406) 266-9271 or (406) 521-0834

E-mail: [commissioners@co.broadwater.mt.us](mailto:commissioners@co.broadwater.mt.us)

*Future Meetings being held at the Flynn Building (416 Broadway)*

*(Please note: These meeting times/dates may change, please check the county website)*

***The Commissioners may be attending these board meetings (except the Planning Board)***

- BC Airport Board on August 1<sup>st</sup> at 10 AM
- Trust Board on August 8<sup>th</sup> at 11:30 AM
- Planning Board on August 8<sup>th</sup> at 1 PM
- Local Advisory Committee on August 9<sup>th</sup> at 2 PM
- Fair Board on August 10<sup>th</sup> at 7 PM

**TASK ORDER NUMBER 24-07-6-11-005-0**

**TO THE MASTER CONTRACT  
EFFECTIVE JULY 1, 2019 TO JUNE 30, 2026  
BETWEEN THE STATE OF MONTANA,  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
AND BROADWATER COUNTY**

PHEP (Public Health Emergency Preparedness)

**SECTION 1. PARTIES**

This Task Order is entered into between the Montana Department of Public Health and Human Services, ("Department"), P.O. Box 4210, Helena, Montana, 59620, Phone Number (406) 444-5623, Fax Number (406) 444-1970, and Broadwater County ("Contractor"), Federal ID Number 81-6001337 and 124 N. Cedar, Townsend, MT 59644.

**THE DEPARTMENT AND CONTRACTOR AGREE AS FOLLOWS:**

**SECTION 2. PURPOSE**

The purpose of this Task Order is to upgrade and enhance local public health capacity to respond to events impacting the public health, through planning, assessment and development of preparedness and response activities defined by the CDC's Public Health Preparedness and Response Capabilities, National Standards for State, Local, Tribal, and Territorial Public Health (October 2018). The provided resources will assist county and tribal health departments build and maintain these public health preparedness response capabilities and other activities that promote safer and more resilient communities. The fifteen public health capabilities are: Public Health Surveillance and Epidemiological Investigation, Community Preparedness, Public Health Laboratory Testing, Medical Countermeasure Dispensing, Medical Materiel Management and Distribution, Responder Safety and Health, Emergency Operations Coordination, Emergency Public Information and Warning, Information Sharing, Non-Pharmaceutical Intervention, Medical Surge, Volunteer Management, Community Recovery, Fatality Management, and Mass Care.

**SECTION 3. TERM OF TASK ORDER**

- A. The term of this Task Order for the purpose of delivery of services is from 7/1/2023 through 6/30/2024.
- B. Each Party, after expiration or termination of this Task Order, remain subject to and obligated to comply with all legal and continuing contractual obligations arising in relation to its duties and responsibilities that may arise under the Task Order including, but not limited to, record retention, audits, indemnification, insurance, the protection of confidential information, and property ownership and use.
- C. All previous PHEP related Task Order and any associated Task Order Amendments between the Contractor and Department are null and void upon the full execution of this Task Order.

## SECTION 4. SERVICES TO BE PROVIDED AND SCOPE OF WORK

A. The Contractor agrees to provide the following services:

- 1) Collaborate with a broad-based coalition of agencies and organizations involved in emergency preparedness and response and conduct the services and development of the deliverables in this Task Order. The Contractor shall work with existing community-based preparedness organizations such as a Local Emergency Planning Committee (LEPC) or Tribal Emergency Response Commission (TERC). The Contractor shall also participate in its Regional Health Care Coalition (RHCC) through exercises, planning, training, and other preparedness activities. Participating in the RHCC executive body is optional, but at least one representative from a local health department and at least one tribal health representative must serve a term in an executive governing position.
- 2) Participate in development and implementation of county and multi-county schedules and systems for regular exercise of response plans with all appropriate partners. The local public health agency is encouraged to be a part of the overall disaster and emergency response system and participate in local, regional, and state exercise activities to reduce duplication of effort, create efficiencies, and enhance collaboration, coordination, and overall readiness.
- 3) Ensure attendance and participation by at least one representative of the local public health agency at the annual PHEP sponsored grant workshops. Attendance can be in person or virtual.
- 4) Participate in local, regional, and state emergency preparedness and response planning meetings, including those sponsored by Montana Disaster and Emergency Services and other emergency response organizations.
- 5) Each grant year participate in 50% of the State PHEP programs quarterly conference calls.
- 6) Ensure adequate staffing to complete all services and deliverables required in this Task Order. The Department recommends staffing specifically dedicated to execution of this Task Order, at the following levels: .5 FTE for jurisdictions with populations of 5,000 or less; .5 to 1.0 FTE for jurisdictions with populations of 5,000 to 20,000, and 1.0 to 2.0 FTE for jurisdictions with populations of 20,000 or more.
- 7) Collaborate with the Department staff and all affiliated contractors to carry out activities required by this agreement.
- 8) Submit to the Department's liaison listed in SECTION 9 LIAISONS AND SERVICE OF NOTICES, the deliverables as outlined and described in Attachment A Public Health Emergency Preparedness Cooperative Agreement & Guidance Budget Period 1901-05 2023-2024 provided by the Department and incorporated by reference in this document. Deliverables must be completed by due dates noted in Attachment A, or by negotiated due date as described in SECTION 6: SOURCE OF FUNDS AND FUNDING CONDITIONS.
- 9) Report to the Department any planned purchase or contribution of funds toward the purchase of equipment that exceeds \$5,000 using the Single Item Purchase Report form.



- 10) Communicate on a regular basis with Department staff as needed to ensure coordination of activities.
- 11) Provide performance, activity and fiscal reports required by the Department as outlined and described in Attachment A Public Health Emergency Preparedness Cooperative Agreement & Guidance Budget Period 1901-05 2023-2024.
- 12) Maintain complete, accurate, documented, and current accounting of all program funds received and expended, and in accordance with OMB Circular A-87 (Cost Principles for State, Local and Federally Recognized Indian Tribal Governments).
- 13) Acknowledge that any equipment, supplies, or other items purchased with funds associated with this Task Order are the property of the Contractor and the Department makes no commitment to maintain or replace these items.
- 14) Reimburse the Department for any funds misused or otherwise diverted due to negligence, fraud, theft, embezzlement, forgery, bribery, or other unlawful loss caused by the Contractor, its employees or agents.
- 15) Comply with Administrative Rules of Montana regarding the reporting and control of communicable disease under Administrative Rule of Montana: 37.114.2
- 16) The contractor must continue to sustain emergency preparedness and response capability and demonstrate operational readiness to respond to public health threats and emergencies. This award funding is to strengthen the capability of public health systems to effectively prepare for and respond to public health threats and emergencies. The Contractor is responsible for continuing and maintaining the emergency preparedness capacities and capabilities built through the deliverable requirements from previous PHEP cooperative agreements (2007 to present). PHEP deliverables intended to gather information only or that were for a singular and specific project are exempt from this requirement. The deliverables that are to be maintained are listed in Attachment A2.

B. The Department agrees to do the following:

- 1) Provide allocation of funds based upon the deliverables specified in Attachment A Public Health Emergency Preparedness Cooperative Agreement & Guidance Budget Period 1901-05 2023-2024.
- 2) Reimburse the Contractor for actual and necessary expenditures in accordance with Attachment A Public Health Emergency Preparedness Cooperative Agreement & Guidance Budget Period 1901-05 2023-2024.
- 3) Provide guidelines, templates, formats, requirements, and evaluation criteria for each deliverable in Attachment A Public Health Emergency Preparedness Cooperative Agreement & Guidance Budget Period 1901-05 2023-2024.
- 4) Provide the Contractor with guidance in the areas of assessing emergency preparedness and response needs, strengthening Epidemiology, surveillance, and response capacity; developing, enhancing, and exercising jurisdictional and multi-jurisdictional emergency preparedness and response plans; developing policy necessary to support plan implementation; and coalition development.

- 5) Provide training and technical assistance in public health emergency preparedness and response statewide or regionally through a variety of training resources.
- 6) Communicate regularly with the Contractor through on-site meetings, virtual meetings, phone, and e-mail correspondence as necessary to enable the Contractor to complete Task Order requirements.
- 7) Interpret state and federal laws, rules and regulations relating to public health emergency preparedness and response issues, as well as providing updates as they become available.
- 8) Provide in a timely manner and according to pre-established and mutually agreed upon timelines any review, input, or approval of obligations outlined in this Task Order and Attachment A Public Health Emergency Preparedness Cooperative Agreement & Guidance Budget Period 1901-05 2023-2024.
- 9) When possible, notify at least 30 days prior to any meeting and/or training workshops which the Contractor is required to attend and for which travel is necessary.
- 10) Provide access to educational materials and resources supportive of emergency preparedness and response. This will include, but is not limited to, a department supported web site.
- 11) Provide as needed, on-site technical assistance and/or telephonic consultation concerning the subject matter of this Task Order.

## **SECTION 5. CONSIDERATION, PAYMENTS, AND PROGRESS PAYMENTS**

- A. In consideration of the services provided through this Task Order, the Department will pay the Contractor a total of \$30,381 as follows:

The Department will pay the Contractor for Public Health Emergency Preparedness services up to a total of \$30,381 for the period of July 1, 2023 – June 30, 2024.

Payments will be made for satisfactory execution of required deliverables submitted in accordance with the schedule detailed below. Each deliverable will be reviewed by the Contract liaison, or representative, for satisfactory work before payment is released. Payments will be made within 30 days after receipt and approval by the Department.

If the Contractor does not complete all the required deliverables for the quarter, the quarterly payment will be reduced by a percentage of the incomplete or missing items that were required for that quarter (e.g., If the quarterly payment is supposed to be \$20,000, and the contractor only submitted 20 of the 25 required deliverables their payment would be reduced by 20% or \$4,000. Each deliverable would be equal to 4%.) The percentage for each deliverable will vary, based on the number of deliverables per quarter. Deliverables due in any quarter are not subject to calculation until the fourth quarter.

Prior to any reduction in funding, the Department will reach out to the local Contractor and inform the Contractor of what deliverable(s) are missing, unsatisfactory, or incomplete. The Contractor will have five business days to correct and submit any corrections. The Department will place a note in the progress report of the date and time of the notification. After five business days, if the item(s) are not corrected, the Department's PHEP supervisor will contact

the Contractor to obtain an update on the items that need to be corrected and submitted. The Department's PHEP supervisor will provide the Contractor with an additional 5 business day to correct and submit the missing deliverables. The PHEP supervisor will place a note in the progress report to document the date and time of the notification. At the conclusion of the second 5 business day correction period, the PHEP Contract liaison will notify the Contractor's liaison that if the deficiency is not corrected within 5 business days the Department will reduce the payment to amount equal to the missing or incomplete deliverables. The amount of the reduction and missing/incomplete deliverables will be included in the written notice.

The Department will reimburse the Contractor for performance of deliverables as required in the four quarters described within Attachment A Public Health Emergency Preparedness Cooperative Agreement & Guidance Budget Period 1901-05 2023-2024. Upon successful completion and submission of quarterly reports and stand-alone deliverables, payment will be issued as follows:

Task Order period July 1, 2023 – June 30, 2024

- 1) The first quarter payment can be up to \$7,595 if all deliverables are completed, and will be issued no later than 30 days after receipt of the deliverable due on October 15, 2023.
- 2) The second quarter payment can be up to \$7,595 if all deliverables are completed, and will be issued no later than 30 days after receipt of the deliverable due on January 15, 2024.
- 3) The third quarter payment can be up to \$7,595 if all deliverables are completed, and will be issued no later than 30 days after receipt of the deliverable due on April 15, 2024.
- 4) The fourth quarter payment can be up to \$7,596 if all deliverables are completed, and will be issued no later than 30 days after receipt of the deliverable due on July 15, 2024.

The Department shall have the right at any time to request additional documentation concerning Contractor expenditures and activities. The Department may withhold payment at any time during the term of the task order if the Contractor is failing to perform its duties and responsibilities in accordance with the terms of this task order. Additionally, payment or partial payment may be withheld if a required deliverable is not submitted, submitted late, or considered unsatisfactory in either form or content. The Department has discretion to determine if it will agree to another submittal deadline or to a replacement or substitute for a required deliverable. The parties shall collaborate and take reasonable measures to mitigate any performance issues that could result in delayed, partial or withheld payments to the Contractor.

- B. All invoices must be received by the Department no later than 30 days following the Task Order end date of 6/30/2024. Invoices received after 60 days will not be paid by the Department.
- C. The completion date of performance for purposes of issuance of final payment for services is the date upon which the Contractor submits to the Department such final reports as are required under this Task Order and are satisfactory in form and content as determined by the Department.
- D. The Contractor is required to provide a 10% soft match for PHEP funding. A soft match is defined as any funding that the Contractor contributes to the PHEP program, which may include rent, travel, utilities, salaries, etc. This funding cannot be from other federal grant sources. The Contractor will provide the information of the 10% soft match through the requirements described

## **SECTION 6. SOURCE OF FUNDS AND FUNDING CONDITIONS**

The sources of the funding for this Task Order are \$30,381 from CFDA # 93.069.

- A. Funds associated with this Task Order, and services outlined in SECTION 4: SERVICES TO BE PROVIDED AND SCOPE OF WORK, must be completed within the term of this Task Order. Any modifications or extensions must comply with federal and state guidelines.

The Contractor must complete deliverables as defined and by the deadline noted in the Attachment A Public Health Emergency Preparedness Cooperative Agreement & Guidance Budget Period 1901-05 2023-2024. If the Contractor cannot meet the established deadline for a specific deliverable, the Contractor may request an extension. The extension request must be in written format justifying the need for an extension and must be received prior to the established deadline. The department has the discretion to provide partial reimbursement for incomplete deliverables after consultation with the Contractor. Jurisdictions are given 15 business days at the conclusion of each quarter to gather required documents and submit the progress report. Work completed during this period is not within the reportable period and cannot be used for the progress report.

A jurisdiction may request an extension to allow the Contractor additional time to gather the needed documents and complete the report. A Contractor requesting an extension must complete an online form, using the link distributed by DPHHS/PHEP. The Department will provide written approval or denial of an extension request. Absent extenuating circumstances as determined in the Department's sole discretion on a case-by-case basis, extensions will not exceed 15 business days past the end of the quarter.

- B. If the Contractor makes expenditures or incurs obligations more than the budget originally established or adjusted via modification, it shall do so at its own risk and the Department is not obligated to pay the Contractor beyond the awarded amount in this Task Order.
- C. The Contractor may not use monies provided through this Task Order as reimbursement for the costs of services that are reimbursed from other sources. The Contractor will use the funds available under this Task Order for related activities that strengthen the public health infrastructure to meet the 15 public health preparedness capabilities and activities outlined in Attachment A Public Health Emergency Preparedness Cooperative Agreement & Guidance Budget Period 1901-05 2023-2024.
- D. This year's federal guidance explicitly identifies the following expenditures that are not allowed:
- 1) Recipients may not use funds for fund raising activities or lobbying.
  - 2) Recipients may not use funds for research.
  - 3) Recipients may not use funds for construction or major renovations.
  - 4) Recipients may not use funds for clinical care.
  - 5) Recipients may not use funds to purchase vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks, electrical or gas-driven motorized carts.



- 6) Generally, awardees may not use funds to purchase furniture or equipment. Awardees may request an exception in writing to the Department Liaison.
- 7) Recipients may not use funds for reimbursement of pre-award costs.
- 8) Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
- 9) The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- 10) Payment or reimbursement of backfilling costs for staff is not allowed.
- 11) None of the funds awarded to these programs may be used to pay the salary of an individual at a rate more than Executive Level II or \$181,500 per year.
- 12) Recipients may not use funds for the purchase of clothing such as jeans, cargo pants, polo shirts, jumpsuits, hats, or t-shirts. Purchase of items that can be reissued, such as vests, and jackets may be allowable.
- 13) Recipients may not use funding for response to an emergency, the funds can only be used for preparedness and planning.
- 14) Generally, funds may not be used to purchase food.

E. Other Funding Notes:

- 1) Funds can be used to support appropriate accreditation activities that meet the Public Health Accreditation Board's preparedness-related standards.
- 2) Funds can be used to purchase caches of antiviral and antibiotic drugs (not vaccines) to help ensure rapid distribution of medical countermeasures.
- 3) With prior Department approval, funds can be used to purchase industrial or warehouse-use trucks to be used to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads.
- 4) With prior Department approval, funds can be used to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts.

F. The Contractor must ensure that funds received under this Task Order are used only to supplement, not to supplant, the total amount of Federal, State, and local public funds the Contractor otherwise expends for personnel and related services. Funds received under this Task Order shall be used to provide additional public funding for such services; the funds shall not be used to reduce the Contractor's total expenditure of other public funds for such services.

G. The Department may withhold payment at any time during the term of this Task Order if the Contractor is failing to perform its duties and responsibilities in accordance with the terms of this Task Order.

H. The Contractor agrees to obtain prior approval from the Department for the purchase of any single item with a value of \$25,000 or greater. Requests for approval should include written justification to the Department liaison listed in SECTION 9: LIAISONS AND SERVICE OF NOTICES.

I. The consideration provided to the Contractor under this Task Order may be adjusted by the Department at its discretion on any audit conducted in accordance with the terms of the Master Agreement with the Contractor.

**SECTION 7. CFR 200 REQUIREMENTS**

The following information may be required pursuant to 2 CFR 200:

1. Sub recipient name: Broadwater County
2. Sub recipient Unique Entity Identifier: ENMTASEFELN8
3. FAIN number: NU90TP922042
4. Federal award date: To be provided at a later date
5. Federal award start and end date: 7/1/2023 – 6/30/2024
6. Total amount of funds obligated with this action: \$30,381
7. Amount of funds obligated to sub recipient: \$30,381
8. Total amount of the federal award: \$30,381
9. Project description: Public Health Emergency Preparedness (PHEP) Cooperative Agreements
10. Awarding agency/pass-through entity/contact info: CDC/DPHHS PHEP/ Peter Callahan, 406-444-1611
11. CFDA/ALN number/name: 93.069 Public Health Emergency Preparedness
12. Research and Development: No
13. Indirect cost rate: N/A

**SECTION 8. TERMINATION**

Either party may terminate this Task Order in accordance with the Master Contract.

**SECTION 9. LIAISON AND SERVICE OF NOTICES**

- A. Peter Callahan, or their successor, will be the liaison for the Department. Contact information is as follows:

Peter Callahan  
 DPHHS PHEP (Public Health Emergency Preparedness) Section Supervisor  
 PO Box 202951  
 1400 E. Broadway St.  
 Helena, MT 59601  
 Phone Number (406) 444-1611  
 Fax Number (406) 444-3044  
 peter.callahan2@mt.gov

Ruby Taylor, or their successor, will be the liaison for the Contractor. Contact information is as follows:

Ruby Taylor  
 Broadwater County  
 124 N. Cedar  
 Townsend, MT 59644  
 Phone Number (406) 266-5209  
 Fax Number (406) 266-3940  
 rtaylor@co.broadwater.mt.us

These above referenced liaisons serve as the primary contacts between the parties regarding the performance of this Task Order. The Department's liaison and Contractor's liaison may be changed by written notice to the other party.

- B. Written notices, reports and other information required to be exchanged between the parties must be directed to the liaison at the parties' addresses set out in this Task Order.

## **SECTION 10. FEDERAL REQUIREMENTS**

The Contractor agrees that they will comply with all applicable federal statutes, regulations, and guidance in providing services and receiving compensation under this Task Order. The Contractor acknowledges that there are certain federal statutes and reporting requirements that must be followed whenever certain federal funds are used. It is the Contractor's responsibility to comply with all federal laws and reporting requirements.

## **SECTION 11. DEPARTMENT GUIDANCE**

The Contractor may request guidance in administrative and programmatic matters from the Department that are necessary to the Contractor's performance under this Task Order. The Department may provide such guidance as it determines is appropriate. Guidance may include providing copies of regulations, statutes, standards, and policies applicable to this Task Order as well as its interpretation of such materials and this Task Order. The Contractor is not relieved of any obligation to meet the requirements of this Task Order by a request for guidance. The Department will not provide legal services to the Contractor in any matters relating to the Task Order or performance of it.

## **SECTION 12. INFORMAL DISPUTE RESOLUTION PROCEDURES**

In addition to the Choice of Law and Remedies in the Master Contract, the Contractor may provide written request for resolution about any disagreement about the Task Order to the Division Administrator, Todd Harwell, Phone Number (406) 444-0303, Fax Number (406) 444-6943, [tharwell@mt.gov](mailto:tharwell@mt.gov) with a copy to Director Charles T. Brereton, Phone Number (406) 444-5623, Fax Number (406) 444-1970, [charles.brereton@mt.gov](mailto:charles.brereton@mt.gov).

## **SECTION 13. PUBLIC INFORMATION AND DISCLAIMERS**

- A. The Contractor may not access or use personal, confidential, or privileged information obtained through the Department, its agents, and contractors, unless the Contractor does so:
1. in conformity with governing legal authorities and policies;
  2. with the permission of the persons or entities from whom the information is to be obtained; and
  3. with the review and approval by the Department prior to use, publication, or release.

Privileged information includes information and data the Department, its agents and contractors produce, compile, or receive for state and local contractual efforts, including those local and state programs with which the Department contracts to engage in activities related to the purposes of this Task Order.

- B. The Contractor may not use monies under this Task Order to pay for media, publicity, or advertising that in any way associates the services or performance of the Contractor or the Department under this Task Order with any specific political agenda, political party, a candidate for public office, or any matter to be voted upon by the public. Media includes but is not limited to commercial and noncommercial print, verbal, and electronic media.
- C. The Contractor must inform any people to whom it provides consultation or training services under this Task Order that any opinions expressed do not necessarily represent the position of



the Department. When using non-federal funds from this Task Order, all public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Task Order prepared and released by the Contractor must include the statement:

*“This project is funded in whole or in part under a Contract with the Montana Department of Public Health and Human Services. The statements herein do not necessarily reflect the opinion of the Department.”*

- D. The Contractor must state the percentage and the monetary amount of the total program or project costs of this Task Order in all statements, press releases, and other documents or media pieces made available to the public funded with (a) federal monies and/or (b) non-federal monies.

*“For contracts funded in whole or part with federally appropriated monies received through programs administered by the U.S. Department of Health & Human Services, Education or Labor. Section 503 of H.R. 3288, “Consolidated Appropriations Act, Division D, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2010”, Pub. L. No. 111-117, and in H.R. 1473, “Department” Of Defense and Full-Year Continuing Appropriations Act, 2011”, Title I – General Provisions, Sec. 1101, Pub. L. 112-10, and as may be provided by congressional continuing resolutions or further budgetary enactments.”*

- E. When using federal funds from this Task Order, all public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Task Order prepared and released by the Contractor must include the following statement or its equivalent and must be approved by the Department liaison, prior to use, publication, and release.

*“This project is funded in whole by grant number(s) NU90TP922042 CFDA # 93.069 from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services and from the Montana Department of Public Health and Human Services. The contents herein do not necessarily reflect the official views and policies of the U.S. Department of Health and Human Services or the Montana Department of Public Health and Human Services.”*

- F. Before the Contractor uses, publishes, releases, or distributes them to the public or to local and state programs, the Department must review and approve all products, materials, documents, publications, press releases and media pieces (in any form, including electronic) the Contractor or its agents produce with task order monies to describe and promote services provided through this Task Order.

## **SECTION 14. SCOPE OF TASK ORDER**

This Task Order consists of 11 numbered pages and the following Attachments:

Attachment A: Public Health Emergency Preparedness Cooperative Agreement & Guidance  
Budget Period 1901-05 2023-2024

All the provisions of the Master Contract are incorporated into and are controlling as to this Task Order. In the case of a material conflict, a dispute, or confusing language between this Task Order and Master

Contract the Master Contract shall control. This Task Order does not stand alone. If Master Contract lapses, so does this Task Order. The original Task Order will be retained by the Department. A copy of the original has the same force and effect for all purposes as the original. This is the entire Task Order between the parties.

**SECTION 15. AUTHORITY TO EXECUTE**

Each of the parties represents and warrants that this Task Order is entered into and executed by the person so authorized to bind the party to the provisions of this Task Order and the Master Contract.

IN WITNESS THEREOF, the parties through their authorized agents have executed this Task Order on the dates set out below:

**MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES**

BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Todd Harwell, Administrator  
Department of Public Health & Human Services  
Public Health & Safety Division  
1400 Broadway B201  
Helena MT 59620-2951  
(406) 444-4141

**CONTRACTOR, BROADWATER COUNTY**

BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Broadwater County, Commissioner

ATTACHMENT A To Task Order No. 24-07-6-11-005-0  
Public Health Emergency Preparedness Cooperative Agreement &  
Guidance Budget Period 1901-05 2023-2024

# Attachment A

Montana Department of Public Health & Human Services

## Public Health Emergency Preparedness Cooperative Agreement & Guidance Budget Period 1901-05 2023-2024

### Introduction

This document is the supplemental material for the task order amended to your jurisdiction’s contract for services with the Montana Department of Public Health and Human Services (DPHHS). It is a continuance from the previous budget period and provides guidance information for the requirements of the Public Health Emergency Preparedness (PHEP) cooperative agreement for the 2023-2024 budget period.

Please **carefully and completely read** the requirements and guidance in its entirety. Please contact the associated **subject matter expert** or the **PHEP Section Supervisor directly** if you have questions about a deliverable requirement.

Funding for completing the required PHEP activities comes from the Centers for Disease Control and Prevention (CDC) Cooperative Agreement, which is managed by the Office of Readiness and Response (ORR). Montana DPHHS PHEP applies for the continuing funding each year. It then distributes the funding to county and tribal governments for their public health agencies in return for completing the requirements described herein.

PHEP funds specifically support emergency and disaster preparedness efforts with public health implications in the State. Agencies responsible for public health in participating geographical tribal and county governments, referred to as Local Health Jurisdictions (LHJ), fulfill the requirements of this cooperative agreement by meeting the deliverable requirements designed by DPHHS PHEP. These deliverables are reflective of some of the requirements from the CDC, and some to build public health preparedness capabilities and mitigate gaps.

This is the FIFTH budget period of the 2019–2024 PHEP Cooperative Agreement Funding cycle. It is the conclusion of the five-year agreement cycle. You will often see the fifth budget period referred to as 1901-05, BP 5, or BP 2023-2024.

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## Noted Items for 2023-2024

1. **Operational Readiness Review (ORR):** CDC deferred any local requirements for reporting any elements in the ORR. Only the State has participated in reporting activities and will continue for BP5. Although the ORR has expanded its measures of very narrow parts of the Public Health Emergency Preparedness and Response Capabilities, we are unsure of the CDC's intentions for the next 5 year cycle.
2. **Health Alert Network:** PHEP explored and planned on using a new system for HAN messaging In January 2023. Repeated issues with certain flexibility in the system slowed the release and implementation. Rather than release a system we were uncertain about and seemed to have a high learning curve, PHEP decided to put the project on hold until we could resolve some of the issues. We currently have no date for release.
3. **Budget Report:** PHEP has returned the budget report requirement to a deliverable due at the conclusion of the budget period. It is no longer a quarterly report described in the Task Order.
4. **Environmental Health & Food Safety:** The food and water safety deliverables will reflect the section's new name. However, for this budget period the deliverable category will still be designated with the letter F.

## Submitting Progress Reports

### Due Dates

Jurisdictions must complete all contract deliverable work **within the quarter it is due** as designated in the Task Order (Section 4: Compensation) for the PHEP Cooperative Agreement. The due date for submitting a quarterly progress report is 15 days after the end of the quarter (or the first following business day).

Please note that the 15 days between the end of a quarter and the report due date is for gathering information and completing the report only. **You MUST complete work for the quarter DURING THE ACTIVITY PERIOD.** The 15 day grace period is within the next quarter, so completing deliverable requirements during that time **does not qualify**. See Figure 1 for the Progress Report Due Schedule.

<b>Quarter 1</b>	July 1 – Sep. 30	Due Oct. 15
<b>Quarter 2</b>	Oct. 1 – Dec. 31	Due Jan. 15
<b>Quarter 3</b>	Jan. 1 – Mar. 31	Due Apr. 15

DPHHS PHEP may withhold payment or issue only a partial payment if deliverables are submitted incomplete or beyond the 15-day grace period. (Section 4: Compensation).

*PHEP encourages jurisdictions to complete and return the quarterly progress report early for review. Jurisdictions submitting early can receive payment sooner.*

### Extensions

Jurisdictions will not receive extensions beyond the 15-day grace period to complete the required progress report except under extreme extenuating circumstances. PHEP will grant extension based on an ongoing emergency response that significantly interferes with your ability to complete the progress report on time. Any other factor must be described in detail on the extension request form. If you believe you have a valid reason to delay submitting your progress report, you **must request the extension by the WEB FORM only BEFORE THE END OF THE RESPECTIVE QUARTER** ([https://pheap.formstack.com/forms/pheap\\_extension](https://pheap.formstack.com/forms/pheap_extension)). The PHEP Section Supervisor will contact applicants to discuss circumstances and resolutions of each request.

**NOTE:** Under the new task order for this budget period, any jurisdiction that submits an extension request two quarters in a row is subject to a deduction in its quarterly payment. This provision is explained in the task order and staff will discuss it during the Regional Workshops.

### **The PHEP Deliverables Resource (PDR) Website**

PHEP maintains the PDR website contains documents, weblinks, and other material for completion of the deliverable requirements. It also has links to the quarterly progress reports, DPHHS plans, exercise guidance, and other reference information.

**PDR web address:** <https://dphhs.mt.gov/publichealth/phep/phep-resources/index>.

You will see the PDR referenced frequently throughout this document.

In addition to the PDR, PHEP is collaborating with the Montana Public Health Institute <https://www.mtphi.org/> and sharing preparedness materials, tools, and information on their **Connected Community** website <https://ampho.connectedcommunity.org/home>. We encourage you to sign up for access.

### **Final Note**

Please read the requirements and guidance carefully. Knowing its contents and familiarity with the progress reports before deliverables are due will give you enough time to complete your work successfully. Subject matter experts at PHEP are readily available for each topic to answer any questions you may have.

# Requirements Due Any Quarter

Jurisdictions may complete these deliverable requirements **at any point during the budget period** and report their completion for the quarter in which they occurred. However, *you must complete all of these deliverables before the end of the 4<sup>th</sup> Quarter of BP 19-04!* PHEP encourages local and tribal jurisdictions to complete their deliverables as soon as possible, and these four lend themselves to completion within any quarter during the grant period. **Jurisdictions can report right away when a deliverable is complete instead of waiting until the 4th Quarter.**

## Community Resilience

Luke Fortune, 406-444-1281, [lfortune@mt.gov](mailto:lfortune@mt.gov)

### P1: Pandemic Influenza and Communicable Disease Response Plans Review

Review and update your jurisdiction's Pandemic Influenza Plan and Communicable Disease Response Protocol/Plan.

**Domains:** *Community Resilience, Incident Management, Information Management, Surge Management, Biosurveillance*

**Guidance:**

Use the assessment tools provided in the deliverable resources folder in in the PDR webpage <https://dphhs.mt.gov/publichealth/phep/phep-resources/index> to review and update your pandemic influenza plan and communicable disease response plan. The tools (checklist) are in [Appendix B](#). Both provide guidance for what these plans should include for effective emergency disease and pandemic responses.

- P1** Pandemic Influenza & Communicable Disease Plan Review
- F1** Sanitarian Participation in LEPC
- IM2** Redundant Tactical Communications Test
- L1** Laboratory Transport Plan Checklist
- RC1** Training
- T1** ICS/IS Training
- Return to Table of Contents**

Local planning for pandemic influenza and communicable disease is better served by reflecting what will actually happen in your jurisdiction if it occurs. Remember to include your response partners in the review and update process. Invite those who you list with roles and responsibilities, such as the local emergency manager, hospital preparedness coordinator, and any other stakeholders. Also include services and agencies that serve access and functional need populations. This will enable the community to be aware of the plan and engage in healthcare response in a positive manner.

Report your review and the results, *in writing*, to your Board of Health. The report should note any changes and include the signatures or initials of your partner reviewers. Your Board of Health only needs to review the plan if there are significant changes or if they ask to do so. *A new signed concurrence/promulgation page is not necessary unless the plan has significant changes or if they ask to do so.* Write the report on your office letter head or include your office logo if it is electronic. You do not need to have your written report signed by the BOH or health officer. Only date it for the day you present it to the BOH.



### AFN Requirement

Your Communicable Disease and Pandemic Influenza plans must have elements to ensure accommodations for people with access and functional need. PHEP highly recommends that jurisdictions include organizations that serve AFN populations, as well as people themselves, and ask them to participate in plan reviews.

### Significant Changes

A significant change in a plan would be adding or taking out partners in response roles, altering processes in the Concept of Operations, adding to, or taking out, processes or protocols, etc.

#### **To fulfill this deliverable:**

1. Review and update both the pandemic influenza plan and Communicable Disease response plan
  - a. Use the appropriate assessment tool/checklist for each plan, which is found on the PDR and in Appendix B
  - b. Include your response partners who have roles in the plans
  - c. Write a report for each summarizing any changes.
2. Present the plans and reports to the Board of Health
  - a. A new promulgation page is unnecessary unless significant changes were made
3. Upload copies of your reports to your Board of Health into the quarter's progress report.
  - a. NOTE: *Do not* upload the checklist or plan. Upload the reports ONLY.

## **Environmental Health & Food Safety (formerly Food & Consumer Safety)**

Elvis Tanyi-Arrey, (406) 444-5302, [elvis.tanyi-arrey@mt.gov](mailto:elvis.tanyi-arrey@mt.gov)

### **F1: Sanitarian Participation in LEPC**

A registered sanitarian (RS) from your jurisdiction's environmental health office must attend at least one LEPC or TERC meeting during the budget period.

**Domains:** *Community Resilience, Incident Management*

#### **Guidance:**

Interaction with your local sanitarian in reporting their Food & Water Safety preparedness and response activities creates a routine collaboration intended to cultivate a foundation for emergency preparedness. DPHHS encourages sanitarians to share opportunities to collaborate on preparedness and response with the LEPC and TERC groups. Be sure to introduce and explain the local truck wreck procedures in the meetings. Other topics could include the role of sanitarians in a community water tampering event, water safety in flooding conditions, or the role of a sanitarian in shelter operations.

In jurisdictions with a contract sanitarian, a representative may attend in their place until the sanitarian's current contract ends. The representative may be a local DES agent, the local health officer, or another public health official who is able to communicate important information on behalf of the local sanitarian. **If a representative is going in place of a sanitarian, you will need to report when the sanitarian's contract will end. After that end date, representatives will no longer be approved.**

#### **To fulfill this deliverable:**

1. Collaborate with your jurisdiction's sanitarian regarding upcoming LEPC or TERC meetings.
2. Enter the date the sanitarian attended your jurisdiction's TERC or LEPC Meeting on the PHEP quarterly deliverable report.

3. If a representative attends the meeting in place of the sanitarian all the following are required for approval:
  - a. Provide a summary of what information was communicated, who the representative was, and the date they attended the meeting
  - b. Provide a date for the end of the current contract with sanitarian. Work with your local board of health to get attendance to LEPC for sanitarians a requirement for the future.

## Information Management

Gerry Wheat, 406-444-6736, [gwheat@mt.gov](mailto:gwheat@mt.gov)

### IM2: Tactical Communications Test

Conduct a redundant communications test to maintain connectivity with DPHHS

**Domains:** *Incident Management, Information Management*

#### Guidance:

Some emergencies involving disasters might consist of damage to standard communication systems, and a reliable and stable communications infrastructure is vital for an effective emergency response. Public health depends on this infrastructure for emergency communication and information sharing programs such as the Health Alert Network (HAN). The mechanisms used for these messages must be resilient. Mitigating any potential for losing standard communications capability is the basis for establishing redundant communication capabilities.

Good planning means documenting alternate means of communication into of your plans for exchanging emergency information. Sometimes that means the most stable communication device might be a fax machine.

This deliverable requires someone from your jurisdiction **to send a FAX message to DPHHS PHEP at 406-444-3044**. Include in the message **why** you are sending it (redundant communication test) and information such as **your name, your jurisdiction, and list of your other currently available redundant communication modes** (e.g. landline, mobile phone, text, etc.). Your **FAX** capabilities may be from a dedicated fax machine or fax software from your computer.

#### To fulfill this deliverable:

1. In any quarter during the budget period, send a FAX to DPHHS PHEP at **406-444-3044** and provide your **name, jurisdiction, and list of your available redundant communication modes**.
2. Record the date of the email and sender in the quarterly progress report.

## Laboratory Services

Kim Newman, 406-444-3068, [knewman@mt.gov](mailto:knewman@mt.gov)

### L1: Laboratory Transport Plan Checklist

Review and revise, if necessary, the jurisdiction's All-Hazard Laboratory Specimen Transport plan with first responders/HAZMAT to ensure all components are understood and agreed upon.

**Domains:** *Biosurveillance*

#### Guidance:

We previously asked you to complete a survey focused on reviewing the use of your jurisdiction's All Hazard Laboratory Specimen Transport Plan (LST) during the initial weeks of the COVID-19 pandemic. The intent of this survey was to encourage you to review your current plan and identify the gaps and areas for improvement. We

are now asking you to update your plan based on lessons learned from the COVID-19 pandemic response. Your plan should be aligned with the elements found in the **Laboratory Transport Plan Checklist**. Once drafted, provide your partners with a copy of the LST Plan for input. Once finalized, the Jurisdictional Health Officer and the Board of Health Chairperson and the LEPC/TERC will date and sign the checklist.

**To fulfill this deliverable:**

1. Download the **Laboratory Transport Plan Checklist** from the [PDR](https://dphhs.mt.gov/publichealth/phep/phep-resources/index) (<https://dphhs.mt.gov/publichealth/phep/phep-resources/index>) or email sent to you.
1. Make changes or revise protocols to your jurisdiction's Laboratory Specimen Transport Plan based on gaps identified.
2. Meet with local HAZMAT response partners, LEPC, or TERC to review the Laboratory Specimen Transport Plan to gather feedback.
3. Finalize the plan and have partners sign and date the **Laboratory Transport Plan Checklist** to affirm and acknowledge the Laboratory Specimen Transport Plan upon completing the review.
4. Upload a scanned copy of the signed **Laboratory Transport Plan Checklist** to the PHEP Progress Report in Formstack.

## Risk Communications

Andrea Wingo, 406-444-0919, [andrea.wingo@mt.gov](mailto:andrea.wingo@mt.gov)

### RC1: Training

Complete a communications-related training during the grant period.

**Domains:** *Community Resilience, Information Management*

**Guidance:**

Effective communication is vital to protect the community's health. The public wants to know what happened, who is responsible and what they can do to protect themselves. Public Information Officer and Emergency Risk Communications training provides tools to effectively communicate and deliver messages to the media and public during a health emergency.

Newer employees would benefit as would long term employees needing a refresher. ICS communication and public information courses offered by FEMA available on their website qualify. Risk communication courses online, seminars at conferences, or trainings from other jurisdictions also qualify as long as they are completed within the current budget period.

**To fulfill this deliverable:**

1. Select and attend a communications-related training during the grant period. Only one training is required during the grant period
2. Report the training on the progress report.
  - a. Provide the course name and date completed
  - b. Provide the names and titles of personnel from your jurisdiction to attend communications training.
  - c. Upload certificates of completion.

# Training

Jake Brown, 406-444-1305, [jacob.brown@mt.gov](mailto:jacob.brown@mt.gov)

## T1: IS/ICS Training

Ensure public health staff have passed FEMA incident command structure and access and functional needs in operations training courses.

**Domains:** *Community Resilience, Incident Management*

### **Guidance:**

All PHEP personnel and public health staff that assist in preparedness planning, exercising, or responding to an emergency or disaster should know how incidents are managed under the National Incident Management System (NIMS). This system is a framework standardizing emergency operation across all agencies, ensuring consistency in activities and communications.

At minimum, public staff should take and pass the basic courses of 100, 200, 700, and 800.

If staff is already trained to that level, those who might serve in an emergency operations center, or an incident command role, should take the ICS 300 and 400 courses if available.

In addition, at least one person must take **IS-368: Including People with Disabilities & Others With Access & Functional Needs in Disaster Operations**. A staff member who has completed this course can just submit their certificate. The course online is <https://training.fema.gov/is/courseoverview.aspx?code=is-368&lang=en>. Encourage your response and planning partners to attend this or other AFN related training as well.

The courses can be completed at any time during the budget period.

The introductory courses are available online via the FEMA Independent Study training website (<https://training.fema.gov/is/>). You may work with your emergency manager to explore training options for other courses through the Montana Disaster and Emergency Services.

### **To fulfill this deliverable:**

1. Select staff to take the appropriate courses.
  - a. IS/ICS 100, 200, 700, and 800 for new staff or those needing refresher.
  - b. ICS 300, 400 (if available) for staff already trained in basic courses.
  - c. At least one staff member completes IS-368.
2. Download official FEMA certificates upon completion of the courses.
3. Keep a record or spreadsheet of who has completed which courses for future reference.
  - a. Make a back-up file
  - b. Scan certificates for files
4. List the names, courses, and dates of completion on the progress report.



# Requirements Due Every Quarter

These requirements, in addition to those listed for each quarter, are due 15 days after the end of every quarter of the budget period. **You should track your budget requirements every quarter.**

## Community Resilience

Luke Fortune, 406-444-1281, [lfortune@mt.gov](mailto:lfortune@mt.gov)

### CR2: Participation in Regional Healthcare Coalitions

Participate in Regional Healthcare Coalition (RHCC) activities.

**Domains:** *Community Resilience, Information Management*

#### Guidance:

The RHCCs have developed into stronger organizations since their inceptions, but they will always depend on public health as one of the foundational pillars. This deliverable remains the same from previous years.

Each public health department must participate in activities of their respective RHCC **throughout** the year. You can view current activities on the coalitions' website at [www.mthcc.org](http://www.mthcc.org).

*Look at other deliverables to find opportunities to participate in, or contribute to, the RHCCs.*

This year each quarter has a regional food borne table-top exercise planned as a deliverable (F5). Participating in that exercise also satisfies the intent of this requirement. We encourage you to participate with the coalitions in other ways. The following are examples of participation

- Attend one of the two biannual meetings (or both)
- Help plan and participate in emergency preparedness drills and exercises with other coalition members
- Create or strengthen agreements such as Memorandums of Understanding with emergency response and healthcare coalition members
- Engage the coalition and its members in capability planning and assigning roles and responsibilities
- \*Engage AFN healthcare providers for planning efforts
- Participate on any of the RHCC subcommittees

The PHEP 2019-2024 Cooperative Agreement requires coordination of activities between PHEP fund recipients and RHCCs, including under *Domain 1: Strengthen Community Resilience* and *Domain 5: Strengthen Surge Management*. The agreement requires activities that include planning, training, and exercises, with emphasis on medical surge and emergency response with RHCCs, EMS, and other health care organizations.

#### \*Access & Functional Needs

Local and tribal public health agencies should partner with ESF8 related AFN service organizations to develop or strengthen network communications and collaboration. These AFN healthcare providers are ESF8 designated partners within the RHCCs. Public health jurisdictions should consider them as response partners and include them in preparedness planning and emergency operations.

**CR2** Contribute to Growth of Regional Healthcare Coalitions

**F3** Confirm Backup Sanitarian for Emergency Situations

**IZ1** Off-Site Influenza Clinics

**IZ2** Influenza Partners & Communication

**IM1** Maintain the Montana Public Health Directory

**IM5** HAN Distribution & Response

**RC2:** Outreach

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PHEP encourages meeting with AFN stakeholders to discuss emergency preparedness at least once this fiscal year. Encourage them to Conduct this meeting in the most convenient and effective way possible. Include local emergency management considerations for how to best incorporate AFN stakeholders. LEPC approach is optional, but not required.

Three points of conversation:

- 1) AFN population preparedness and resilience.
- 1) AFN stakeholder organization preparedness and continuity of operations.
- 2) AFN stakeholder organization integration with local emergency operations.

#### **Montana Regional Healthcare Coalitions**

- *Southern Regional HCC*: Bighorn, Carbon, CMHD, Crow, Fergus, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone.
- *Eastern Regional HCC*: Carter, Custer, Daniels, Dawson, Fallon, Ft. Peck, Garfield, McCone, Northern Cheyenne, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, and Wibaux.
- *Central Regional HCC*: Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Pondera, Rocky Boy, Teton, and Toole.
- *Western Regional HCC*: Beaverhead, CSKT, Deer Lodge, Flathead, Granite, Lake, Lincoln, Mineral, Missoula, Powell, Ravalli, Sanders, and Silver Bow.

#### **To fulfill this deliverable:**

1. Engage in a process that ensures **one** public health representative within your RHCC sits on the executive committee. This does not mean one from each jurisdiction, just one from the *region* (see above). Determining how or who will represent public health on the committee is up to the LHJs of each region. DPHHS PHEP can provide technical support if requested. Executive committees will have to vote to accept new representatives.
2. Provide a narrative in the progress report outlining your jurisdiction's quarterly activities supporting your regional HCC.

## **Environmental Health & Food Safety (formerly Food & Consumer Safety)**

Elvis Tanyi-Arrey, (406) 444-5302, [elvis.tanyi-arrey@mt.gov](mailto:elvis.tanyi-arrey@mt.gov)

### **F3 Confirm Back-Up Sanitarian for Emergency Situations**

Ensure a contracted secondary (backup) sanitarian for your jurisdiction is listed in the Montana Public Health Directory with updated after-hours contact information.

**Domains:** *Community Resilience, Information Management*

#### **Guidance:**

This is a collaborative deliverable with the IM1 deliverable for local health departments maintaining the Public Health Directory. The directory is an active resource for DPHHS and for other jurisdictions, including sanitarians. Ideally, each jurisdiction should have a secondary sanitarian contracted as a backup for emergency situations or covering surge events. These secondary, and any additional, sanitarians should have their name and contact information listed in the Public Health Directory.

Sanitarians can collaborate with the person responsible for updating the Montana Public Health Directory (MTPHD) each quarter in their jurisdictions. The directory is at <https://mphd.hhs.mt.gov>. Sanitarians under contract with each jurisdiction can contact the local PHEP coordinator to provide current primary and secondary

phone numbers, mobile phone numbers, email, and physical addresses. It is especially important for the sanitarian to ensure that contact information (including the back-up) is current and accurate. Be particularly vigilant when there is a change in the jurisdiction. If no numbers are listed in the directory, DPHHS will use the 24/7 number for the jurisdiction when attempting to reach the sanitarian.

**To fulfill this deliverable:**

1. Sanitarians and backup sanitarians, including those for contracted services in the jurisdiction, provide their names and current contact information to the local PHEP coordinator to enter into the Public Health Directory.

## Immunization

Michelle Funchess, 406-444-2969, [mfuncness@mt.gov](mailto:mfuncness@mt.gov)

### IZ1: Off-Site Vaccination Clinics

Report the total number of off-site vaccination immunization clinics and the total number of vaccine doses administered at the off-site clinics.

**Domains:** *Community Resilience, Countermeasures & Mitigation, Incident Management, Information Management*

**Guidance:**

Off-site vaccination clinics help enhance and strengthen the capabilities of a local health jurisdiction to respond to a public health emergency event requiring vaccine transport, handling, and administration. The implementation of off-site vaccination clinic best practices increases efficiency and decreases vaccine administration errors and vaccine wastages during a public health emergency. Off-site vaccination clinics may be for the administration of one or more vaccination groups (i.e., influenza and COVID-19, back-to-school vaccinations, etc.).

The *Immunization/PHEP* spreadsheet containing the IZ1 worksheet, provided by DPHHS, is available to track and report the total number of off-site vaccination clinics and doses administered each quarter. The spreadsheet is available by request.

**To fulfill this deliverable:**

1. Use the IZ1 worksheet to track off-site clinics and doses administered.
2. Total the number of off-site vaccination clinics conducted every quarter.
3. Total the number of vaccine doses administered every quarter.
4. Report the total number of off-site clinics and doses administered to complete the Progress Report every quarter.

### IZ2: Vaccination Partners & Communication

Report vaccination planning with your jurisdiction's response partner agencies or groups and types of media outreach used to advertise vaccine-preventable disease prevention messaging and your vaccination clinics.

**Domains:** *Community Resilience, Countermeasures and Mitigation, Information Management*

**Guidance:**

Advanced planning, including identifying communication strategies, are important components to emergency



management. Planned collaborations among local partners strengthen preparedness partnerships. In addition, using effective communication methods during a public health emergency can streamline response activities.

The *Immunization/PHEP* spreadsheet containing the IZ2 worksheet (tab 2), provided by DPHHS, is available to track and report the track vaccine partner meetings and prevention messaging and clinic advertising. The spreadsheet is available by request.

**To fulfill this deliverable:**

1. Use the IZ2 worksheet to track vaccine partner meetings and prevention messaging and clinic advertising every quarter.
2. Report the information to the Progress Report every quarter.

## Information Management

Gerry Wheat, 406-444-6736, [gwheat@mt.gov](mailto:gwheat@mt.gov)

### IM1: Maintain the Montana Public Health Directory

Maintain and update contact information for all staff listed in the public health directory.

**Domains:** *Community Resilience, Information Management*

**Guidance:**

The Directory is a web based tool and an active resource for DPHHS and for other jurisdictions. Jurisdictions should update information during the quarter *when changes occur*. Do not wait until the end of your review. The Directory information is used to send vital information, Health Alert Network messages, incident updates, to maintain situational awareness, and much more. Remove staff names and contact information when a vacancy occurs and leave positions blank until there is a replacement. Don't wait for the replacement.

Review your jurisdiction's *entire* directory information at the end of the quarter.

Each jurisdiction must log into the system with a username and password provided by DPHHS. The directory is found at <https://health.hhs.mt.gov/phd>. Verify that the information in the directory is complete each quarter, by selecting the "mark as reviewed" button at the bottom of each page for the various types of contacts. Every category and all data for each contact name listed must be verified.

**NOTE:** Programs requiring jurisdictions to keep information current in the directory will perform quarterly audits to ensure the categories relevant to them are up to date. You may be contacted by the individual program to resolve any issues in A1.

These programs are actively reviewing the Public Health Directory.

- **Communicable Disease Epidemiology** – CDEpi performs outreach to local health departments to assist and advise jurisdictions with case reporting and items required by statute. Their staff maintains contact with many of the jurisdictions and uses the directory often.
- **Environmental Health & Food Safety** - Will audit a random selection of counties every quarter to ensure that the CDCB Environmental Health category information is accurate.
- **Public Health Laboratory** – Will review Category A Shippers, DWES, and CBAT kit locations every quarter. The ask each jurisdiction to enter contact information for their laboratory Key Surveillance Partners (KSP), excluding corporate labs (e.g., Quest, LabCorp, Mako, etc.). Verify all specimen collection kit locations.

- **Public Health Emergency Preparedness** – PHEP reviews information related to emergency preparedness and response contacts. PHEP is the primary custodian of the directory. It also ensures that important relevant information is up to date, such as the Board of Health Chair and Lead Local Official, for use by the Public Health & Safety Division and the Directors Office.
- **Medical Material Distribution/SNS Drop Site Locations** – Ensuring the Public Health Directory has accurate and current PHYSICAL addresses for receiving shipments saves time when emergency responses involve distribution of medical materiel. Drop point addresses must be physical addresses. Office mailing addresses should also be physical for shipping purposes. Drop points that are not your public health office should include the organization’s name.

**To fulfill this deliverable:**

1. Review and update all information for every contact in each category below.
  - Board of Health Chair contact information
  - Cat A Shippers, DWES, CBAT, and clinical specimen kit locations
  - Clinical lab contacts (most often used)
  - Epidemiology Lead and secondary contacts
  - HAN Primary, Secondary, and Tertiary contacts
  - Health Department with after-hours numbers
  - Lead Local Health Officials’ contact information
  - MIDIS users
  - Preparedness Lead and Secondary
  - Preparedness Contract Liaison
  - Public Information Officer
  - Sanitarian Lead and Secondary contacts
  - SNS Coordinator
  - SNS drop point locations
  - Volunteer registry manager and back-up

NOTE: These are the required categories for PHEP. Other programs might require different or additional categories.

1. **Select ‘Mark as Reviewed’ in the Directory.**
2. Indicate which Public Health Directory categories you updated in the quarterly progress report.

**IM5: HAN Distribution and Response**

Test your DPHHS HAN response once each quarter.

**Domains:** *Information Management*

**Guidance:**

This deliverable requirement has two parts. The first is reducing the HAN message response time from health jurisdiction. The second necessitates two HAN coordinators to respond to a DPHHS HAN message.

*DPHHS PHEP has adjusted its time parameters for responding to HAN notifications. These target acknowledgement times for responses apply to both actual messages and exercise/drill messages.*

- Local jurisdictions must respond to HEALTH ALERT notifications within 2 hours.
- Local jurisdictions must respond to HEALTH ADVISORY and HEALTH UPDATE messages *recommending distribution or limited distribution* within 18 hours.

- INFORMATION SERVICE HAN messages DO NOT require a response.
- Follow the response instructions included on the DPHHS HAN cover sheet.

PHEP will send HAN messages on business days only, **except during emergency response operations**. HEALTH ALERT messages may be sent at any time due to the severe emergency nature that level of message carries.

Shortening the time to respond to HAN messages brings Montana closer to the standards of its neighboring states. A rapid response rate will encourage distributing of healthcare related messages more efficiently as well as sharing situational awareness.

Also, at least two **local HAN coordinators** must respond to a DPHHS HAN HEALTH ALERT, HEALTH ADVISORY, or HEALTH UPDATE. The two responses may come from the **primary, secondary, or tertiary** local HAN coordinators. This redundancy covers any instance in which one of the local HAN coordinators is unable to respond and relay messages due to technology failure, incapacitation, or other situation.

PHEP encourages jurisdictions to develop and test their own local redundant distribution systems.

**To fulfill this deliverable:**

1. Update your jurisdiction’s HAN message response protocols to answer notifications from DPHHS to the updated parameters.
2. Ensure two local HAN coordinators respond to DPHHS HAN messages according to PHEP’s new parameters.
  - HEALTH ALERT notifications within 2 hours.
  - HEALTH ADVISORY, HEALTH ADVISORY, and HEALTH UPDATE messages *recommending distribution or limited distribution* within 18 hours.

## Risk Communications

Andrea Wingo, 406-444-0919, [andrea.wingo@mt.gov](mailto:andrea.wingo@mt.gov)

### RC2: Outreach

Distribute communication pieces to community partners and public each quarter.

**Domains:** *Community Resilience, Information Management*

**Guidance:**

Each year communities face challenges of exposure to infectious diseases. Timely messaging to communities and health partners can help raise awareness of vaccine concerns or if there is an early start. Concerns in specific communities or jurisdictions may differ from those surrounding them.

Topics of concern specific to your jurisdiction should be prepared, especially in partnership with hospitals, long term care facilities, schools, and other high population institutions in your jurisdictions. Such topics can include norovirus, RSV, flu, varicella, or any infections disease that is of concern in your community. Mediums that could be used include brochures, flyers, social media, or your public health website.

Current messaging used by partners may be adopted if they agree to share. Consider personal preparedness messages utilizing tools and information from the CDC, FEMA, or any state agency or local partners. Samples of communication pieces and simple tools will be available to review and assist you.

**To fulfill this deliverable:**

1. List materials that were developed for the quarter
2. Identify the mediums used to distribute each

# Requirements Due First Quarter

These requirements, in addition to those listed for every quarter ([page A-9](#)), are due 15 days after the end of 1<sup>st</sup> quarter – October 15. **You should track your budget requirements every quarter.**

## Epidemiology

Danny Power, [danny.power@mt.gov](mailto:danny.power@mt.gov)

### E3: Attend Communicable Disease and Public Health Law Training

Participate in a DPHHS Communicable Disease Epidemiology training course for updated guidance on Montana public health law and how it relates to communicable disease event responses.

**Domains:** *Community Resilience, Information Management, Biosurveillance*

#### Guidance:

Local health jurisdictions should understand basic public health law and structure in both daily operations and during emergency responses. This knowledge may also assist local health jurisdictions in the plan review process of their health department emergency operations plans.

The webinar will be offered during the DPHHS Summer Institute with a simultaneous virtual participation option. It will also be recorded. It will cover local and state powers and duties, local and state response's command and control, how to fulfill your local responsibilities, legal considerations for public health emergencies, and when to enforce public health law.

- E3** [Attend Communicable Disease & Public Health Law Training](#)
- F2** [Review Truck and Train Wreck Protocol](#)
- F5** [RHCC TTX for Foodborne Illness & Food-Related Injury](#)
- IM3** [24/7 Communications System Information Plan](#)
- L2** [CBAT Kit Inspection & Inventory](#)
- [Return to Table of Contents](#)**

#### To fulfill this deliverable:

1. At least one individual from each jurisdiction must attend the Communicable Disease and Public Health Law course by one of the following methods:
  - a. Be present at the course presentation at the Summer Institute
  - b. Join the course virtually during the Summer Institute
  - c. View the recording of the webinar.

*NOTE: Formats of the virtual platform and recording will be determined at a date closer to the Summer Institute. In-person and virtual participation of Summer Institute activities have associated attendance fees.*

2. Take the post-test and submit your name and jurisdiction on the evaluation.
3. Indicate completion on the progress report.



# Environmental Health & Food Safety (formerly Food & Consumer Safety)

TBD, 406-444-2837

## F2: Review Truck and Train Wreck Protocol

The Registered Sanitarian (RS) works with your jurisdiction's local Board of Health to maintain an approved truck wreck response procedure under MCA 50-2-118.

**Domains:** *Community Resilience, Incident Management, Information Management, Biosurveillance*

### Guidance:

Ensure that information in your current protocol is up to date and meets standards in accordance to MCA 50-2-118 (<http://leg.mt.gov/bills/mca/50/2/50-2-118.htm>). DPHHS will provide sample accident protocols on the sanitarian resource page. These may be used as guidance in cases where protocols need to be re-written. Although commonly referred to as the "Truck Wreck Protocol", remember that this procedure should be used for **any** accident involving the transportation of food, including trains.

### To fulfill this deliverable:

1. Review the current truck and train wreck protocols regarding food transportation.
  - a. If the protocol has been modified or relevant staffing changes have occurred, summarize any changes that were made in the progress report.
  - b. If the protocol remains current, provide a written statement in the progress report that the previous year's protocol is still accurate.
2. Indicate on the quarter's progress report that current truck and train wreck protocol was presented to the local Board of Health and the date and time of the meeting.

## F5: Regional HCC TTX for Foodborne Illness & Food-Related Injury

Host a TTX Sep. 14, 2023, for the written procedure for investigating foodborne illnesses and food-related injuries.

**Domains:** *Community Resilience, Incident Management, Information Management, Surge Management, Biosurveillance*

### Guidance:

DPHHS Environmental Health & Food Safety, Public Health Emergency Preparedness, and Healthcare Preparedness Program will conduct a virtual table-top exercise with a foodborne illness outbreak scenario within each Regional Healthcare Coalition. Such a situation could feasibly impact multiple ESF8 organizations across jurisdictions within a region. The purpose is to exercise each jurisdiction's current locally approved Written Investigative Procedure to address foodborne illness and food related injury.

### Jurisdictions in the *Western RHCC* will host the 1st Quarter TTX: **Sep. 14, 2023**

*Beaverhead, CSKT, Deer Lodge-Granite, Flathead, Lake, Lincoln, Mineral, Missoula, Powell, Ravalli, Sanders, and Silver Bow.*

### Jurisdictions in the *Southern RHCC* will host the 2nd Quarter TTX:

*Bighorn, Carbon, CMHD, Crow, Fergus, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone.*

### Jurisdictions in the *Eastern RHCC* will host the 3<sup>rd</sup> Quarter TTX:

*Carter, Custer, Daniels, Dawson, Fallon, Ft. Peck, Garfield, McCone, Northern Cheyenne, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, and Wibaux.*

### Jurisdictions in the *Central RHCC* will host the 4<sup>th</sup> Quarter TTX:

*Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Pondera, Rocky Boy, Teton, and Toole.*

Each jurisdiction will gather or connect with its own ESF8/Coalition partners to participate in the TTX. DPHHS will lead the TTX. Partners in your jurisdiction you should consider inviting are

- Sanitarians
- Hospitals
- Disaster emergency coordinators
- Access and functional need services and people
- EMS
- Clinics and urgent care centers

The scenario will be simple, and several artificial situations assumed and communicated to avoid cross-jurisdictional complications that would normally occur. The focus is to exercise your written protocols with your RHCC cohorts. The exercise will consist of blocks of time to work with these partners to answer questions related to how you initiate your plans, engage your partners, and conduct processes and communications.

This TTX will test those plans and show any items that might need attention or improvement for your jurisdiction and ESF8 collaborators. Conducting a tabletop exercise can demonstrate the efficacy of your plan and reveal any gaps. You will write an after-action report (AAR) and improvement plan (IP). The IP might include adjusting or refining your procedures, define responsibilities for the adjustments to your plan, and should encompass the list of components in the **FOODBORNE ILLNESS AND FOOD DEFENSE PREPAREDNESS AND RESPONSE** document found at

<https://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/ProgramStandards/UCM372504.pdf>. Your sanitarian will help with this portion of the AAR/IP.

**For the Sanitarian:** If your jurisdiction uses the online complaint form and follow up procedure ONLY, then annual data analysis done by the State will meet the data review component. If your jurisdiction tracks complaints differently, analysis will need to be done independently.

#### To fulfill this deliverable:

1. Participate a virtual food-borne illness tabletop exercise with the appropriate jurisdictional and Regional Coalition partners.
2. Complete an after-action report and improvement plan with your ESF8 partners. Include answers to the following questions.
  - a. Did you follow your plan?
  - b. If not, why not?
  - c. What gaps did you find?
  - d. What were your successes?
  - e. Does your plan need to be modified so that it will be followed in the future?
3. Upload the AAR/IP to the progress report.

## Information Management

Gerry Wheat, 406-444-6736, [gwheat@mt.gov](mailto:gwheat@mt.gov)

### IM3: 24/7 Communications System Plan

Review, revise, or rewrite your public health emergency 24/7 communications system plan.

**Domains:** *Community Resilience, Information Management*

**Guidance:**

The communication system tests have been on hiatus during the pandemic response. DPHHS is returning to this exercise to ensure that it can reach local and tribal health partners after hours if there is an emergency needing a quick response. Because the last exercises were so long ago, your plans and procedures may have fallen into disuse, become outdated due to changes in personnel or technology, or need an overhaul because the notification processes have changed. You may also have no changes at all. Whatever the situation, the plans and procedures should be reviewed and updated **with the participation of your communication partners**. All parties should agree on the process, the people involved, and all the parameters under which the system will operate to contact public health after hours.

Your protocols should include:

- Roles and responsibilities
  - Who receives initial notifications after hours
  - Who in public health is notified to respond to the notification (should have at least a list of three or more)
- Response procedures or options
- Back up answering and response options
- Timeframe to pass messages or return calls (DPHHS requires that calls are returned within 20 minutes, per IM4)
- What happens to a missed call
- Current contact information
- Protocols for regular maintenance of the plan's contact information.

**To fulfill this deliverable:**

1. Review the latest version of your after-hours public health emergency 24/7 communications system plan or protocols.
  - a. Include all partners who have a role in the protocols
  - b. Revise or rewrite any protocols, or portions of protocols, that need an update, including contact information, process changes, parameters for implementation, etc.
2. Ensure all partners are in agreement with the new plan or protocol.
  - a. Include a signature page for partners to sign to indicate their agreement.
  - b. Put the plan into service.
  - c. Conduct a drill of the protocols and make changes where needed.
3. Record the date you conducted your own protocol drill of the plan on the quarterly progress report.

## Laboratory Services

Kim Newman, 406-444-3068, [knewman@mt.gov](mailto:knewman@mt.gov)

### L2: CBAT Kit Inspection and Inventory

Inspect the CBAT kit and replace expired inventory.

**Domains:** *Biosurveillance*

**Guidance:**

Environmental Health staff, local PHEP Preparedness Coordinators, HAZMAT Team staff, or other identified responsible community partners will inspect and inventory the Chemical/Bacteriological Agent Transport (CBAT) kit contents supplied by the Montana Laboratory Services Bureau. They will use the provided CBAT Inventory List and replace the expired sampling supplies, dried pens, and outdated instructions.



These kits were assembled and distributed several years ago. Turnover of personnel over the years has contributed to some neglect or misplacement. Consequently, becoming familiar with the contents is practical.

The purpose of this inventory is to verify the location, contents, and condition of the CBAT Kits supplied by the Montana Laboratory Services Bureau (MTLSB). The information you provide will also determine if the Kits still contain the proper elements and are not damaged.

The sterile transfer pipets have passed their expiration date and the environmental swabs will expire on 10/31/2023. Some kits have dried out ink pens. These supplies need to be replaced. Prior to the beginning of the first quarter, MTLSB will mail each public health/tribal health jurisdiction replacement CultureSwab™ environmental sampling swaps, sterile transfer pipets, pens, evidence tape, and updated large font field instructions. The new supplies will be mailed directly to the PHEP Preparedness contact person listed in the Montana Public Health Directory.

**To fulfill this deliverable:**

1. Contact the appropriate partner in your jurisdiction responsible for the CBAT Kit.
2. Explain the situation and the deliverable. Remind them of the quarter deadline.
  - a. Give them the link for the CBAT Inventory List  
[https://PHEP.formstack.com/forms/cbat\\_kit\\_inventory](https://PHEP.formstack.com/forms/cbat_kit_inventory)
  - b. Have them replace the sampling swabs and transfer pipets in the CBAT kit Hot Zone bags with the new sterile CultureSwab™ environmental sampling swabs and sterile transfer pipets..
  - c. Replace the dried ballpoint ink pen and outdated instructions in the CBAT Cold Zone bag with the new pen and updated large font instructions.
  - d. Have them inspect the supplies in the CBAT Kit, checking for breaches, deterioration, or broken seals in any of the contents, and complete the CBAT Kit Inventory List, noting the expiration dates of the new CultureSwab™ environmental sampling swabs and transfer pipets.
  - e. Have them reseal the kit with the new evidence tape.
  - f. Have them send a **“Resealed CBAT Kit”** confirmation email to Kim Newman, [knewman@mt.gov](mailto:knewman@mt.gov), and cc’d to you.
  - g. Encourage them to call Kim Newman at the MTLSB for assistance.
3. When the Formstack survey is completed and submitted, you should get an email to confirm. When you receive both the survey and the “Resealed CBAT Kit” confirmation emails, update the MTPH Directory (so that a new modified date appears in the view only mode), then mark the L2 deliverable requirement in the progress report as complete.

# Requirements Due Second Quarter

These requirements, in addition to those listed for every quarter ([page A-9](#)), are due 15 days after the end of 2<sup>nd</sup> quarter – January 15. You should track your budget requirements every quarter.

## Countermeasures & Mitigation

### Emergency Medical Countermeasures

Taylor Curry, 406-444-6072, [taylor.curry@mt.gov](mailto:taylor.curry@mt.gov)

### Exercise

Gary Zimmerman, 406-444-3045, [gzimmerman@mt.gov](mailto:gzimmerman@mt.gov)

### Immunization

Michelle Funchess, 406-444-2969, [mfunchess@mt.gov](mailto:mfunchess@mt.gov)

## CM1: Off-Site Point-of-Dispensing (POD) Vaccination Clinic

Conduct an off-site vaccination clinic as a POD exercise following your emergency medical countermeasures plan.

**Domains:** *Community Resilience, Incident Management, Countermeasures & Mitigation*

### Guidance:

Guidance is divided in three sections, but each is integral to the other for the deliverable. Please read carefully to ensure you complete all the components of the deliverable.

### Emergency Medical Countermeasures

Jurisdictions must ensure they can support medical countermeasure distribution and dispensing for all hazard events. This includes having an auxiliary inventory to support operations, such as office supplies, signs, credentialing systems, crowd control equipment, and more.

PODS (Points of Dispensing) are set up to quickly get medicines and treatment advice to people in emergency situations, when there is an outbreak of a highly contagious disease, during some natural disasters, or in the event of a bioterror or chemical attack. It is important to know what you need to establish a POD and how to set up a POD facility efficiently and quickly.

- Using your POD supplies (e.g., POD Box if it is part of your plans) set-up at least one (1) of your selected POD facilities. Be sure to inventory items and replace any that are worn or damaged. You can use your PHEP funds to support your POD exercise.
- Follow your written POD plan, including maps, messaging, and processing.
- You must include your partners and stake holders and involve **at least two** local or state organizations utilizing your jurisdiction's Emergency Medical Countermeasures Plan.

### Vaccinations

Preparing an off-site vaccination clinic is comprised of multiple parts. Checklists provide systematic ways to ensure necessary protocols and best practices are followed to ensure the safety of individuals. The *Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations* will help you stay organized. Review and complete the checklist throughout the process of planning, exercising, and reviewing

**CM1** Off-site POD Vaccination Clinic

**E1:** [Collaborative Activities with Key Surveillance Partners \(KSP\)](#)

**E2:** [Information Sharing](#)

**F4** [Update Contact Information for All Licensed Establishments](#)

**F5** [RHCC TTX for Foodborne Illness & Food-Related Injury](#)

**IM4** [Communication System Implementation](#)

**L3:** [DWES Kit Inspection & Inventory](#)

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your off-site POD clinic. Complete the sections as they correspond to the three stages of an off-site vaccination clinic. The stages include “before the clinic”, “during the clinic”, and “after the clinic.”

Retrieve the checklist from the [PHEP Deliverable Resources \(PDR\)](#) webpage under **Immunization**. A copy is also in the PHEP requirements binder in [Appendix A](#). Complete the checklist to the best of your ability and submit.

While checklists keep you organized, patient tracking during the clinic ensures an accurate accounting for vaccine distribution. In the event of a pandemic outbreak, jurisdictions may be asked to provide information on the vaccination tier groups who received the allocated vaccine.

Submit aggregate totals for each vaccination age group identified (see below, under Vaccination Population Group Screening Question). This data should be collected during the patient intake process of one off-site vaccination clinic.

Review and decide how to incorporate the *Vaccination Population Group Screening Question* into the patient intake process during one off-site vaccination clinic. The *Vaccination Population Group Screening Question* is located below and will be available on the [PDR](#) webpage under Immunization.

*Vaccination Population Group Screening Question:*

**Option 1:** Indicate if you fit into one or more of the groups below: (check all that apply)

- Pregnant woman
- Infant or toddler 6-35 months old
- Household contact of infant <6 months old
- Person aged 3-64 years old who is at higher risk for influenza-related complications (for the vaccine-preventable disease(s))
- Person aged 3-64 years old not at higher risk for influenza-related complications (for the vaccine-preventable disease(s))
- Adults 65+ years old

**Option 2:** Determine vaccination population group screening questions specific to an off-site vaccination clinic. Screening questions may be entirely unique or be a combination of unique screening questions and some of the groups found in Option 1. There must be a minimum of 3 screening group questions, and they may not all be age-defined. Upload a document that outlines the population screening group questions and the number of persons that fell into each group. Examples include but are not limited to:

- Person experiencing homelessness
- Person reporting history of injection drug use
- Person currently in a correctional or transitional setting
- Person is a refugee

When you audit your patient intake, total each of these categories for reporting purposes.

### **Exercise**

Conducting this vaccination POD clinic exercise according to your written plan provides you an opportunity to discover if there are areas to improve, anything you can do without, and anything you need to add. Gathering the information and preparing an After-Action Report (AAR) will help you organize all of the information you gather. Developing an Improvement Plan (IP) will lay out a path to make that information useful and help you prepare for the next clinic or pandemic response.

Following the POD clinic, complete an AAR/IP. You can use your own AAR/IP form or download a copy from the [PDR](#) under Exercises.

**To fulfill this deliverable:**

1. Schedule and prepare for an off-site POD as a vaccination clinic according to your emergency medical countermeasures plan.
  - a. Inventory your POD supplies (POD Box)
  - b. Upload a copy of the inventory to the progress report.
2. Download and review the *Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations*.
  - a. Complete the sections during the appropriate stages.
  - b. Upload the completed checklist to the Progress Report.
3. Review the Vaccination Population Group Screening Question and incorporate this question into patient intake for the clinic.
  - a. Report aggregate totals for each vaccination group indicated. There will be a total of six groups to report.
  - b. Submit aggregate totals for each group to the Progress Report.
4. Complete and submit an AAR/IP to the progress report.

## Epidemiology

Danny Power, [danny.power@mt.gov](mailto:danny.power@mt.gov)

### E1: Collaborative Activities with Key Surveillance Partners (KSP)

Identify and engage your jurisdiction's Key Surveillance Partners.

**Domains:** *Community Resilience, Information Management, Biosurveillance*

**Guidance:**

When you engage your KSPs, disseminate the list of reportable conditions and reporting instructions, *preferably in person or via presentations*. Record the date(s) of dissemination or indicate when your jurisdiction plans do so. During this distribution, please stress the importance of utilizing the after-hours or 24/7 contact information for your jurisdiction and when these numbers should be used.

The number and type of KSPs may vary for each local or tribal jurisdiction, as well as the urban or rural nature of its population. KSPs should always include laboratories and key providers who are likely to report diseases, such as community health centers, hospitals, clinics, etc. KSPs should also include schools and long-term care facilities, at least seasonally, because those can be affected during influenza season and are often sources of outbreaks like norovirus.

Engaging these KSPs in active surveillance is very valuable for the timely identification of cases and outbreaks. It also encourages two-way communication pertaining to the collection of information related to reportable conditions, as well as sharing of information that may be relevant to the provider.

We encourage you to employ effective communication strategies with these partners, including weekly calls, to increase the likelihood of reporting a communicable disease. However, weekly calls to each one may not be feasible for highly populated jurisdictions. It may be best to identify a key contact in an organization or facility and count that as one KSP. We do, however, recommend establishing primary and secondary contacts with each KSP to ensure communication. KSPs will likely overlap with your HAN lists.

**To fulfill this deliverable:**

1. Identify and provide the total number of KSPs within your jurisdiction for active surveillance purposes. Record the number of KSPs by type on the progress report.

- a. Providers (e.g., private and community clinics)
  - b. Laboratories
  - c. Schools
  - d. Senior Care Facility (Nursing homes/assisted living facilities)
  - e. Other partners
  - f. Total number of KSPs
2. Engage your key surveillance partners through “active” weekly or biweekly surveillance calls.
    - a. Maintain log of active surveillance calls (a sample template is available in the resource directory).
    - b. Indicate on the quarterly progress report if this log was completed.
    - c. It is not necessary to submit this log to DPHHS. Please maintain it locally and keep it with your grant progress report files.

## E2: Information Sharing

Routinely share information with KSPs and report on the materials your jurisdiction distributes each quarter.

**Domains:** *Community Resilience, Information Management, Biosurveillance*

**Guidance:**

KSPs are critical sources for ongoing case report and disease related information. Knowing the number and types of KSPs in your jurisdiction is critical to ensuring the data you collect is reliable and accurate. The objective of this deliverable is to ensure that 100% of your key surveillance partners have the most current information regarding communicable disease reporting.

Disseminating regular informational materials will also maintain communication channels. Examples of items to distribute are: DPHHS Communicable Disease Weekly Updates, MIDIS generated reports, HAN messages, and reportable disease related presentations.

**To fulfill this deliverable:**

1. Record the date(s) you disseminated the updated Reportable Conditions List and disease reporting instructions to KSPs.
2. Report on the materials your jurisdiction distributes to KSPs each quarter.
  - a. Provide a title and short description of the materials and frequency of distribution to your KSPs during BP5 on the progress report.

## Environmental Health & Food Safety (formerly Food & Consumer Safety)

TBD, 406-444-2837

### F4: Update Contact Information for All Licensed Establishments

Fill in the contact information in the Licensed Establishment Database.

(NOTE: Only jurisdictions with less than 90% completion in any one category of the database will need to complete this deliverable.)

**Domains:** *Community Resilience, Information Management*

**Guidance:**

The Registered Sanitarian for your jurisdiction should regularly maintain and update contact information for all licensed facilities Licensed Establishment Database. Contact FCS to request a spreadsheet of the licensed facility information that is present in the database if you need one.



Only counties with less than 90% completion in any one category of contact information for licensed facilities will need to complete this deliverable. **FCS will notify counties at the beginning of the quarter if they are included in this deliverable.**

Review the contact information in the licensing database for your licensed establishments and confirm that the phone numbers, mailing addresses, email addresses and physical addresses for each licensed establishment in your jurisdiction are up to date. Wherever necessary, please correct the contact information so that it is current.

It is important to have up to date contact information for all establishments for emergency responses such as sewerage failures, power outages, flooding, and recall notification. It is also important to be able to easily notify establishments of changes to rules that affect them and remind them of license fee due dates.

The email addresses and phone numbers gathered for this deliverable should be added to all applicable Health Alert Network lists.

**To fulfill this deliverable:**

1. Ensure that the contact information (phone, email address, mailing address, and physical address) for each licensed establishment in your jurisdiction is current and accurate in the FCS Database.
2. Criteria for approval are:
  - a. Over 90% of phone numbers are present in database or are on spreadsheet.
  - b. Over 90% of physical addresses are valid and accurate in database or on spreadsheet.
    - i. Guidance on correct address formatting will be providing as an attachment. No addresses should be P.O. Boxes, intersections, streets without a number, etc.
  - c. Notable improvement is observed for email addresses.
  - d. Recognizing that 90% may not be obtainable if a jurisdiction has less than 20 licensed establishments, the metrics will be evaluated on a case-by-case basis. The evaluation will be based on measurable improvements and efforts seen.
3. If updated information cannot be modified by the Sanitarian in the FCS database, submit a spreadsheet that notes information changes by uploading it to the quarterly progress report.

## **F5: Regional HCC TTX for Foodborne Illness & Food-Related Injury**

Host a TTX on December 7, 2023, for the written procedure for investigating foodborne illnesses and food-related injuries.

**Domains:** *Community Resilience, Incident Management, Information Management, Surge Management, Biosurveillance*

**Guidance:**

DPHHS Environmental Health & Food Safety, Public Health Emergency Preparedness, and Healthcare Preparedness Program will conduct a virtual table-top exercise with a foodborne illness outbreak scenario within each Regional Healthcare Coalition. Such a situation could feasibly impact multiple ESF8 organizations across jurisdictions within a region. The purpose is to exercise each jurisdiction's current locally approved Written Investigative Procedure to address foodborne illness and food related injury.

**Jurisdictions in the *Western RHCC* will host the 1st Quarter TTX:**

*Beaverhead, CSKT, Deer Lodge-Granite, Flathead, Lake, Lincoln, Mineral, Missoula, Powel, Ravalli, Sanders, and Silver Bow.*

## **Jurisdictions in the *Southern RHCC* will host the 2nd Quarter TTX: Dec. 7, 2023**

*Bighorn, Carbon, CMHD, Crow, Fergus, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone.*

## **Jurisdictions in the *Eastern RHCC* will host the 3<sup>rd</sup> Quarter TTX:**

*Carter, Custer, Daniels, Dawson, Fallon, Ft. Peck, Garfield, McCone, Northern Cheyenne, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, and Wibaux.*

## **Jurisdictions in the *Central RHCC* will host the 4<sup>th</sup> Quarter TTX:**

*Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Pondera, Rocky Boy, Teton, and Toole.*

Each jurisdiction will gather or connect with its own ESF8/Coalition partners to participate in the TTX. DPHHS will lead the TTX. Partners in your jurisdiction you should consider inviting are

- Sanitarians
- Hospitals
- Disaster emergency coordinators
- Access and functional need services and people
- EMS
- Clinics and urgent care centers

The scenario will be simple, and several artificial situations assumed and communicated to avoid cross-jurisdictional complications that would normally occur. The focus is to exercise your written protocols with your RHCC cohorts. The exercise will consist of blocks of time to work with these partners to answer questions related to how you initiate your plans, engage your partners, and conduct processes and communications.

This TTX will test those plans and show any items that might need attention or improvement for your jurisdiction and ESF8 collaborators. Conducting a tabletop exercise can demonstrate the efficacy of your plan and reveal any gaps. You will write an after-action report (AAR) and improvement plan (IP). The IP might include adjusting or refining your procedures, define responsibilities for the adjustments to your plan, and should encompass the list of components in the **FOODBORNE ILLNESS AND FOOD DEFENSE PREPAREDNESS AND RESPONSE** document found at

<https://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/ProgramStandards/UCM372504.pdf>. Your sanitarian will help with this portion of the AAR/IP.

For the Sanitarian: If your jurisdiction uses the online complaint form and follow up procedure ONLY, then annual data analysis done by the State will meet the data review component. If your jurisdiction tracks complaints differently, analysis will need to be done independently.

### **To fulfill this deliverable:**

1. Participate a virtual food-borne illness tabletop exercise with the appropriate jurisdictional and Regional Coalition partners.
2. Complete an after-action report and improvement plan with your ESF8 partners. Include answers to the following questions.
  - a. Did you follow your plan?
  - b. If not, why not?
  - c. What gaps did you find?
  - d. What were your successes?
  - e. Does your plan need to be modified so that it will be followed in the future?
3. Upload the AAR/IP to the progress report.

# Information Management

Gerry Wheat, 406-444-6736, [gwheat@mt.gov](mailto:gwheat@mt.gov)

## IM4: 24/7 Communication System Implementation

Participate in regular testing of the 24/7 notification system initiated by DPHHS.

**Domains:** *Community Resilience, Information Management*

### **Guidance:**

DPHHS PHEP will test your 24/7 emergency communication system quarterly. PHEP's test call should initiate activation of your communications protocol. Your jurisdiction must respond within **20 minutes** of the notification. Review your jurisdiction's 24/7 protocols during the grant period and ensure numbers, personnel, information, and steps are correct. An unsuccessful test call includes

- An incorrect number in the Public Health Directory
- No answer or voice messaging system to take the call
- No return call within the **20 minute** test window

PHEP will contact jurisdictions that do not successfully pass the test call. Those jurisdictions must identify any issues that caused a failed test and take corrective actions. Adjust your 24/7 emergency communication system protocols if the issue lies within those procedures.

### **To fulfill this deliverable:**

1. Ensure your 24/7 emergency communication system is in place and expect a quarterly test call.
2. Review and revise, if necessary, your protocols for 24/7 notifications for public health in your jurisdiction. Indicate on the quarterly progress report if revisions were made for the quarter.
3. If your quarterly test was unsuccessful, describe the issue and any corrective actions taken.

# Laboratory Services

Kim Newman, 406-444-3068, [knewman@mt.gov](mailto:knewman@mt.gov)

## L3: DWES Kit Inspection and Inventory

Environmental Health staff, local PHEP Preparedness Coordinators, Waterworks operators, or HAZMAT Team staff will inventory the contents of the Drinking Water Emergency Sampling (DWES) Kit supplied by the Montana Laboratory Services Bureau.

**Domains:** *Biosurveillance*

### **Guidance:**

The purpose of this inventory is to verify the location, contents, and condition of the DWES Kits supplied by the Montana Laboratory Services Bureau (MTLSB). The information you provide will also determine if the Kits still contain the proper elements and are not damaged.

The point of contact for the DWES Kit should be a jurisdictional Sanitarian, Environmental Health personnel, Community Water Supply operator, PHEP Preparedness Coordinator, or HAZMAT Team personnel and is the appropriate person/agent to conduct the inventory. By the end of first quarter, MTLSB will mail each public health jurisdiction replacement outer press-on envelopes and evidence tape. The new supplies will be mailed directly to the PHEP Preparedness contact person listed in the Montana Public Health Directory. Contact Kim Newman if you need assistance.

### **To fulfill this deliverable:**

1. Contact the appropriate partner in your jurisdiction responsible for the DWES Kit.

2. Explain the situation and the deliverable. Don't forget to remind them of the quarter deadline.
  - a. Give them the link for the DWES Inventory List  
[https://PHEP.formstack.com/forms/dwes\\_kit\\_inventory](https://PHEP.formstack.com/forms/dwes_kit_inventory)
  - b. Have them repackage the outer documents in a new press-on zip lock envelope and attach the envelope to the lid of the DWES Kit.
  - c. Have them repackage the inner documents in a new press-on zip lock envelope and attach the envelope to the inside surface of the lid.
  - d. Have them complete the Formstack Inventory survey.
  - e. Have them reseal the kit with the evidence tape provided.
  - f. Have them send a "**Resealed DWES Kit**" confirmation email to Kim Newman, [knewman@mt.gov](mailto:knewman@mt.gov), and cc'd to you.
  - g. Encourage them to call Kim Newman at the MTL SB for assistance.
3. When the Formstack survey is completed and submitted, you should get an email to confirm. When you receive both the survey and the "Resealed DWES Kit" confirmation emails, update the MTPH Directory (so that a new modified date appears in the view only mode), then mark the L2 deliverable requirement in the progress report as complete.



# Requirements Due Third Quarter

These requirements, in addition to those listed for every quarter (page A-9), are due 15 days after the end of 3<sup>rd</sup> quarter – April 15. You should track your budget requirements every quarter.

## Environmental Health & Food Safety (formerly Food & Consumer Safety)

TBD, 406-444-2873

### F5: Regional HCC TTX for Foodborne Illness & Food-Related Injury

Host a TTX on February 29, 2024, for the written procedure for investigating foodborne illnesses and food-related injuries.

**Domains:** *Community Resilience, Incident Management, Information Management, Surge Management, Biosurveillance*

#### Guidance:

DPHHS Environmental Health & Food Safety, Public Health Emergency Preparedness, and Healthcare Preparedness Program will conduct a virtual table-top exercise with a

foodborne illness outbreak scenario within each Regional Healthcare Coalition. Such a situation could feasibly impact multiple ESF8 organizations across jurisdictions within a region. The purpose is to exercise each jurisdiction's current locally approved Written Investigative Procedure to address foodborne illness and food related injury.

**F5** RHCC TTX for Foodborne Illness & Food-Related Injury

**IM4** Communication System Implementation

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#### Jurisdictions in the **Western RHCC** will host the 1st Quarter TTX:

*Beaverhead, CSKT, Deer Lodge-Granite, Flathead, Lake, Lincoln, Mineral, Missoula, Powel, Ravalli, Sanders, and Silver Bow.*

#### Jurisdictions in the **Southern RHCC** will host the 2nd Quarter TTX:

*Bighorn, Carbon, CMHD, Crow, Fergus, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone.*

#### Jurisdictions in the **Eastern RHCC** will host the 3<sup>rd</sup> Quarter TTX: **Feb. 29, 2024**

*Carter, Custer, Daniels, Dawson, Fallon, Ft. Peck, Garfield, McCone, Northern Cheyenne, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, and Wibaux.*

#### Jurisdictions in the **Central RHCC** will host the 4<sup>th</sup> Quarter TTX:

*Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Pondera, Rocky Boy, Teton, and Toole.*

Each jurisdiction will gather or connect with its own ESF8/Coalition partners to participate in the TTX. DPHHS will lead the TTX. Partners in your jurisdiction you should consider inviting are

- Sanitarians
- Hospitals
- Disaster emergency coordinators
- Access and functional need services and people

- EMS
- Clinics and urgent care centers

The scenario will be simple, and several artificial situations assumed and communicated to avoid cross-jurisdictional complications that would normally occur. The focus is to exercise your written protocols with your RHCC cohorts. The exercise will consist of blocks of time to work with these partners to answer questions related to how you initiate your plans, engage your partners, and conduct processes and communications.

This TTX will test those plans and show any items that might need attention or improvement for your jurisdiction and ESF8 collaborators. Conducting a tabletop exercise can demonstrate the efficacy of your plan and reveal any gaps. You will write an after-action report (AAR) and improvement plan (IP). The IP might include adjusting or refining your procedures, define responsibilities for the adjustments to your plan, and should encompass the list of components in the **FOODBORNE ILLNESS AND FOOD DEFENSE PREPAREDNESS AND RESPONSE** document found at <https://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/ProgramStandards/UCM372504.pdf>. Your sanitarian will help with this portion of the AAR/IP.

For the Sanitarian: If your jurisdiction uses the online complaint form and follow up procedure ONLY, then annual data analysis done by the State will meet the data review component. If your jurisdiction tracks complaints differently, analysis will need to be done independently.

**To fulfill this deliverable:**

1. Participate a virtual food-borne illness tabletop exercise with the appropriate jurisdictional and Regional Coalition partners.
2. Complete an after-action report and improvement plan with your ESF8 partners. Include answers to the following questions.
  - a. Did you follow your plan?
  - b. If not, why not?
  - c. What gaps did you find?
  - d. What were your successes?
  - e. Does your plan need to be modified so that it will be followed in the future?
3. Upload the AAR/IP to the progress report.

## Information Management

Gerry Wheat, 406-444-6736, [gwheat@mt.gov](mailto:gwheat@mt.gov)

### IM4: 24/7 Communication System Implementation

Participate in regular testing of the 24/7 notification system initiated by DPHHS.

**Domains:** *Community Resilience, Information Management*

**Guidance:**

DPHHS PHEP will test your 24/7 emergency communication system quarterly. PHEP’s test call should initiate activation of your communications protocol. Your jurisdiction must respond within **20 minutes** of the notification. Review your jurisdiction’s 24/7 protocols during the grant period and ensure numbers, personnel, information, and steps are correct. An unsuccessful test call includes

- An incorrect number in the Public Health Directory
- No answer or voice messaging system to take the call
- No return call within the **20 minute** test window

PHEP will contact jurisdictions that do not successfully pass the test call. Those jurisdictions must identify any issues that caused a failed test and take corrective actions. Adjust your 24/7 emergency communication system protocols if the issue lies within those procedures.

**To fulfill this deliverable:**

1. Ensure your 24/7 emergency communication system is in place and expect a quarterly test call.
2. Review and revise, if necessary, your protocols for 24/7 notifications for public health in your jurisdiction. Indicate on the quarterly progress report if revisions were made for the quarter.
3. If your quarterly test was unsuccessful, describe the issue and any corrective actions taken.

# Requirements Due Fourth Quarter

These requirements, in addition to those listed for every quarter ([page A-9](#)), are due 15 days after the end of 4<sup>th</sup> quarter – July 15. **You should track your budget requirements every quarter.**

## Budget

Dan Synness, 406-444-6927, [dsynness@mt.gov](mailto:dsynness@mt.gov)

### B1: Line Item Expenses

Provide the actual expenses in the listed line item categories.

**Domains:** *Community Resilience*

#### Guidance:

Your jurisdiction is required to account for your PHEP funding. All categories combined *must meet or exceed the sum* of your annual PHEP award. Your jurisdiction must also meet a 10% soft-match to the PHEP cooperative agreement. The sum can be more than your annual award depending on how many of your expenses were paid with matching funds from your jurisdictional agency or other entities. A spreadsheet is available on the [PDR](#) to help track expenses during the budget period.

Please provide the expense amount for these categories on the online form at the end of the 4<sup>th</sup> Quarter.

1. Staff salary (list each employee's salary)
2. Staff Benefits (list each employee's benefits)
3. Office space rent
4. Utilities (Electric/Heat/Water)
5. Phone (Office/Cell/Satellite)
6. Internet service
7. Auto mileage
8. Airline travel
9. Lodging/business related meals
10. Employee tuition/training
11. Consultant fees
12. Contractual office services
13. Contractual PHEP services
14. Meeting expenses
15. Office equipment
16. PHEP equipment
17. Office supplies
18. Fax/Copier/Printing
19. Additional Overhead

You must also report any purchase, or contribute to a purchase, of a single item costing more than \$5,000. You must consult with PHEP **before** encumbering that large of an expense as well.

#### To fulfill this deliverable:

1. Complete and submit the online budget form. The 4<sup>th</sup> Quarter progress report will also contain the link to the form. [https://PHEP.formstack.com/forms/phep\\_quarterly\\_expense\\_report\\_fourth\\_quarter\\_bp5](https://PHEP.formstack.com/forms/phep_quarterly_expense_report_fourth_quarter_bp5)

**B1** Line Item Expenses  
**CR1** [Capability Workplan Progress](#)  
**CR3** [End of Year Report](#)  
**F5** [RHCC TTX for Foodborne Illness & Food-Related Injury](#)  
**IM4** [Communication System Implementation](#)  
**[Return to Table of Contents](#)**



# Community Resilience

Luke Fortune, 406-444-1281, [lfortune@mt.gov](mailto:lfortune@mt.gov)

## CR1: Capability Workplan Progress

Write a final capability gap workplan report.

**Domains:** *Community Resilience*

**Guidance:**

We have spent the past three years attempting to close gaps in our preparedness and response capabilities while simultaneously working through a public health crisis. The response to the COVID-19 pandemic, unfortunately, revealed gaps and some areas for improvement that we thought were covered. You developed the original workplans to address the gaps found in your assessments but probably found that the newly discovered shortfalls took priority. Additional funding for the response likely helped you to address some of the gaps. The originals in the workplan still remained. The workplans were designed as living documents, intended to adjust to meet the reality of work, projects, and scheduling. That flexibility was necessary to respond to the pandemic.

The workplans to address capability gaps were intended to prepare us for the promised Operational Readiness Review (ORR) from the CDC. It never materialized at the local level for many reasons, including COVID-19. We are not sure what to expect in the next 5 year grant cycle, although some of our colleagues at CDC have mentioned edits to the capabilities, a new framework for implementation, and new guidance for jurisdictional risk assessments. The last 5 years has taught us nothing if to be patient and not speculate too much.

You have reported on these workplans for the last three budget periods. You will now give a final summary of your work. There is no quarterly reports for this year, only a final description of the work you have done and the results of the project. Try to format your summary by functions, objectives, and the activities performed. Describe your successes and what work you will carry forward.

**To fulfill this deliverable:**

1. Provide a summary report in the 4<sup>th</sup> quarter progress report concluding your three-year workplan. Include the following items.
  - a. Did you close the gaps set forth in your original workplans? What gaps did you finish, which ones did you not? Explain why or why not.
  - b. Did your workplan significantly change over the three years? How did the COVID19 response impact your workplan strategies.
  - c. How much did your community partners assist you with closing the capability gaps you had?
  - d. Did having a workplan keep you on task to cover gaps? Why or why not?
2. Answer the further questions on the quarterly progress report.

## CR3: End of Year Report

Write a brief description of your jurisdiction’s public health preparedness activities.

**Domains:** *Community Resilience, Information Management*

**Guidance:**

Each public health jurisdiction must submit a brief narrative to describe its preparedness activities during the budget period. These descriptions must be for activities performed outside of the deliverable requirements set forth in this cooperative agreement. The purpose of this requirement is to begin a record of accountability for

the use of PHEP grant funding. The CDC PHEP program has been requesting more narrative-based examples of how the money is used at the local level. These examples are used to justify continuing funding from Congress.

The report must describe how PHEP funding has improved your preparedness during the last budget period. Activities that might be included are extra vaccination clinics during outbreaks, partial or full responses to actual emergencies such as wildfires or floods, or the number of activations for your Emergency Operations Center. Activation of any of your response plans and participation in exercises with other organizations also qualify. Please also suggest areas of preparedness in which your jurisdiction could use more assistance. PHEP advises keeping a log or journal of activities throughout the budget period to help with this report.

**To fulfill this deliverable:**

1. Keep note of preparedness and response activities for your public health organization throughout the budget period.
2. Write a brief report of those activities in the progress report.

## **Environmental Health & Food Safety (formerly Food & Consumer Safety)**

TBD, 406-444-2837

### **F5: Regional HCC TTX for Foodborne Illness & Food-Related Injury**

Host a TTX on May 30, 2024, for the written procedure for investigating foodborne illnesses and food-related injuries.

**Domains:** *Community Resilience, Incident Management, Information Management, Surge Management, Biosurveillance*

**Guidance:**

DPHHS Environmental Health & Food Safety, Public Health Emergency Preparedness, and Healthcare Preparedness Program will conduct a virtual table-top exercise with a foodborne illness outbreak scenario within each Regional Healthcare Coalition. Such a situation could feasibly impact multiple ESF8 organizations across jurisdictions within a region. The purpose is to exercise each jurisdiction's current locally approved Written Investigative Procedure to address foodborne illness and food related injury.

**Jurisdictions in the *Western RHCC* will host the 1st Quarter TTX:**

*Beaverhead, CSKT, Deer Lodge-Granite, Flathead, Lake, Lincoln, Mineral, Missoula, Powel, Ravalli, Sanders, and Silver Bow.*

**Jurisdictions in the *Southern RHCC* will host the 2nd Quarter TTX:**

*Bighorn, Carbon, CMHD, Crow, Fergus, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone.*

**Jurisdictions in the *Eastern RHCC* will host the 3<sup>rd</sup> Quarter TTX:**

*Carter, Custer, Daniels, Dawson, Fallon, Ft. Peck, Garfield, McCone, Northern Cheyenne, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, and Wibaux.*

**Jurisdictions in the *Central RHCC* will host the 4<sup>th</sup> Quarter TTX: **May 30, 2024****

*Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Pondera, Rocky Boy, Teton, and Toole.*

Each jurisdiction will gather or connect with its own ESF8/Coalition partners to participate in the TTX. DPHHS will lead the TTX. Partners in your jurisdiction you should consider inviting are

**STATE OF MONTANA STANDARD LEASE CONTRACT -- COUNTIES --**  
(County lease template last revised June 4, 2021)

This lease #5935 is made by and between the Montana Department of Revenue, 125 North Roberts, Helena, Montana, 59601, "Lessee" and Broadwater County, a political subdivision of the State of Montana, 515 Broadway Street, Townsend, Montana, 59644, "Lessor."

**1. PURPOSE OF LEASE**

The Lessee has a need to lease space in Townsend, Montana to conduct its business, and the Lessor has space available for this purpose.

**2. PREMISES DESCRIPTION**

The leased space (Premises) is 754 gross square feet and includes the right to use the common areas (such as stairs, elevators, hallways, and available storage) within the building in which the Premises is located. The physical address is 515 Broadway Street, Townsend, Montana. Lessor shall have access to the storage area during normal business hours (Monday-Friday from 8 am to 5 pm excluding State holidays).

**3. TERM OF LEASE/CONDITION OF PREMISES AT END OF TERM**

A. The lease term is September 1, 2021, through June 30, 2023, unless earlier terminated as provided in sections 12, 13, 17, 18, 20 and 21 or renewed as provided in Section 5.

B. Upon termination of this lease or any extension of it, the Lessee shall vacate and surrender the Premises to the Lessor in as good condition and repair as when it took possession, reasonable wear and tear and Lessor-authorized alterations and improvements excepted. Lessee shall remove all personal property that it placed within the Premises within 30 days of termination.

C. Lessee at its expense shall provide its office furniture and supplies.

If the Lessee does not remove its personal property within the 30 days, then Lessee shall pay Lessor a full month's rent even if the Lessee's personal property is removed before the month has expired.

**4. CONSIDERATION**

A. The annual amount of rent the Lessee shall pay to the Lessor is \$3,000.00, payable in equal monthly installments of \$250.00. This reflects a rate of approximately \$3.98 per gross square foot per year. It is noted that this payment is to cover utilities and janitorial costs.

B. The Lessee shall pay the Lessor rent due by the 10th of the month.

**5. RENEWAL OPTION**

All lease renewals are subject to prior approval by the Department of Administration (under Section 23), the Lessor, and the Lessee.

**STATE OF MONTANA STANDARD LEASE CONTRACT -- COUNTIES --**  
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**3. TERM OF LEASE/CONDITION OF PREMISES AT END OF TERM**

A. The lease term is two years, effective July 1, 2021, through June 30, 2023, unless earlier terminated as provided in sections 12, 13, 17, 18, 20 and 21 or renewed as provided in Section 5.

B. Upon termination of this lease or any extension of it, the Lessee shall vacate and surrender the Premises to the Lessor in as good condition and repair as when it took possession, reasonable wear and tear and Lessor-authorized alterations and improvements excepted. Lessee shall remove all personal property that it placed within the Premises within 30 days of termination.

C. Lessee at its expense shall provide its office furniture and supplies.

If the Lessee does not remove its personal property within the 30 days, then Lessee shall pay Lessor a full month's rent even if the Lessee's personal property is removed before the month has expired.

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A. The annual amount of rent the Lessee shall pay to the Lessor is \$3,000.00, payable in equal monthly installments of \$250.00. This reflects a rate of approximately \$3.98 per gross square foot per year. It is noted that this payment is to cover utilities and janitorial costs.

B. The Lessee shall pay the Lessor rent due by the 10th of the month.



**5. RENEWAL OPTION**

All lease renewals are subject to prior approval by the Department of Administration (under Section 23), the Lessor, and the Lessee.

**6. UTILITIES AND JANITORIAL SERVICES**

A. The Lessor shall furnish and pay for all utilities including interior and landscape and irrigation water (hot and cold for the interior), gas, electricity, air conditioning (if available), garbage removal, pest control (if necessary), and sewer. The Lessor at its expense shall promptly replace all light bulbs, fluorescent tubes, and other lighting elements, but in any event within five working days after notification of needed replacement.

B. Lessee at its expense and with Lessor's approval may install additional telephone, electrical, or computer network lines or change the location of such existing facilities.

C. At its expense, Lessor shall provide janitorial services and all janitorial supplies for the Premises. The Lessor shall perform the janitorial work safely, including notifying occupants of any dangerous conditions like slippery or wet floors, or unstable walking areas. The services must include at a minimum:

Daily (Monday through Friday, excluding holidays)

Cleaning all bathrooms, including toilet and lavatory bowls

Refilling paper towel and toilet tissue dispensers

Emptying all trash containers

Weekly

Disposing of materials specified by the Lessee

Bi-Weekly

Vacuuming carpets

Dusting furniture

Mopping floors

As needed, but not less than semi-annually

Waxing floors

Shampooing carpets

Washing interior windows

Cleaning light fixtures and window blinds (if the blinds are provided and owned by the Lessor)

**7. PARKING SPACE**

At no additional charge or cost to the Lessee, Lessor shall provide adequate parking spaces for the Lessee's employees, including the requisite number of handicapped parking spaces required by the Americans with Disabilities Act.

**8. PARKING AREA AND SIDEWALK MAINTENANCE**

The Lessor shall keep the parking area and sidewalks safe and in good repair and shall timely remove debris, snow and ice from the parking area and sidewalk.

**9. NOTICE**

For a notice under this lease to be valid, it must be in writing and must be personally delivered or sent by email, fax, or first-class mail. Notice personally delivered or sent via email or fax is effective on receipt. If email is used and the sender receives a machine-generated notice that delivery has failed, then the sender must provide notice by another means allowed by this section. Notice sent by first class mail is effective within three days of mailing.

The Lessor's address for purposes of receiving notice or demand is Broadwater County 515 Broadway Street, Townsend, Montana, 59644

The Lessor's representative is Darrel Folkvord, e-mail: [dfolkvord@co.broadwater.mt.us](mailto:dfolkvord@co.broadwater.mt.us).

The Lessee's address for the purpose of receiving notice or demand is Montana Department of Revenue, Helena, Montana 59604.

The Lessee's representative for purposes under this lease is Brett Boutin, Contract Manager, telephone (406) 444-4073, E-mail [BrettBoutin@mt.gov](mailto:BrettBoutin@mt.gov).

If either party changes its address or contact person, it shall promptly notify the other party in writing at the address provided in this section.

**10. QUIET ENJOYMENT**

Without interference from Lessor or third parties, the Lessee has the right to peaceful and quiet possession and use of (i) the Premises and common areas and (ii) the rights and interests appurtenant to the Premises and common areas.

**11. ACCESS FOR MAINTENANCE/INSPECTION**

A. Upon 24-hours' prior notice to the Lessee, the Lessor or its agent(s) may enter the Premises at reasonable times to maintain, repair, or inspect the Premises.

B. If an emergency arises, Lessor may enter the Premises without prior notice to the Lessee. Lessor has 24-hour access to the Premises to perform janitorial services under section 6 above.

**12. MAINTENANCE/REPAIR OF PREMISES**

A. At its cost and expense, Lessor shall maintain and repair in a good, safe, and usable condition the Premises and the interior of the building in which the Premises is located—including related mechanical, electrical, plumbing, sanitary, heating, ventilation, and air conditioning systems and elevator (if any).

B. At its cost and expense, Lessor shall maintain and repair in a good, safe, and usable condition the exterior of the building and the Premises, including the roof, foundation, walls, doors, fixtures, outdoor lighting, lawns and other landscaping, drainage, and related sidewalks, stairways, and parking areas.

C. If there is an interruption in essential services to the Premises (such as heating, ventilation plumbing, lighting, or electrical services) or Lessor fails to maintain or repair the Premises in a good, safe, and usable condition for five consecutive days, Lessee must receive an abatement of rent for this period. If such interruption continues beyond this five-day period, Lessee may terminate this lease without penalty, and Lessor shall refund Lessee for the unearned rent paid. Lessee may also pursue any remedies available to it under this lease or Montana law.

### **13. FIRE OR OTHER CASUALTY DAMAGE**

A. If the Premises or any part of it becomes so damaged by fire, earthquake, other casualty, or structural defects that it cannot be used for Lessee's business purposes, then Lessee may without penalty terminate this lease by giving Lessor five days' notice. Lessor shall refund Lessee any unearned rent paid if Lessee so terminates.

B. If such damage does not render the Premises unusable for Lessee's purposes, Lessor shall promptly repair such damage at Lessor's cost. In this case, Lessee's rental payment must be reduced by the same ratio as the net square feet the Lessee is precluded from occupying bears to the total net square feet in the Premises.

"Net square feet" means actual inside dimensions and does not include public corridors, stairwells, elevators, and restrooms. If the Lessor does not complete the repairs within 30 days following the initial damage, Lessee may without penalty immediately terminate this lease.

C. Lessor shall continue to insure the Premises until the Lessee's personal property is removed from the Premises.

### **14. ALTERATIONS TO PREMISES**

The Lessee may not make permanent improvements or alterations to the Premise without the Lessor's prior written consent. Permanent improvements or alterations will remain the Lessor's property upon lease termination unless Lessor allows Lessee to remove the alterations or improvements. Lessee's personal property including but not limited to cubicles remains the Lessee's property and may be removed upon lease termination.

### **15. SIGNS**

If Lessor allows signage and the Lessee wishes to advertise its location in the building where the Premises is located, Lessee shall pay the Lessor for installation of a suitable sign on the exterior of the Premises at a location mutually agreeable to the Lessor and Lessee.



**16. INSURANCE SPECIFICATIONS**

A. Lessor Property. Lessor has property insurance as provided by the MACo Property & Casualty Trust (MACo PCT), which is a property and liability self-insured risk sharing pool. Such insurance provides coverage for among other things:

(i) Loss or damage by fire and such other risks (not including earthquake damage) in an amount sufficient to permit such insurance to be written at all times on a replacement cost basis.

(ii) Loss or damage from leakage or sprinkler systems now or hereafter installed in the Premises.

(iii) Loss or damage by explosion of steam boilers, pressure vessels, and oil or gasoline storage tanks, or similar apparatus now or hereafter installed in a building or buildings within which the Premises is located.

B. Lessor Liability. The Lessor shall purchase and maintain occurrence coverage with combined single limits for bodily injury, personal injury, and property damage of \$750,000 per claim and \$1,500,000 per occurrence to cover such claims as may be caused by any act, omission, or negligence of the Lessor and its officers, employees, or agents in accordance with § 2-9-108, MCA.

C. Lessee Insurance. Lessee shall maintain insurance covering its property and shall be self-insured for personal injury and property damage as required by law.

**17. COMPLIANCE WITH FEDERAL, STATE AND LOCAL LAWS**

A. The Lessor and Lessee shall comply with all applicable federal, state, and local laws (which includes rules and regulations) and ordinances.

B. Following § 49-3-207, MCA, and Executive Order No. 04-2016, Lessor agrees:

(i) the hiring of persons, if any, to perform this lease will be made on the basis of merit and qualifications, and

(ii) there will be no discrimination based on race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status, or marital status by the persons performing this lease.

C. The Lessor shall provide an additional alternative accessible site, other than the Premises, for use by the Lessee if it is necessary to provide services, benefits, or communication to individuals with a disability. If an alternative ADA site is not available or economically feasible for the Lessor to provide within thirty (30) days of a written request thereof by the Lessee, the Lessee may without a penalty terminate the lease with a thirty (30) day written notice.



D. Lessor shall locate, install, test, and maintain fire extinguishers as required by Montana law.

E. The Lessor shall provide the Department of Administration, the Montana Legislative Auditor, or their authorized agents reasonable access to any records relating to this lease to determine if the parties have complied with the lease terms and condition. § 18-1-118, MCA. It shall retain these records for eight years following termination of this lease or the time established by the Lessor's record retention schedule, whichever is longer.

#### **18. ENVIRONMENTAL HAZARDS**

A. The Lessor represents that, to the best of its knowledge, any use, storage, treatment or transportation of hazardous substances that has occurred within, under or from the Premises before the lease date has complied with all applicable federal, state and local laws, regulations, and ordinances.

B. The Lessor represents that, to the best of its knowledge, (i) no release, discharge, or disposal of hazardous substances has occurred within or under the Premises and (ii) that the Premises is free of hazardous substances as of the starting lease date.

C. If either party to this lease discovers that a release, discharge, or disposal of hazardous substances has occurred within or under the Premises or that the Premises is not free from hazardous substances, the party shall immediately notify the other party.

D. If the Lessee determines at any time that the Premises poses an environmental hazard to its employees, the Lessee may without incurring a penalty or liability immediately terminate the lease with notice to the Lessor.

E. "Hazardous substances" means those substances designated by the United States Environmental Protection Agency as hazardous or those substances defined as hazardous by federal, state, or local laws (which includes rules and regulations) and, ordinances.

#### **19. HOLDOVER TENANCY**

A. Absent a written agreement stating otherwise, if the Lessee holds the Premises beyond the lease term the lease will be deemed a month-to-month tenancy subject to all terms and conditions of this lease.

B. Either party may terminate the holdover tenancy, without incurring a penalty, by providing the other party thirty (30) day written notice of termination before the beginning of the final month.

#### **20. TERMINATION FOR LACK OF FUNDING**

A. The Lessor understands that the Lessee, as a state agency, is dependent upon state and/or federal appropriations for its funding. If state or federal government funds are not

appropriated or otherwise made available to support continued performance of this lease in subsequent fiscal periods, the Lessee must by law terminate this lease. § 2-17-101(6), MCA. The Lessee shall provide Lessor the date Lessee's termination will take effect.

B. The Lessee is responsible only for the rental payment, or prorated portion of that payment, owed to the Lessor under Section 4 up to the date the Lessee's termination takes effect. This is the Lessor's sole remedy. Lessee will not be liable to the Lessor for any other payments or damages arising from termination for lack of funding, including but not limited to general, special or consequential damages.

## **21. BREACH**

A. Other than termination for lack of funding under section 20, either party's failure to perform the lease's terms and conditions is a breach.

B. If a breach arises, the non-breaching party may send the breaching party a written notice, identifying in reasonable detail the breach and the requested remedy.

Except as provide in subsection C. below, the breaching party shall cure the breach as soon as reasonably possible but no longer than 30 days, except if an emergency condition exists requiring a cure to be immediately started and completed within 24 hours if reasonably possible given the circumstances.

C. If the breaching party does not cure the breach, the nonbreaching party may cure all or part of the default after providing notice to the breaching party of its intent to perform such cure, and, if applicable, recover the costs incurred in curing the default.

If the nonbreaching party is the Lessee, the Lessee may deduct all costs incurred from rent or other charges owed to Lessor. Lessee's costs incurred to cure include, but are not limited to, all reasonable out-of-pocket expenses, payment of unpaid utility or services charges for which Lessor is responsible, and all administrative costs the Lessee reasonably incurs and documents in performing or arranging for performance of the cure.

If the nonbreaching party is the Lessor, Lessor will submit properly executed vouchers and proof of payment to Lessee and Lessee shall remit payment to Lessor within 30 days or as soon as is practicable.

The nonbreaching party is under no obligation to cure some or all the default of the breaching party. To the extent that the nonbreaching party does not cure the default, the nonbreaching party may pursue its legal and contractual remedies against the breaching party.

The nonbreaching party's failure to cure the breaching party's default does not waive the nonbreaching party's rights to relief. Nothing herein removes or lessens either party's obligation to mitigate damages.

D. If it is not reasonably possible to cure an emergency or non-emergency condition within 24-hours or 30 days, respectively, the breaching party shall so notify the non-breaching party within 24-hours or 10 days, respectively. Such notice shall explain why the cure is not reasonably possible with due diligence to complete within 24 hours (if an emergency) or 30 days (if a non-emergency) and provide the earliest date that the work can be completed as soon as reasonably possible.

It is not a justifiable ground for delay that the Lessor does not have available funding to accomplish the cure or that a preferred contractor has limited availability if other contractors can satisfactorily perform the work sooner at reasonable cost.

E. "Emergency condition" means a condition requiring a cure that (i) prevents or substantially disrupts the Lessee from using all or a substantial part of the Premises, or (ii) causes or substantially threatens to cause injury to persons or damage to property or raises a substantial danger to the health or safety of any persons on or using the Premises. Notice under this paragraph may be by the means allowed in the Notice section 9, but in addition includes actual notice/awareness that Lessor has of a condition independent of any such notice.

## **22. VENUE**

If a dispute arises over this lease and a party chooses to file a suit, the proper venue for the case is the District Court of the Montana, First Judicial District, Lewis and Clark County. Each party shall pay its own attorney fees and costs.

## **23. LEASE APPROVAL**

The Department of Administration must approve any lease amendment or renewal.

## **24. ENTIRE LEASE/INTERPRETATION**

This lease, consisting of nine pages, sections 1 through 25, contains the entire agreement between the Lessee and the Lessor. If an ambiguity exists in this Lease, this lease may not be interpreted against the drafter.

## **25. SMOKE FREE ENVIRONMENT**

The Lessor shall make all parts of the Premises smoke-free, and Lessee may not allow its employees or visitors to smoke in the Premises. "Smoke" means smoke from a lighted cigar, pipe, cigarette, any kind or variety of e-cigarette or vapor cigarette, or any other smokable product. Refer to Montana Clean Indoor Air Act, 50-40-101, et seq., MCA.

(the remainder of this page is left blank intentionally)



The parties' authorized representatives have executed this lease as indicated below.

Lessor

**BOARD OF COUNTY COMMISSIONERS**

By: Michael S. Delguy

Date: 3-16-2021

By: David Johnson

By: Debra Flandolph

**(MUST BE SIGNED BY AT LEAST TWO COMMISSIONERS)**

\_\_\_\_\_  
Approved for legal content  
County Attorney

Lessee

By: \_\_\_\_\_  
Teresa G. Whitney, Legal Counsel  
Montana Department of Revenue  
Date

By: \_\_\_\_\_  
Brendan Beatty, Director  
Montana Department of Revenue  
Date

**APPROVED BY:**

By: \_\_\_\_\_  
Garett M. Bacon, Leasing Officer  
Montana Department of Administration, General Services Division  
Date

By: \_\_\_\_\_  
Mike Manion, Chief Legal Counsel  
Montana Department of Administration  
Date

By: \_\_\_\_\_  
Office of Budget and Program Planning  
Date

By: \_\_\_\_\_  
Misty Ann Giles, Director  
Montana Department of Administration  
Date



**BROADWATER COUNTY COMMISSIONERS**  
DEBI RANDOLPH | DARREL FOLKVORD  
LINDSEY RICHTMYER  
515 Broadway Townsend MT 59644  
[commissioners@co.broadwater.mt.us](mailto:commissioners@co.broadwater.mt.us)

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RESOLUTION 2023 - \_\_\_\_

**A RESOLUTION DECLARING TANGIBLE PERSONAL PROPERTY OWNED BY BROADWATER COUNTY TO BE SURPLUS PROPERTY AND AUTHORIZING THE DISPOSAL OF THAT PROPERTY**

**Whereas**, Broadwater County owns various vehicles shown in Exhibit “A” attached hereto;

**Whereas**, an appraisal was completed of the six vehicles and the values of those vehicles is show in Exhibit “A” attached hereto;

**Whereas**, this property is no longer needed for use by Broadwater County;

**Whereas**, it is in the best interest of Broadwater County that the vehicles be declared surplus property and disposed of by the Buildings Manager at auction.

**NOW, THEREFORE, BE IT RESOLVED BY THE BROADWATER COUNTY COMMISSION, MONTANA:** The personal property described above and on Exhibit “A” is declared surplus property.

**BE IT FURTHER RESOLVED THAT:** The vehicles that are valued less than \$2,500 the Buildings Manager is authorized to dispose of it through consignment of the listed vehicles to public auction as allowed by Mont. Code Ann. § 7-8-2217;

**BE IT FURTHER RESOLVED THAT:** The vehicle that is valued as more than \$2,500 the sale will be at public auction as required by Mont. Code Ann. § 7-8-2212. If no bid or offer is made, the Broadwater County Commission may sell the property at a private sale as allowed in Mont. Code Ann. § 7-8-2218;

**BE IT FURTHER RESOLVED THAT:** Since the vehicles will be sold at a public sale, notice will be given according to Mont. Code Ann. § 7-1-2121.

**PASS AND EFFECTIVE BY THE BROADWATER COUNTY COMMISSION,  
MONTANA, THIS \_\_\_\_ DAY OF AUGUST, 2023.**

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

**BROADWATER COUNTY  
COMMISSIONERS**

\_\_\_\_\_  
**DEBI RANDOLPH, CHAIR**

ATTEST:

\_\_\_\_\_  
**DARREL FOLKVORD, MEMBER**

\_\_\_\_\_  
**ANGIE PAULSEN, CLERK AND RECORDER**

\_\_\_\_\_  
**LINDSEY RICHTMYER, MEMBER**

**BROADWATER COUNTY COMMISSIONERS**  
DEBI RANDOLPH | DARREL FOLKVORD  
LINDSEY RICHTMYER  
515 Broadway Townsend MT 59644  
[commissioners@co.broadwater.mt.us](mailto:commissioners@co.broadwater.mt.us)

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Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**BROADWATER COUNTY  
COMMISSIONERS**

\_\_\_\_\_  
**DEBI RANDOLPH, CHAIR**

ATTEST:

\_\_\_\_\_  
**DARREL FOLKVORD, MEMBER**

\_\_\_\_\_  
**ANGIE PAULSEN, CLERK AND RECORDER**

\_\_\_\_\_  
**LINDSEY RICHTMYER, MEMBER**