1. CALL TO ORDER

2. ROLL CALL

3. PUBLIC COMMENT

4. CHAIRMAN'S REMARKS

5. APPROVAL OF MINUTES:
   A. Judicial and Public Safety Committee - Regular Meeting - Tuesday August 21st, 2018

6. BUDGET TRANSFERS
   A. Budget Transfers -- Transfer of funds from account no 52200 (operating supplies & materials) and 52220 (wearing apparel) to account no 52100 (IT Equipment Small Value) for Campus Security in the amount of $3700.00 to cover invoices.
   B. Budget Transfers -- Transfer of funds from account no 50000 (regular salaries) to account no 53700 (matching funds/contributions) for the Children's Center in the amount of $3,200.00 to increase matching funds budget resulting from an increase in donated funds.

7. ACTION ITEMS
   A. FI-R-0394-18 RESOLUTION -- Acceptance and Appropriation of the DCHD-Illinois Public Health Emergency Preparedness Grant FY19 $350,000.00

8. INFORMATIONAL ITEMS
   A. Grant Proposal Notifications -- GPN & Report 039-18 - Illinois Court Improvement Program Grant - Administrative Office of the Illinois Court- DuPage Circuit Court - $10,000.00
D. Presentation: STOP School Violence: Prevention and Mental Health Training Program - Dr. Ruscitti

9. OLD BUSINESS

10. NEW BUSINESS

11. ADJOURNMENT
1. **CALL TO ORDER**

8:15 AM meeting was called to order by Chairman Grant Eckhoff at 8:16 AM.

2. **ROLL CALL**

**PRESENT:** Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Noonan, Puchalski, Tornatore, Zay

**ABSENT:** DiCianni

3. **PUBLIC COMMENT**

None

4. **CHAIRMAN'S REMARKS**

None

5. **APPROVAL OF MINUTES:**

A. Judicial/Public Safety Committee - Regular Meeting - Aug 7, 2018 8:15 AM

<table>
<thead>
<tr>
<th>RESULT:</th>
<th>ACCEPTED [UNANIMOUS]</th>
</tr>
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<tbody>
<tr>
<td>MOVER:</td>
<td>Donald Puchalski, District 1</td>
</tr>
<tr>
<td>SECONDER:</td>
<td>James Healy, District 5</td>
</tr>
<tr>
<td>AYES:</td>
<td>Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Noonan, Puchalski, Tornatore, Zay</td>
</tr>
<tr>
<td>ABSENT:</td>
<td>DiCianni</td>
</tr>
</tbody>
</table>

6. **BUDGET TRANSFERS**

A. Budget Transfers -- Transfer of funds from account no 50040 (part time help) to account no 50050 (temporary salaries/on call) for the State's Attorney in the amount of $16,600.00 to cover projected future cost of temporary salaries.
RESULT: APPROVED [UNANIMOUS]
MOVER: Tonia Khouri, District 5
SECONDER: Sean T Noonan, District 2
AYES: Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Noonan, Puchalski, Tornatore, Zay
ABSENT: DiCianni

7. ACTION ITEMS

A. 2018-198 Recommendation for the approval of a contract purchase order to School Health Corporation to pay invoice for the purchase of AED replacement parts for the Office of Homeland Security and Emergency Management, for a contract total amount not to exceed $9,999.00, per low quote.

RESULT: APPROVED [UNANIMOUS]
MOVER: Amy L Grant, District 4
SECONDER: Sean T Noonan, District 2
AYES: Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Noonan, Puchalski, Tornatore, Zay
ABSENT: DiCianni

B. Change Order -- JPS-P-0380A-17 Amendment to Resolution JPS-P-0380-17 service agreement # 2765-0001 SERV issued to Sentinel Offender Services LLC to provide GPS device or electronic monitoring services to juveniles, indigent adult offenders and their victims, for DuPage County Probation & Court Services, to increase the contract amount by $15,000.00, resulting in an amended contract total amount not to exceed $58,635.60, an increase of 34.38%.

RESULT: APPROVED [UNANIMOUS]
MOVER: Donald Puchalski, District 1
SECONDER: Tonia Khouri, District 5
AYES: Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Noonan, Puchalski, Tornatore, Zay
ABSENT: DiCianni

C. Consent Item -- Extend Contract 2491-0001 SERV issued to eFive Solutions, Inc.
RESULT: APPROVED [UNANIMOUS]
MOVER: Robert L Larsen, Vice Chair
SECONDER: Sean T Noonan, District 2
AYES: Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Noonan, Puchalski, Tornatore, Zay
ABSENT: DiCianni

D. Authorization for Overnight Travel -- Authorization to Travel - OHSEM Coordinator to travel to Grand Rapids, Michigan on October 21-24, 2018 to attend the International Emergency Managers Conference (IAEM) as a speaker. Some of the costs are being waived by IAEM. The approximate cost of the conference will be $634.50.

RESULT: APPROVED [UNANIMOUS]
MOVER: Sam Tornatore, District 1
SECONDER: James Healy, District 5
AYES: Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Noonan, Puchalski, Tornatore, Zay
ABSENT: DiCianni

8. BUDGET PRESENTATION

A. DuPage County Sheriff's Merit Commission

The budget presentation consisted of a run down explaining the purpose behind the Sheriff's Merit Commission and an overview of the numbers. The 2018 budget came in under the projected budget and therefore, the Merit Commission is requesting less money for FY2019.

9. OLD BUSINESS

Member Grasso updated the committee on the ongoing joint negotiations that the Sheriff's Office is involved in. Currently three unions are looking to broker new deals. The first is the Illinois Maternal Order of Police, the second is Policemen's Benevolent Labor Committee, and lastly, American Federation of State, County, and Municipal Employees. Negotiations will be ongoing.

10. NEW BUSINESS

None

11. ADJOURNMENT

A. Motion to Adjourn

Without objection, the meeting was adjourned at 8:27 AM.
RESULT: APPROVED [UNANIMOUS]
MOVER: Robert L Larsen, Vice Chair
SECONDER: Sean T Noonan, District 2
AYES: Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Noonan, Puchalski, Tornatore, Zay
ABSENT: DiCianni

5.A
Packet Pg. 6
Minutes Acceptance: Minutes of Aug 21, 2018 8:15 AM (Approval of Minutes:)
DuPage County
### BUDGET ADJUSTMENT
**Effective September 21, 2016**

**From:** 1000  
**To:** 1000  

<table>
<thead>
<tr>
<th>Accounting Unit</th>
<th>Account</th>
<th>Sub-Account</th>
<th>Title</th>
<th>Amount</th>
<th>Prior to Transfer</th>
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<th>Date of Balance</th>
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<tbody>
<tr>
<td>1130</td>
<td>62200</td>
<td></td>
<td>OPERATING SUPPLIES &amp; MATERIALS</td>
<td>$2,700.00</td>
<td>3847.23</td>
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<td>WEARING APPAREL</td>
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**Total** $3,700.00

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<th>Sub-Account</th>
<th>Title</th>
<th>Amount</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
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<tr>
<td>1160</td>
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<td>I.T. EQUIPMENT-SMALL VALUE</td>
<td>$3,700.00</td>
<td>-</td>
<td>3700</td>
<td>8/15/18</td>
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**Total** $3,700.00

**Reason for Request:**
Transfer is needed to purchase PCs and other IT equipment to support security cameras in parking garages.

**Signature:**  
Department Head:  
Chief Financial Officer:

---

**Finance Department Use Only**

**Fiscal Year:** 2018  
**Budget Journal #:** ______  
**Acctg Period:** ______  
**Entered By/Date:** ______  
**Released By/Date:** ______  
**Posted By/Date:** ______
DuPage County, Illinois
BUDGET ADJUSTMENT
Effective September 21, 2018

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<tr>
<td>General Fund/Children's Center</td>
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<tr>
<td>6510</td>
<td>50000</td>
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<tr>
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<td>$3,200.00</td>
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</thead>
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<tr>
<td>Total</td>
<td>$3,200.00</td>
</tr>
</tbody>
</table>

Reason for Request:
Increase budget of Matching Funds resulting from increased grant funding from the Donated Funds Initiative grant.

Department Head: [Signature]  
Date: 8/22/18

Chief Financial Officer: [Signature]  
Date: 8/22/18

Finance Department Use Only
Fiscal Year 2018  Budget Journal #  Acctg Period __________
Entered By/Date __________ Released By/Date __________ Posted By/Date __________

Attachement: Children's fund (17-18-848 : Budget Transfer-Children's Center-$3,200.00)
Resolution
FI-R-0394-18

ACCEPTANCE AND APPROPRIATION OF
THE DUPAGE COUNTY HEALTH DEPARTMENT-
ILLINOIS PUBLIC HEALTH EMERGENCY PREPAREDNESS GRANT FY19
COMPANY 5000 - ACCOUNTING UNIT 1960
$350,000

(Under the administrative direction of
the Office of Homeland Security and Emergency Management)

WHEREAS, Joint Resolution JPS-R-0480-15 was approved and adopted by DuPage County Board on August 11, 2015 authorizing consolidation of the DuPage County Health Department’s Office of Risk and Emergency Management into the DuPage County Office of Homeland Security and Emergency Management (OHSEM); and

WHEREAS, the DuPage County Health Department receives Illinois Department of Public Health Cities Readiness Initiative and Public Health Emergency Preparedness grants to be used for emergency management functions that have been consolidated by the aforementioned Joint Resolution; and

WHEREAS, the County of DuPage has been notified by the DuPage County Health Department that grant funds in the amount of $350,000 (THREE HUNDRED FIFTY THOUSAND, AND NO/100 DOLLARS) are available to be used for emergency management functions relating to Illinois’ Public Health Emergency Preparedness and Cities Readiness Initiative grants; and

WHEREAS, to receive said grant funds, the County of DuPage through the OHSEM must enter into an Agreement for Consolidation of Emergency Services with the DuPage County Board of Health through the DuPage County Health Department, a copy of which is attached to and incorporated as a part of this resolution by reference (Attachment II); and

WHEREAS, the period of the Agreement is from July 1, 2018 through June 30, 2019; and

WHEREAS, no additional County funds are required to receive this funding; and

WHEREAS, acceptance of this funding does not add any additional subsidy from the County; and

WHEREAS, the DuPage County Board finds that the need to appropriate said grant funds creates an emergency within the meaning of the Counties Act, Budget Division, (55 ILCS 5/6-1003).

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the Agreement for Consolidation of Emergency Services (Attachment II) between DuPage County through the OHSEM and DuPage County Board of Health through the DuPage County Health Department is hereby accepted; and

BE IT FURTHER RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (Attachment I) be made to establish the DuPage County
Resolution
FI-R-0394-18

Health Department-Illinois Public Health Emergency Preparedness Grant FY19, Company 5000 - Accounting Unit 1960, for the period of July 1, 2018 through June 30, 2019; and

BE IT FURTHER RESOLVED by the DuPage County Board that the Director of the OHSEM is approved as the County’s Authorized Representative; and

BE IT FURTHER RESOLVED that should state and/or federal funding cease for this grant, the Judicial and Public Safety Committee shall review the need for continuing the specified program; and

BE IT FURTHER RESOLVED that should the Judicial and Public Safety Committee determine the need for other funding is appropriate, it may recommend action to the County Board by resolution.

Enacted and approved this 11th day of September, 2018 at Wheaton, Illinois.

________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: __________________________
________________________________
PAUL HINDS, COUNTY CLERK
ADDENDUM APPROPRIATION TO ESTABLISH
THE DUPAGE COUNTY HEALTH DEPARTMENT-
ILLINOIS PUBLIC HEALTH EMERGENCY PREPAREDNESS GRANT FY19
COMPANY 5000 – ACCOUNTING UNIT 1960
$350,000

REVENUE

41000-0002 – Federal Operating Grant-HHS $ 350,000

TOTAL ANTICIPATED REVENUE $ 350,000

EXPENDITURES

PERSONNEL

50000 Regular Salaries $ 247,730
51010 Employer Share I.M.R.F. 30,000
51030 Employer Share Social Security 18,945
51040 Employee Med & Hosp Insurance 43,165
51050 Flexible Benefit Earnings 160

TOTAL PERSONNEL $ 340,000

CONTRACTUAL

53510 Travel Expense $ 6,000
53610 Instruction and Schooling 4,000

TOTAL CONTRACTUAL $ 10,000

TOTAL ADDITIONAL APPROPRIATION $ 350,000
AGREEMENT FOR CONSOLIDATION OF EMERGENCY SERVICES

This agreement (hereinafter ‘AGREEMENT’) is made and entered into this 6th day of August 2018, by and between the COUNTY OF DUPAGE and the DUPAGE COUNTY BOARD OF HEALTH by and through the DUPAGE COUNTY HEALTH DEPARTMENT.

WITNESSETH

WHEREAS, the County of DuPage is a unit of local government organized as a county under township organization as set forth in the Counties Code, the corporate powers of which are exercised by its County Board; and

WHEREAS, the DuPage County Health Department is a full-time health department established by referendum in 1945, maintained by the County of DuPage, and managed by the DuPage County Board of Health under Article 5-25000 of the Counties Code; and

WHEREAS, Section 10 of the Illinois Emergency Management Agency Act provides that each county shall maintain an emergency services and disaster area that has jurisdiction over and serves the entire county; and

WHEREAS, the Director of the DuPage County Office of Homeland Security and Emergency Management (hereinafter “OHSEM”) on behalf of the County and the DuPage County Health Department (hereinafter “DCHD”) on behalf of the Board of Health have determined and agreed that many of the emergency management functions performed by OHSEM and DCHD are duplicative in nature, such that a consolidation of these functions is in the best interests of the residents of DuPage County and can be pursued without diminishing the ability of personnel within the County to efficiently and effectively respond to emergencies; and

WHEREAS, in the year 2015, the DuPage County Board and the DuPage Board of Health each approved a resolution authorizing and directing the Director of OHSEM and the Executive Director of the Health Department to take any and all lawful and necessary actions to carry into execution the consolidation of OHSEM and DCHD, including, but not limited to the transfer of personnel, equipment, and resources between the County and the Health Department;

Now therefore, be it agreed:

1. **Grant Applications.** Funding for emergency management functions to be consolidated and carried out by OHSEM under this AGREEMENT is realized through Illinois’ Public Health Emergency Preparedness (PHEP) and Cities Readiness Initiative (CRI) grants which are distributed annually. The availability of these grants is subject to federal appropriations and may change year-to-year or be eliminated. DCHD shall continue to draft and submit documents related to applications for PHEP and CRI grants to the Illinois Department of Public Health, or any successor agency and OHSEM personnel shall be available to assist DCHD in providing any necessary data for completing grant applications. If new grants supporting public health emergency response become available, OHSEM and DCHD will collaborate on applications and the relevant
eligible agency will submit the application. OHSEM and DCHD recognize the PHEP and CRI
awards are subject to annual appropriation

2. County of DuPage certifies that 135836026 is County of DuPage’s correct DUNS number
and that 36-6006551 is County of DuPage’s correct FEIN number and that the County of DuPage
has an active State registration and SAM registration (if federal funds).

3. The Illinois Department of Public Health is the pass-through entity for the Public Health
Emergency Preparedness and Cities Readiness Initiative grants.

For the Cities Readiness Initiative (CRI), grant identification numbers if applicable for the Federal
Award Identification Number (FAIN) is _____ (to be added upon execution of contract between
IDPH and DCHD), the Federal awarding agency is Department of Health and Human Services,
and the Federal Award date is ____ (to be added upon execution of contract between IDPH and
DCHD). The CFDA is 93.074.

For the Public Health Emergency Preparedness (PHEP) grant, grant identification numbers if
applicable for the Federal Award Identification Number (FAIN) is _____ (to be added upon
execution of contract between IDPH and DCHD), the Federal awarding agency is Department of
Health and Human Services, and the Federal Award date is ____ (to be added upon execution of
contract between IDPH and DCHD). The CFDA is 93.074.

4. OHSEM certifies that it does and will comply with the reporting requirements of the
Federal Funding Accountability and Transparency Act of 2006 (P.L. 109-282) (FFATA) with
respect to Federal Awards greater than or equal to $25,000.

5. OHSEM certifies that it shall adhere to the applicable Uniform Administrative
Requirements, Cost Principles, and Audit Requirements, which are published in Title 2, Part 200
of the Code of Federal Regulations.

6. OHSEM certifies that no Grant Funds have been paid or will be paid by or on behalf of
Grantee to any person influencing or attempting to influence an officer or employee of any
government agency, a member of Congress or Illinois General Assembly in the connection with
the awarding of any agreement, the making of any grant, the making of any loan, the entering into
of any cooperative agreement, or the extension, continuation, renewal, amendment or modification
of any agreement grant, loan or cooperative agreement. Grantee certifies that it has filed the
required certification under the Byrd Anti-Lobbying Amendment (31 USC 1352) if applicable.

7. OHSEM shall be subject to the audit requirement contained in the Single Audit Act
Amendments of 1996 (31 USC 7501-7507) and Subpart F of 2 CFR Part 200, and the audit rules
set forth by the Governor’s Office of Management and Budget (ILCS 708/65 (c)).

8. OHSEM may not subcontract nor sub-grant any portion of this Agreement nor delegate
any duties hereunder without Prior Approval of Grantor. OHSEM shall advise any sub-grantee of
funds awarded through Agreement of the requirements imposed on them by Federal and State laws
and regulations, and the provisions of this Agreement.
9. OHSEM and DCHD agree to meet monthly to discuss status of grant deliverables and additional BP1 Supplemental projects agreed upon in this document, and other projects that may be added and agreed upon by both parties throughout the term of this agreement. If grant deliverables and project deadlines are not met, OHSEM and DCHD will identify steps to quickly resolve the issues. If grant deliverables and project deadlines continue to be missed and are attributed to a specific agency, then DCHD and OHSEM agree to discuss the need to restructure and/or terminate the agreement, consistent with parameters set forth in Section 16.

10. **Payment.** In consideration of OHSEM providing deliverables as set forth in this agreement and subject to the availability of grant funds, DCHD shall reimburse OHSEM on a monthly basis for hours of work up to $340,000.00 and for approved non-personnel expenses up to $10,000 for this grant period. OHSEM will provide budget documentation identifying staff working on PHEP and CRI projects along with the percentage of their time expected to be spent meeting the deliverables identified.

The Public Health Emergency Preparedness grant sub-award to OHSEM is $330,000 which includes $10,000 for non-personnel costs to support the grant and approved by DCHD prior to purchase. For non-personnel items, DCHD reserves the right to deny payment to OHSEM if approval is not requested before purchase and if items purchased are not allowable under the terms of grant agreements. The Cities Readiness Initiative grant sub-award to OHSEM is $20,000. OHSEM agrees to support the required 10% local match for both the PHEP and CRI awards through an in-kind provision of services totaling at least $33,000 for the PHEP award and $2,000 for the CRI award between July 1, 2018 and June 30, 2019.

In order to facilitate prompt payment, OHSEM shall submit monthly reimbursement requests, which include specific staff and percent of time allocated, to DHCD by the 10th of each month. Payment to OHSEM by DCHD will be contingent on payment from IDPH to DCHD. Reimbursement requests must be submitted on the form attached as Exhibit C. In-kind services must be documented on the monthly reimbursement form submitted to DCHD.

11. **OHSEM Responsibilities.** OHSEM agrees to assist in the development of DCHD’s infrastructure for implementing emergency management plans and procedures. Specifically, OHSEM shall be responsible for drafting and implementing programs to include, but not necessarily limited to:

   a. Emergency Preparedness & Response planning, training, and exercising
   b. Crisis Management Team development plan
   c. Incident Command training
   d. Strike Team development plan
   e. Employee Response Guide annual online training
   f. Medical and Non-Medical Countermeasure Plans
   g. Continuity of Operations plan and policy development
   h. Communications Unit volunteer program administration

All of the above listed programs shall be updated on an ‘as-needed’ but no less than an annual basis. The parties agree that at least monthly, DCHD and OHSEM shall review the previous
month’s billing, project progress, priorities and any staffing issues that could impact DCHD emergency preparedness efforts for the upcoming months. Monthly reviews of performance against expected outcomes will also be included and may determine changes to future year’s agreements.

12. **Grant Deliverables.** OHSEM shall be responsible for ensuring that PHEP and CRI grant deliverables are completed in a manner consistent with the grant requirements. A copy of the PHEP grant requirements and CRI grant requirements are attached hereto as Exhibit A and Exhibit B respectively and are incorporated into and made a part of this AGREEMENT. Quarterly reports for IDPH shall be submitted by OHSEM to DCHD and shall be reviewed jointly by OHSEM and the DCHD public health liaison for grant management prior to filing. DCHD will submit grant reports required in EGrAMS directly to IDPH.

13. **Support Personnel.** OHSEM and DCHD agree that DCHD shall provide time by various staff members in the following subject areas to support the coordination of services. The positions shall remain as DCHD positions:
   a. public health nursing
   b. environmental health
   c. information technology
   d. communications/health education
   e. epidemiology

   It is understood that the individual employee actually providing coordination of services may be change based on the operational needs of DCHD, scheduling or other management issues. Other staff positions may be requested to provide support, as needed, through the Public Health Liaison.

14. **Public Health Liaison.** OHSEM and DCHD agree that DCHD shall identify a DCHD staff member, and an alternate DCHD staff member, as the primary points of contact to provide timely responses to OHSEM in each of the following areas:
   a. Grant Management
   b. Staff Accountability
   c. Procurement
   d. Preparedness Planning
   e. Security Operations
   f. Emergency Response Operations

15. **Coordination Assistance.** OHSEM agrees that it shall provide a duty officer, or designee, to support and coordinate public health emergency responses and to provide subject matter expertise for the Incident Command System for pre-planned and emergent events. DCHD agrees to facilitate this coordination by providing OHSEM access to public health emergency notifications.

16. **Term and Termination.** This AGREEMENT shall commence on July 1, 2018 and shall continue in full force and effect until June 30, 2019 in order to align with PHEP & CRI grant fiscal years. This AGREEMENT may be terminated by either party for any reason by providing ninety (90) days’ written notice.
Karen J. Ayala  
Executive Director  
DuPage County Health Department

Murray J. Snow  
Director  
DuPage County Office of  
Homeland Security and Emergency Management
EXHIBIT A – PUBLIC HEALTH EMERGENCY PREPAREDNESS DELIVERABLES
Supplemental Information

A. Program Description
The purpose of this grant is to fund certain eligible Illinois certified local health departments to assess, prioritize, build, and exercise the necessary resource elements, tasks, and functions of the Centers for Disease Control and Prevention’s (CDC) 15 Public Health Emergency Preparedness (PHEP) Capabilities National Standards that local health departments need to prevent, mitigate, and recover from the top hazards to public health in its jurisdiction. This includes both specific mandated deliverables from the Scope of Work and Performance Measures listed below – as well as various activities selected and prioritized by the applicant according to these instructions.

This budget period represents a continuation to incorporate local health departments into the governance, membership, planning, exercising, training, and responding, into existing IDPH regional healthcare coalitions. These regional healthcare coalitions are headed by the hospitals listed in “Section H – Other Information” who receive separate funding from the Department to support the development of the 2017-2022 Health Care Preparedness and Response Capabilities.

This grant agreement represents the second and final budget year (July 1, 2018 to June 30, 2019) of a two-year project period from July 1, 2017 to June 30, 2019. The Department is authorized to make this grant pursuant to section 319C-1 of the PHS Act (47 USC 247d-3a), as amended.

Grantees are expected to conduct activities that will repair regionally or jurisdictionally-determined public health or healthcare preparedness gaps identified through exercises, events, and other public health preparedness risk assessment and planning, and reach full or significant ability in at least 80% of their highly important and critical PHEP Domains and Capabilities this budget period.

Grantees are also required to perform certain deliverables that will lead to the Performance Measures:
<table>
<thead>
<tr>
<th>Metric</th>
<th>Data Reported</th>
<th>Report Frequency</th>
<th>EGRAMS Reporting</th>
<th>CEMP Reporting</th>
<th>Performance Standard</th>
</tr>
</thead>
</table>
| NIMS Training requirements for LHDs per IDPH Training & Exercise guidance | Number of personnel required to complete ICS training course / current staff who have completed IDPH required ICS training course | Data can be updated throughout the budget year but is reported annually. | Data is recorded in EGRAMS. EGRAMS auto-calculates percentages and generates reports. | N/A            | • At least two people have completed IDPH T&E Guidance Response level 3 courses (IS 100, 200, 300, 400, 700 and 800) by June 30, 2019  
|                                                                       |                                                                               |                  |                                                                                |                | • 100% of all staff designated to take a course have completed the course.          |
| Annual Exercise or Event with AAR/IP                                   | • Annual Exercise/ Event Date,                                                | Annually.        | Date of exercise and type of exercise is reported in EGRAMS. Date of AAR/IP completed is also recorded in EGRAMS. | AAR/IP from annual exercise is uploaded into CEMP | • Annual exercise will be completed by June 30, 2019.  
|                                                                       | • Date of completion of AAR/IP                                                 |                  |                                                                                |                | • AAR/IP is completed no later than 60 days following the exercise/event or no later than by 7/31/19, whichever comes first. |
|                                                                       | • Exercise Type (TTX, FE, FSE)                                                |                  |                                                                                |                | • AAR/IP from annual exercise is uploaded into CEMP                                    |
|                                                                       | • AAR/IP                                                                      |                  |                                                                                |                | • AAR/IP is completed no later than 60 days following the exercise/event or no later than by 7/31/19, whichever comes first. |
| Annual update to PHEP CPG Assessment                                    | Responses to the CPG Assessment are updated.                                  | Annually         | NA                                                                              | CEMP CPG Module is used to complete/update the assessment. | CPG assessment is complete by 11/15/2018. |
| Increased ability to execute capabilities as per CPG assessment.        | Percent of Capabilities which are assessed as Critical or Highly Important which are also assessed as having Full or Significant Ability. | Annually         | Percentage is reported in EGRAMS by 3rd quarter                               | N/A            | 75% of capabilities assessed as Critical or Highly Important are assessed as having Full or Significant Ability by 11/15/2018. |
| Annual TEPW and MYTEP as per HSEEP and IDPH Training & Exercise guidance| • Date TEPW was conducted                                                     | Annually         | The Date of the TEPW is entered into EGRAMS by the 4th quarter                | TEPW is held | • TEPW is held by 3/15/19 and narrative documentation of the TEPW is uploaded into CEMP  
<p>|                                                                       | • Narrative documentation of the TEPW outcomes.                               |                  |                                                                                | documented    | • The CEMP MYTEP module is updated and utilized to                                   |
|                                                                       | • Update and Maintenance of MYTEP.                                            |                  |                                                                                | documentation | • Any additions to the MYTEP schedule following the TEPW is                        |</p>
<table>
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<th>Task Description</th>
<th>Frequency</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update HVA</td>
<td>Every 5 years</td>
<td>N/A</td>
</tr>
<tr>
<td>Active participation in healthcare coalition meetings</td>
<td>Maintain quarterly</td>
<td>N/A</td>
</tr>
<tr>
<td>Update Baseline Data regarding ability to Receive, Store, and Ship medical countermeasures</td>
<td>Annually</td>
<td>Complete RSS/Site Survey form in CEMP.</td>
</tr>
<tr>
<td>MCM Operational Readiness Review or briefing by IDPH staff and local drop site survey</td>
<td>Annually, as directed by IDPH Annual (Drop Site Survey)</td>
<td>Date of MCM ORR or briefing is reported in EGRAMS</td>
</tr>
<tr>
<td>MRC of volunteer units Affiliation with LHD</td>
<td>Annually</td>
<td>Complete EGRAMS progress report (If &quot;Hosted&quot;: name of MRC; if &quot;Affiliated&quot;: name of MRC and date MOU signed with MRC unit hosted by another facility; if</td>
</tr>
</tbody>
</table>

- Update of HVA is completed by 4/15/1 if needed/requested and has been completed within the past 5 years.
- By June 30, 2019 a LH regional representative will participate in at least 50% healthcare coalition meetings.

The MYTEP is maintained throughout the year and accurately reflects all scheduled trainings and exercises.

inputted into the CEMP MYTEP module by 4/15/19.
<table>
<thead>
<tr>
<th>MRC Drill (if attached to MRC/alternative volunteer unit)</th>
<th>Date of MRC drill</th>
<th>Annually</th>
<th>Record date(s) of drill(s) in EGRAMS</th>
<th>Upload drill AAR/IP in CEMP (drill can be documented in an abbreviated version of standard HSEP AAR/IP format)</th>
<th>LHDs who are attached to an MRC/alternative volunteer unit will conduct an annual MRC drill by June 30, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least one employee with preparedness and response duties will attend the IDPH’s annual conference</td>
<td>Attendance (Yes or No)</td>
<td>Annually</td>
<td>Indicate whether metric is met in EGRAMS by 4th quarter</td>
<td>N/A</td>
<td>Attendance at the IDPH annual conference will be recorded in EGRAMS by June 30, 2019</td>
</tr>
<tr>
<td>Exercise meets requirement to test MCM-throughput, info-sharing, volunteer management, or Public Health Surveillance/Epi Investigation</td>
<td>• Capabilities Tested AAR/IP</td>
<td>Once in five years</td>
<td>Record in EGrAMS date AAR/IP is uploaded</td>
<td>AAR/IP is uploaded in CEMP</td>
<td>60 days after exercise/event, but no later than July 31, 2019</td>
</tr>
<tr>
<td>After Hours IC Staff Alert &amp; Assembly Drill</td>
<td>Date completed and AAR/IP •</td>
<td>Annually</td>
<td>Date completed is recorded in EGRAMS</td>
<td>AAR/IP (can be an abbreviated version of HSEP AAR/IP format) is uploaded in CEMP</td>
<td>June 30, 2019</td>
</tr>
<tr>
<td>IPHMAS Request Drill / Exercise</td>
<td>• Date completed AAR/IP</td>
<td>Annually</td>
<td>Date of drill is reported in EGRAMS</td>
<td>Upload AAR/IP for drill of real event in CEMP (drill can be documented in an abbreviated version of standard HSEP AAR/IP format)</td>
<td>Complete drill and documentation by June 30, 2019</td>
</tr>
<tr>
<td>Conduct Quarterly</td>
<td>• Date completed</td>
<td>1st Qtr</td>
<td>Record date of drill in EGRAMS</td>
<td>N/A</td>
<td>Complete drill and data entry by September 30, 2018</td>
</tr>
</tbody>
</table>
Scope of Work

B.1. The Grantee shall build preparedness capabilities in accordance with the most current version of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Capabilities (https://www.cdc.gov/phpr/readiness/00_docs/DOSL.asp_capabilities_July.pdf), as amended from time to time in order to meet regionally or jurisdictionally-determined public health or healthcare preparedness gaps identified through exercises, events, and other public health preparedness risk assessment and planning as follows:

COMMUNITY RESILIENCE DOMAIN

B.1.1. Sustain or build the Community Preparedness capability including:

B.1.1.1. Plan annual activities by June 30, 2019 sufficient to meet the purpose of this grant as shown in Exhibit A and to complete the long-term goal to build “highly important” and “critical” PHF Domains and their Capabilities to “full” or “significant ability” by June 30, 2024.

B.1.1.2. In order to support the Department’s responsibilities to designate lead hospitals for medical surge (210 ILCS 50/3.255); and to consider the role of hospitals in being prepared to respond to emergencies or disasters when the Department awards preparedness funds (210 ILCS 50/3/21), The Grantee will actively participate with its Department-designated regional healthcare coalition preparedness activities as described throughout this Section. The Grantee’s Department-designated healthcare coalition is determined by the Grantee’s geographic location either within one of the seven downstate already existing Public Health and Medical Services Response (PHMSR) regions as currently defined by the Department, or, if located in the Chicago PHMSR, in one of the State of Illinois Emergency Medical Services (EMS) Regions 7, 8, 9, or 10 as defined by 77 IAC 515.200. The Grantee will work with its Department-designated healthcare coalition through the Regional Hospital Coordination Center (RHCC) selected by the Department in the Grantee’s region described here.

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B 1.1.3. Fully document in the grantee’s local emergency plans what its roles are in the healthcare coalition’s Regional Response Plan and participate as requested by the Department-designated healthcare coalition’s RHCC to help it develop the healthcare coalition’s regional response plan by June 30, 2019.

B 1.1.4. Fully document in the grantee’s local emergency plans how plans to engage with social service organizations, Federally Qualified Healthcare Centers (FQHCs) and other local entities with established relations with at-risk groups; how the Grantee will address the potential emergency planning and response access and functional needs of at-risk community members including but not limited to children, pregnant women, older adults, people with disabilities, people with limited English proficiency and non-English speaking populations; and participate as requested by the RHCC in helping develop the healthcare coalition’s regional response plan. The Grantee shall utilize the current version of the mandatory policies, guidance and tools of the Department’s At-Risk Work Group, in conducting local emergency planning, and assisting in regional healthcare coalition planning.

B 1.1.5. By November 15, 2018, conduct a detailed and comprehensive self-assessment of the status of all of its PHEP Capabilities, Tasks and resource elements utilizing the Capability Planning Guide (CPG) Module in the Department’s Comprehensive Emergency Management Program (CEMP) for the Department Emergency Response Coordinator’s (ERC) review and approval within 30 days of receipt from Grantee. The ERC may make recommendations concerning errors in the self-assessment which Grantee shall address in the revised self-assessment. Grantee shall actively participate in and cooperate with the RHCC in the healthcare coalition regional CPG capability assessment process.

B 1.1.6. By March 15, 2019 conduct a Training and Exercise Planning Workshop (TEPW) to review, prioritize, and coordinate their exercise and training activities to improve and validate their preparedness capabilities.

B 1.1.7. By April 15, 2019 shall create and update its multi-year training and exercise plan (MYTEP) in coordination with its healthcare coalition priorities (using the results of the Grantee’s most current annual TEPW) for Department ERC’s review and approval written in two parts as follows:

B. 1.1.7.1. The first part of the MYTEP is a narrative which contains the Grantee’s exercise priorities and target capabilities as described in the FEMA HSEP guidance (https://www.fema.gov/media-library-data/20130726-1914-25045-8890/hsep_apr13_.pdf). The Grantee shall place a URL link in the quarterly report to the narrative MYTEP report in the area designated for this narrative by the Department’s CEMP Governance Committee.

B. 1.1.7.2. The second part is updating the Grantee’s training and exercise schedule in the CEMP module under Multi-Year Planning” called “MYTEP.”

B 1.1.8. The Grantee shall notify the Department’s ERC upon completion of each part of the MYTEP.

B 1.1.9. By April 15, 2019, update its jurisdiction’s Hazard Vulnerability Risk Assessment (HVA) in CEMP that, in coordination with its healthcare coalitions, prioritizes risks to the Grantee’s public health and healthcare system including, but not limited to, more frequent and extreme weather events considering the functional needs of at-risk individuals if:

B 1.1.10. Whenever Grantee becomes aware of a new hazard(s) and/or new risk(s) to the public health and healthcare system in its jurisdiction, or

B 1.1.11. The local emergency management agency requests an HVA or update, or The Department-designated healthcare coalition’s RHCC requests an update of a regional HVA, or the HVA will be at least 5 years old by April 15, 2019.

B 1.1.12. Fully and actively participate as a member of their Department-designated healthcare coalition and contribute to healthcare coalition strategic planning, identification of gaps and mitigation strategies, operational planning and response, information sharing, and resource coordination and management as follows:

B. 1.1.12.1. Fully and actively participate in 50% or more of all scheduled regional healthcare coalition meetings, in accordance with the Department-designated healthcare coalition’s governance
structure as it applies to local health department members. A Local Health Department regional representative may attend to meet this requirement.

B. 1.1.12.2. Fully and actively participate in review and revisions of the Department-designated healthcare coalition’s Strategic 5-year Regional Preparedness Plan and creation of the healthcare coalition Regional Response Plan.

B. 1.1.12.3. Fully and actively participate with the Department-designated healthcare coalition in planning, purchasing, caching, and distribution or redistribution of Medical and non-medical countermeasures and PPE for use to protect local and regional responders during events; partake in Department-sponsored responder protection training, and provide recommendations and guidance for specific local responder roles depending on the type of hazard and protection needed.

B. 1.1.12.4. Fully and actively plan with the Department and their Department-designated local healthcare coalition with respect to their mutual work plans and processes to help select, authorize, supply and oversee the use of temporary disaster medical treatment sites when local and or regional capabilities are temporarily overwhelmed.

B. 1.1.13. Build the Grantee’s PHEP Community Recovery capability to allow it to collaborate with its jurisdiction’s community partners (e.g., healthcare organizations, business, education, and emergency management) and its Department-designated healthcare coalition, to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

B. 1.1.14. The Community Preparedness and Community Recovery Capabilities can be exercised individually or with other Capabilities, as suggested in the Training and Exercise section which follows, and in accordance with the most current Training & Exercise Guidance document.

INCIDENT MANAGEMENT DOMAIN

B. 1.2. Build, sustain, and advance the Emergency Operations Coordination capability building as needed including all of the following:

B. 1.2.1. Maintain continuous access and staff abilities to use the State of Illinois Rapid Electronic Notification (SIREN) system (www.siren.illinois.gov) to receive emergency alerts from Department or other SIREN partners. The Grantee shall also insure that its key staff (including communicable disease) maintains their current 24/7/365 contact in the Department’s SIREN system.

B. 1.2.2. Have communication devices that include at least a primary and a backup communications equipment system, which will allow interoperable and operable communications with IDPH, local healthcare partners, its jurisdiction’s emergency operations center and other local and state partners, which includes:

B. 1.2.2.1. Secure high-speed internet and network resources.

B. 1.2.2.2. Possess and maintain 2-way radio equipment compatible with the State of Illinois interoperability radio equipment platform - Starcom21 and a valid emergency and exercise use subscription to access the State of Illinois Starcom21 network and staff with the ability to use and exercise the 2 way Radio systems.

B. 1.2.2.3. Fax and voice telephone line(s), cellular telephone(s) with necessary chargers, and an AM/FM/Weather radio(s).

B. 1.2.2.4. Ability for all of the forgoing communication devices and network resources to work without utility power by using an alternate power source (generator and/ or charged batteries) capable of providing continuous communications for not less than 48 hours.

B. 1.2.3. Publish and maintain up to date 24-hour emergency contact information, on public web sites, CEMP, and elsewhere, where the general public, healthcare coalitions, hospitals, or other Public Health Emergency Planning and Response Stakeholders can find and promptly reach a staff person.
to report a suspected or actual public health incident or event in accordance with 77 Ill. Adm. Code 615.340 (b).

B 1.2.4. The Grantee shall maintain complete and up-to-date 24-hour contact information for the regional healthcare coalition lead and other local Public Health Emergency Planning and Response Stakeholders. The Grantee will coordinate with the Department and its Department-designated healthcare coalition to develop plans and procedures to share data and other essential elements of information with healthcare coalition and local partners to maintain situational awareness during an emergency response.

B 1.2.5. The Emergency Operation Coordination Capability can be exercised independently or with other Capabilities, as suggested in the Training and Exercise section which follows, and in accordance with the most current Training & Exercise Guidance document.

INFORMATION MANAGEMENT DOMAIN

B 1.2.6. Build, sustain and advance the Emergency Public Information and Warning capability including:

B 1.2.6.1. Regular participation in the IDPH Regional Public Information Officer (PIO) group meetings that include other healthcare coalition members to:

B 1.2.6.2. Coordinate public messaging with regional, jurisdictional, organizational and community joint information centers, other healthcare coalition members and IDPH;

B 1.2.6.3. Meet as requested with the healthcare coalition to assist in updating the Regional Response Plan (to be completed by HCC by June 30, 2019) with the type of information that will be disseminated by the healthcare coalition and its individual members to the public during a public health emergency. This written plan update by the healthcare coalition is to include at least information sharing policies regarding monitoring and tracking of cases of persons under investigation during infectious disease outbreaks.

B 1.2.6.4. Continuously maintain at least one staff person who has completed PIO and health risk communication training as recommended by current IDPH Training & Exercise Guidance, as amended from time to time.

B 1.2.7. Sustain or build the Information Sharing capability as needed including:

B 1.2.7.1. Demonstrate the ability to maintain and utilize the I-NEDSS AVR (Analysis, Visualization and Reporting) to review infectious disease data and share this information in aggregate form (without personal identifiers) with key partners, including relevant health care providers, to promote timely reporting of cases, outbreaks and other events and an awareness of prevention and disease control measures.

B 1.2.7.2. Demonstrate the ability to fully use WebEOC, EMResources, I-NEDSS, ORS (Outbreak Reporting System), I-NEDSS AVR (Analysis, Reporting and Visualization tool) and IDPH’s Syndromic Surveillance System, REDCap, and CEMP to share and view planning, assessment, and operational information with IDPH and all other healthcare coalition members during exercises and events; and be able to continuously access and view healthcare coalition resource information in EMResource according to guidance from IDPH, as amended from time to time. Fully participate in all federal, regional, and state health care situational awareness initiatives and training opportunities, including, but not limited to EMTTrack for patient or victim tracking.

B 1.2.7.3. Maintain an active account with user rights, chapters, and subchapters and modules, known as an “instance” of IDPH’s Comprehensive Emergency Management Program (CEMP) - and a staff member’s ability to use CEMP - by participating in IDPH-sponsored CEMP training and doing the following:

B 1.2.7.3.1. Continuously provide in CEMP up to date, Primary, Secondary, and Tertiary 24/7/365 after-hours emergency contact information for key staff on a quarterly basis.
7.A.b

B. 1.2.7.3.2. Provide in CEMP a detailed, comprehensive, and functional PHEP/CRI Work plan, Strategic National Stockpile (SNS) Plan in CEMP, complete Capability Planning Guide assessments and HVA.

B. 1.2.7.4. Maintain continuous access and staff abilities to fully use the IDPH SharePoint web portal (www.idphnet.illinois.gov) for Department information, applications and services.

B. 1.2.7.5. Maintain continuous access to, and an appropriate staff member’s ability to fully use CDC’s Inventory Management and Tracking System (IMATS) and assure that all validated SNS drop site facilities, and dispensing site locations and any SNS inventory are maintained in IMATS. The Grantee shall also fully participate in at least 1 Department-hosted IMATS drill by June 30, 2019.

B. 1.2.7.6. The Emergency Public Information and Warning and Information Sharing Capabilities can be exercised independently or with other Capabilities, as suggested in the Training and Exercise section which follows, and in accordance with the most current Training & Exercise Guidance document.

COUNTERMEASURES AND MITIGATION

B 1.2.8. Build, sustain, and advance Grantee’s Medical Countermeasure Dispensing and Medical Materiel Management and Distribution capability as needed including all of the following:

B. 1.2.8.1. Conduct general population Point of Dispensing (POD) planning for mass dispensing in coordination with the Healthcare coalition according to IDPH-MCM guidance and per CDC POD Standards, as amended from time to time, and fully participate in either an MCM operational readiness review or briefing by IDPH staff every year as directed by IDPH, but no later than June 30 (in this case, June 30, 2019).

B. 1.2.8.2. Fully and actively participate with Grantee’s Regional ERC to conduct a complete review of the Grantee’s MCM/SNS receiving site and capabilities (i.e., local drop site) when requested by IDPH using the CDC’s DSLR RSS Site Survey Form. “Baseline Data”, as amended from time to time, and such capabilities shall be updated annually in CEMP.

B. 1.2.8.3. Build, sustain and advance the grantee’s Non-Pharmaceutical Interventions capability per Public Health Preparedness (PHP) Capabilities (https://www.cdc.gov/phpr/readiness/00_docs/DSLR_capabilities_July.pdf) and in compliance with Ill Adm. Code 690.1325, 690.1330, 690.1335, 690.1340, and 690.1345.

B 1.2.9. Build, sustain and advance Grantee’s Responder Safety and Health capability to fully address all local needs and resource gaps including, but not limited to, documentation of fit-testing provided in house, or a current, written agreement for fit testing by an outside agency; with records indicating appropriate health department staff are current on fit testing per OSHA protocol (https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9780). Those health departments with resource gaps related to fit testing shall report those gaps to the Department.

B 1.2.10. The Medical Countermeasure Dispensing, Medical Materiel Management and Distribution, Non-Pharmaceutical Interventions, and Responder Safety and Health Capabilities can be exercised independently or with other Capabilities, as suggested in the Training and Exercise section which follows, and in accordance with the most current Training & Exercise Guidance document.

SURGE MANAGEMENT DOMAIN

B 1.2.11. Build, sustain and advance Grantee’s Fatality Management capability including documenting Grantee’s defined local fatality management roles, capabilities, needs and responsibilities in relation to those of key local partners (including, but not limited to emergency management, Illinois Department of Public Health - Office of Performance Management
7.A.b

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coroners/medical examiners, healthcare organizations, and funeral directors) in its emergency operations plan and healthcare coalition Regional Response Plan.

B 1.2.12. Build, sustain and advance the Mass Care capability as needed per local needs and resources.

B 1.2.13. Build, sustain and advance the Medical Surge capability based upon local needs and resources including fully participating in the healthcare coalition annual medical surge tabletop exercise to support the Department’s responsibility in awarding funds to support disaster preparedness to consider the role of hospitals in being prepared to respond to emergencies or disasters (210 ILCS 50/3/21).

B 1.2.14. To assist the Department’s responsibility to foster the creation of and coordination of volunteer medical response teams that can be deployed to assist when a localities capacity is overwhelmed (210 ILCS 50/3/255), the Grantee will build and sustain the Grantee’s Volunteer Management capability including, but not limited to, all of the following:

B. 1.2.14.1. If the Grantee does host a Medical Reserve Corp (MRC), the Grantee shall conduct one or more trainings, drills, exercises, or unplanned response events that cumulatively involve the majority of existing unit members during the current grant year;

B. 1.2.14.2. If the Grantee does host a Medical Reserve Corp (MRC), the Grantee shall:

B. 1.2.14.2.1. Meet the federal MRC program criteria that asks the unit to enter activities on a quarterly basis;

B. 1.2.14.2.2. Participate in a TA Assessment when requested;

B. 1.2.14.2.3. Participate in a state notification drill or exercise when requested.

B. 1.2.14.3. In the absence of an MRC Unit, the Grantee shall have an agreement in place for the services of an MRC unit hosted by another entity, or by September 30, 2018, submit a detailed request and plan to IDPH for approval of an alternative volunteer unit.

B. 1.2.14.4. The Grantee must have continuous access to and the ability to fully use Illinois HELPS volunteer registration system.

B. 1.2.14.5. NOTICE: This award formula provides the grantee an additional $1,450 that is already included in the Grantee’s maximum award if IDPH has determined that a grantee actually hosted a Medical Reserve Corp (MRC) unit as of March 16, 2018.

B. 1.2.15. The Fatality Management, Mass Care, Medical Surge, and Volunteer Management Capabilities can be exercised independently or with other Capabilities, as suggested in the Training and Exercise section which follows, and in accordance with the most current Training & Exercise Guidance document.

BIOSURVEILLANCE DOMAIN

B. 1.2.16. Build, sustain and advance Grantee’s Public Health Surveillance and Epidemiological Investigation capability as needed including:

B. 1.2.16.1. Enhance existing capacity to communicate, monitor and ensure timely reporting compliance by jurisdiction hospitals, health care providers, laboratories, coroners, schools, long-term care facilities, and all other mandated reporters of reportable infectious diseases and outbreaks.

B. 1.2.16.2. Enhance existing capacity to investigate within the required time frames cases of reportable conditions, and enter complete data into lNEDSS to document demographic, clinical and exposure details in a timely fashion.

B. 1.2.16.3. Enhance capabilities to respond and fully implement control measures correctly and within specified timeframes for disease clusters and outbreaks, as amended from time to time.

B. 1.2.16.4. For outbreaks, as specified in the Communicable Disease Rules and defined on the Communicable Disease WebPortal Outbreak Definition page, as amended from time to time, the Grantee shall enter all known preliminary details in the Outbreak Reporting System (ORS).

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within 24 hours and enter and submit a detailed final report data into ORS within 30 days of concluding outbreak investigations.

B. 1.2.16.5. For disease clusters and outbreaks that are cross-cutting in terms of resources, involving a large number of cases, or requiring multiple control measures, such as restrictions or prophylaxis a detailed Lessons Learned report must be uploaded into the Outbreak Reporting System (ORS) with the final report within 30 days of concluding the outbreak investigation.

B. 1.2.16.6. Written IDPH OPR pre-approval is needed to utilize a significant outbreak to fulfill the annual exercise requirement of this grant in accordance with “Exercise and Training” section of this grant agreement and the supplemental current Training and Exercise Guidance. If pre-approved, a detailed after-action report and improvement plan (AAR/IP) must be submitted to the IDPH ERC within 60 days of concluding the outbreak investigation.

B. 1.2.17. Build, sustain and advance Grantee’s Public Health Laboratory Testing capability per IDPH’s Control of Communicable Disease Code, as amended from time to time, including timely forwarding of adequate specimens to the IDPH Lab for confirmation, additional testing or forwarding to CDC as IDPH may direct.

B. 1.2.18. The Public Health Surveillance and Epidemiological Investigation and Public Health Laboratory Testing Capabilities can be exercised independently or with other Capabilities, as suggested in the Training and Exercise section which follows, and in accordance with the most current Training & Exercise Guidance document.

EXERCISING AND TRAINING

B. 1.2.19. Follow all current version of USDHS-Federal Emergency Management Agency’s Homeland Security Exercise and Evaluation Program (HSEEP) standards, Illinois Emergency Management Agency Exercise Policy Standards, and the Department’s Training and Exercise Grant Guidance, all as amended from time to time, when planning, implementing, evaluating, improvement planning, and reporting on preparedness training and exercise funded by this grant.

B. 1.2.20. Conduct or significantly participate in an annual exercise or event and complete the AAR-IP as described in the current Training and Exercise Guidance. However, CDC-defined CRI drills will not meet the requirement for an annual exercise. CRI drills may be included as part of larger exercise meeting the other requirements in this section.

B. 1.2.21. Fully coordinate as practical all internal and external exercise opportunities to meet the annual exercise requirement as efficiently and economically as possible. When possible, coordinate an annual exercise with exercise participation requests from the healthcare coalitions and/or other local, regional, or statewide public health, healthcare or emergency management officials.

B. 1.2.22. Write a detailed After-Action Report/Improvement Plan (AAR/IP) for emergency response events and the annual exercise and as soon as possible following the exercise or event, but in all cases within 60 days. The Grantee will post the AAR/IP in CEMP and immediately notify the Department ERC.

B. 1.2.23. The Grantee shall conduct sufficient planning and preparation this year, as described in HSEEP Standards and the Department’s Training and Exercise Guidance, as amended from time to time, so that by June 30, 2022, the Grantee is able to conduct exercise(s) or event(s) that fully test the CDC PHEP Capabilities of all of the following: 1) Medical Countermeasure Dispensing (determining actual throughput); 2) Information Sharing with all relevant entities, 3) Volunteer Management, and 4) Public Health Surveillance and Epidemiological Investigation (as part of a Disease Outbreak or a disease outbreak scenario-based exercise. These can be done simultaneously or separately so long as 2 other PHEP capabilities are also fully tested at the same time. Other PHEP Capabilities may be tested as determined by the event, HVA, CPG assessments, previous Grantee’s AAR/IPS and current Department Training and Exercise Guidance.

B. 1.2.24. Unless specified elsewhere in this grant, the level of the annual exercise (drill, tabletop, functional, full-scale) will be determined by HSEEP Standards, the most current Department Training
and Exercise Guidance, and the comprehensive CPG self-assessment described in the Community Resilience Domain above, as approved by the ERC. All exercises shall be developed with the approval of the ERC and shall be designed to fully exercise, evaluate and test the functionality of the response plan under real world conditions and thereby identify gaps and weaknesses in the plan so that the functionality of the plan can be improved.

B 1.2.25. To use an event response to meet the annual exercise requirement, the Grantee must obtain prior approval from IDPH by submitting a written request to the Department ERC within 30 days following the start of the event and document the event and request in the appropriate quarterly progress report. The Department will evaluate each request on a case by case basis and may request additional information or require certain additional activities or condition its approval on certain minimum standards.

B 1.2.26. Conduct staff notification (and other communication) drills, either standalone, or as part of a larger exercise, as follows:

B 1.2.26.1. One incident command staff alert notification and assembly drill (in-person or virtual) each year outside of normal business hours according to the current Training and Exercise Guidance.

B 1.2.26.2. Have on file a signed Illinois Public Health Mutual Aid System (IPHMAS) agreement and participate in the IPHMAS; responding to all IPHMAS requests and participating in all exercises; and initiates one IPHMAS request as a drill or part of an exercise, or for an actual event.

B 1.2.26.3. Participate in at least one StarCom21 radio communication drill per quarter with other health departments and other response partners, such as the healthcare coalition, blood centers, and the Department per current Department Training and Exercise Guidance.

B 1.2.26.4. Participate in at least 1 Department-hosted IMATS drill by June 30, 2019.

B 1.2.26.5. Participate in at least 1 Department-hosted IL-HELPs drill by June 30, 2019.


B 1.2.26.7. Maintain written records of the nature of Grantee’s participation in these exercises and drills per the current Department Training and Exercise Guidance.

B 1.2.26.8. The Grantee will make timely response to CDC or Department-initiated, or other locally initiated regional notification/communication drills, including those conducted through telephone, SIREN, StarCom21, and/or other methods.

B 1.2.27. Conduct training as follows:

B 1.2.28. At least two people that could function as the Grantee’s Incident Commander must successfully complete IDPH T&E Guidance Response level 3 courses (including IS 100, 200, 300, 400, 700, and 800).

B 1.2.29. Assure other appropriate staff successfully completes NIMS training according to the Department’s most current Training and Exercise Grant Guidance.

B 1.2.30. At least one staff person shall attend and maintain current training and ability to properly use StarCom21 radios, CEMP, the IDPH Web Portal, Illinois HELPS, INEDSS, Train Illinois (formerly known as I-TRAIN), and IMATS, Medical Countermeasures Distribution and Dispensing.

B 1.2.31. At least one person must successfully complete SIREN Basic User and SIREN Collaborator training as described in the current Training and Exercise Guidance and maintain up to date 24/7/365 contact information.

B 1.2.32. At least one Grantee employee with preparedness or response duties shall attend the Department’s annual Integrated Public Health and Medical Preparedness Summit Conference.

B 1.2.33. The Grantee will fully and timely complete all of the above Department- required trainings.

B.2. The Grantee will not use the services of a subcontractor, excluding Operational Utilities, unless expressly pre-approved pursuant to Section 17.1 of PART ONE and Section 3.7 of PART TWO. The Department reserves the right to review and pre-approve all subcontracts and sub-grants at any time during the term of the Agreement.
B.2.1. The Grantee shall assume full responsibility for distribution of Grant Funds to sub-grantees (if pre-approved by IDPH) for the provision of services under this Agreement and in accordance with the (i) goals, objectives, and activities; and (ii) budget on file with, and approved by, the Department.

B.2.2. No later than May 31, 2019, Grantee shall execute sub-grant agreements for IDPH pre-approved services. Signed copies of all sub-grant agreements shall be submitted to the Department in the corresponding required progress report. Each sub-grant agreement shall identify the sub-grantee and include a scope of services, budget period, detailed budget, and the sub-grantee’s current mailing address. The Department will not pay any reimbursement to the Grantee related to sub-grantee activities until the Department has received a copy of the signed sub-grant agreement.

B.2.3. The Grantee shall assure that all services provided by pre-approved sub-grantees under Established sub-grant agreements are provided and fully documented in a timely manner and in accordance with then current Department policy and this agreement. The Grantee shall promptly and fully investigate any sub-grantee not fully and timely performing in accordance with the sub-grant agreement. The Grantee is responsible for continually monitoring, investigating, and taking any and all corrective action(s) related to the sub-grantee to protect the integrity of the provision of services under this Agreement. Any failure of the Grantee to so may result in the rejection of claims for payment or in payments being reduced by the total amount of the value of the sub-grantee contract, and/or other remedies as provided by law.

B.3. The Grantee shall not commingle any funds between separate grants or sub-grants, even if the grants or sub-grants are related, or the same population is being served.

B.4. In connection with the services described in Section B.1 above, the Department will:

B.4.1. Provide overall oversite for the Program. However, this oversite shall not impact Grantee's duty to monitor any pre-approved subgrantees.

B.4.2. Provide funding to Grantee in accordance with the policies described in Article IV of PART ONE.

B.4.3. Monitor the work of grantee organizations to ensure compliance with the terms of the Program and the activities to be performed as described in the grantee organization application and this Agreement.

B.4.4. Provide technical assistance and support in implementation of the grant.

B.4.5. Provide feedback on reports and work products submitted by Grantee.

B.4.6. Initiate and conduct a site visit (if an MCMORR visit is not conducted) of the Grantee to provide the grantee technical assistance and monitor grant compliance.

B.4.7. Initiate and conduct periodic communication exercises with SIREN or Starcom21 with the Grantee.

B.4.8. The Department will provide specific guidance and formats for local health department exercises, training and performance measure and other types of reporting as described in this grant in a timely fashion.

B.4.9. Provide technical support to Grantee for information technology systems owned/operated by IDPH use required by this grant.

B.4.10. Provide guidance to clarify these grant terms, or adapt to unforeseen emergencies and events.

B. Funding Information
This award is utilizing X federal/federal pass-through, state and/or private funds.

The period of performance will be July 1, 2018 to June 30, 2019.
Grant awards are only available in the maximum amounts shown below for specific certified local health
CITIES READINESS INITIATIVE
BPI SUPPLEMENTAL

SCOPE OF WORK

JUNE 19, 2018

The purpose Cities Readiness Initiative Program is to fund certain certified, local health
departments located in federally-designated Metropolitan Statistical Areas (MSAs) in Illinois,
outside of the City of Chicago. These jurisdictions in Illinois are as follows: Chicago MSA, Peoria
MSA, and St. Louis MSA. The geographical boundaries of the Metropolitan Statistical Areas are
as defined by the Federal Office of Management and Budget (OMB).

The overall goal of the Cities Readiness Initiative Program is to provide additional dollars to the
State Public Health Department and to the above Centers for Disease Control and Prevention
(CDC)- designated CRI jurisdictions for the purposes of assessing, prioritizing, building, training,
and exercising the necessary resource element and capabilities needed to save lives in the event of
an emergency that requires the rapid deployment of emergency medical countermeasures.

Planning considerations should include the CDC’s 15 Public Health Emergency Preparedness
Capabilities with special emphasis on Capability 8- Medical Countermeasure Dispensing and

Scope of Work

The Grantee will provide the following services and agrees to act in compliance with all
State and federal statutes and administrative rules applicable to the provision of services
pursuant to this Agreement. The grant application submitted by Grantee related to this
Agreement is hereby incorporated and made a part of this Agreement.

CRI AND PHEP GRANT ALIGNMENT - The Grantee will execute and perform a
separate Public Health Emergency Preparedness (PHEP) grant agreement with the
Department to continue to be eligible and receive funds from this CRI grant.

The Grantee is to plan, implement, and document the requirements of this grant in
compliance with the plans and reporting required by the Grantee’s PHEP grant
agreement with the Department; and in line with the Centers for Disease Control and
Prevention (CDC) Public Health Preparedness (PHP) Capabilities: National Standards
for State and Local Planning (here forward named PHP Capabilities National
Standards) over the five-year project period from 2017-2022

MCM ORR SHAREPOINT SITE- By September 7, 2018, the Grantee must ensure
a registered primary and two back up personnel in CDC Online Technical Assistance
Center, On-Trac (formerly CDC JOIN). CDC On-Trac allows Grantees to access the
MCM ORR SharePoint site where the medical countermeasures guidance, data collection tools, and the MCM ORR assessment tools are to be located. The Grantee should apply for access by completing the CDC On-Trac registration form.

**ANNUAL MEDICAL COUNTERMEASURES TRAINING** - The Grantee will annually train appropriate staff, partner agencies, and Healthcare Coalition members on their roles in the Grantee's Medical Countermeasures Distribution and Dispensing Plans. This training should include annual training on CDC IMATS; and send appropriate staff to at least one IDPH/CDC Regional State Medical Counter Measures Distribution and Dispensing Plan Training (when offered by the Department and/or CDC). These trainings should be planned in the Grantee’s updated Multi-Year Training and Exercise Plan and documented in I-TRAIN as required of the Grantee by its separate PHEP grant.

**QUARTERLY CALL DOWN DRILLS** - The Grantee will conduct, at least quarterly, staff call down drills. One of the call down drills can be used to satisfy the below requirement of conducting 3 different CRI drills.

**CITIES READINESS INITIATIVE DRILLS** - The Grantee will conduct at least three (3) different CRI drills (not the same drill performed three times). By **June 30, 2019**. The CRI Drill data should be submitted to the CDC's DCIPHER. Drill forms to be completed:

- Facility Setup Drill
- Staff Notification and Assembly Drill
- Site Activation Drill

Documentation on completion and submission of the CRI drills must also be submitted to the Department through the Grantee's CEMP.

Due to their very narrow focus, conducting any of the three CRI drills individually does NOT meet the requirement of an annual exercise for the Grantee's separate PHEP award from the Department. To meet the requirements of the annual exercise in the separate PHEP award one or more of the CRI drills must be conducted in the broader context of exercising a PHEP capability.

**PLEASE NOTE:** The CDC now requires that dispensing throughput estimation drill is completed as part of the dispensing full-scale exercise (FSE). However, if a site does not participate in the dispensing FSE (for example, participates in immunization FSE in lieu of dispensing FSE), oral MCM throughput must be measured and information submitted at least once during the five year period.
MEDICAL COUNTERMEASURES FULL-SCALE EXERCISE- The Grantee will plan and participate jointly with the Department in one (1) full-scale exercise (FSE) before the grant Project Period ending in June 30, 2022 that demonstrates medical Countermeasure Distribution and Dispensing Elements. The Illinois CRI joint- FSE is scheduled for October 26-30, 2020. All CRI Grantees should plan to participate in this full-scale distribution and mass vaccination/mass dispensing exercise by operating at least, one vaccination/dispensing site in the Grantee’s jurisdiction according to established, jurisdictional Strategic National Stockpile and mass dispensing/mass vaccination plans. An AAR/IP, and/or other exercise documentation must be submitted by the Grantee in the format requested by Department within 60 days after the exercise. The Department may provide additional specific information on the exercise and the elements to be tested by the Grantee in the current Department Training and Exercise Guidance (updated annually).

MEDICAL COUNTERMEASURES QUARTERLY ACTION PLAN MEETINGS- the Grantee shall continue to participate quarterly with IDPH OPR staff to review and update their MCM Action Plan. The MCM Action Plan shall include detailed written quarterly and annual benchmarks for the local jurisdiction to achieve a minimum of Established (as defined by the CDC MCM ORR Assessment tool), by June 30, 2022, in each function listed in the MCM ORR tool.

- Based upon feedback from the quarterly meetings, Grantee shall develop and submit a quarterly summary report detailing deficiencies, achievements, and progress made towards improving local MCM operational readiness in response to technical assistance plans developed from the jurisdiction’s MCM assessment results and meetings with the Department.

- The due dates of the quarterly summary reports are as follows: September 21st, December 21st, March 21st, and June 21st.

MEDICAL COUNTERMEASURES OPERATIONAL READINESS REVIEW AND ASSESSMENT SITE VISIT- By June 30, 2019, the Grantee, in coordination with IDPH/OPR Regional Emergency Response Coordinator, must schedule and complete the CRI jurisdiction’s Medical Countermeasures Operational Readiness Review and Assessment (MCM ORR) Site Visit.

- All pertinent MCM ORR forms must be completed in CDC DCIPHER.

- Please refer to the CDC’s Public Health Emergency Preparedness (PHEP) Operational Readiness Review Guidance for a description of the forms and instructions on how to complete the MCM ORR forms
• By September 7, 2018, the Grantee must coordinate with the Regional ERC to schedule the date of the MCM ORR Assessment Site Visit. The site visit must occur in BP1 Supplemental Budget Period, prior to June 30, 2019.

• Please refer to the CDC’s Public Health Emergency Preparedness (PHEP) Operational Readiness Review Guidance for instructions on how to prepare for the site visit, how to conduct the site visit, and the expected outcomes.

• As noted above, the Grantee must complete all pertinent forms in CDC DCIPHER associated with the Cities Readiness Initiative Medical Countermeasures Plan review process. These are the minimum forms that must be completed and submitted prior to the site visit:
  o Jurisdictional Data Sheet (JDS)
  o Point of Dispensing (POD)
  o Distribution Planning
  o Dispensing Planning
  o Training and Exercise Planning
  o Point of Dispensing (POD) replaces POD Standards Compliance

• The MCM ORR assessments are now conducted on a two-year cycle. In the off year, CRI jurisdictions are required to coordinate with the IDPH/OPR Regional ERC to conduct a MCM ORR self-assessment in CDC DCIPHER.

CLOSED POINTS OF DISPENSING- By June 30, 2019, the Grantee will submit, to the Department, a report of closed POD sites recruitment efforts in the jurisdiction. This annual report should include the number of closed PODs, populations served by each closed POD, training and exercise activities conducted with each closed POD by the Grantee during the Budget Period.

LOCAL HEALTH DEPARTMENT DROP SITE VALIDATION- By June 30, 2019, the Grantee, in conjunction with their IDPH Regional Emergency Response Coordinator, will complete the CDC RSS Facility Site Survey for all of the jurisdiction’s potential local drop site. This information shall be managed in the CEMP. The data collected on the survey should be used to determine a facility’s use as an RSS site from an all-hazards approach. Additionally, any changes in Local Drop Site information must be routinely updated and maintained in CEMP and in IMATS.

STATEWIDE CITIES READINESS INITIATIVE MEETING- By June 30, 2019, the Grantee will participate in the annual statewide face-to-face CRI meeting as requested by the Department.
The Grantee will not use the services of a subcontractor, excluding Operational Utilities, or subgrantee to fulfill any obligations under this Agreement without the prior written consent of the Department. Departmental approval of a budget including subcontractors or subgrantees does not constitute prior written consent for the use of such goods or services. All subgrantees shall have an application, including a budget and project deliverables, on file with the Grantee and the Department prior to the issuance of any written consent. The Department reserves the right to review all subcontracts and subgrants at any time during the term of the Agreement.

The Grantee will not commingle funds between separate grants or subgrants, even if the grants or subgrants are related, or the same population is being served.

In connection with the services described in Section 2.1 above, the Department will:

- Annually Conduct site visit(s) to the grantee for technical assistance and grant compliance monitoring, or when requested by the Grantee or deemed necessary by the Department's Office of Preparedness and Response staff.

- Conduct periodic communication exercise with SIREN or Starcom21 with local health departments;

- Conduct periodic training on the use of CDC's Inventory Management and Tracking System (IMATS).

The Department will provide specific guidance and formats for local health department exercises, training and performance measure and other types of reporting as described in this grant in a timely fashion.

The Department will provide technical support for its information technology systems required in this grant in a timely fashion.

Provide guidance to clarify these grant terms, or adapt to unforeseen emergencies and events;

Compensate Grantee as described in Section 5.3 of this grant agreement.

An entity may apply for a grant but will not be eligible for a grant award until the entity has pre-qualified through the Grant Accountability and Transparency Act (GATA) Grantee Portal, www.grants.illinois.gov. During pre-qualification, Dun and Bradstreet verifications are performed including a check of Debarred and Suspended status and good standing with the Secretary of State. The pre-qualification process also includes a financial and administrative risk assessment utilizing an Internal Controls Questionnaire. If applicable, the entity will be notified that it is ineligible for award as a result of the Dun and Bradstreet verification. The entity will be informed of corrective action needed to become eligible for a grant award.
Only local health departments in Illinois that are certified pursuant to 77 IAC 600 are eligible to apply. This does not include agencies that have not accepted PHEP and CRI funds for the last 4 years or those located within the City of Chicago.
DuPage County

Grant Proposal Notification

GRANT NAME: Illinois Court Improvement Program

GRANTING ENTITY: Administrative Office of the Illinois Court

COUNTY DEPARTMENT: Circuit Court

PARENT COMMITTEE: Judicial Public Safety

DEPARTMENT CONTACT: Lisa Herpel

AMOUNT REQUESTED: $10,000

TYPE OF GRANT (please check): ✓ Competitive □ Continuation □ Formula
Pursuant to the active Court Improvement Program funding announcement, the 18th Judicial Circuit Court seeks to improve the quality of legal representation for children involved in juvenile abuse and neglect proceedings. Funding is sought to enable the court to hire, support and supervise one independent contractor attorney who would serve as an additional appointed guardian ad litem (GAL) in juvenile abuse/neglect matters. This position would provide back-up coverage for the current GAL attorneys.

Grant proposal submission due date (MM/DD/YYYY): 7/20/2018

Start Date: 10/1/2018
Completion Date: 9/30/2019

Project or project phase period covered by grant:

If period is unknown, estimate the year the project or project phase will begin and anticipated duration:

If awarded, will this grant require the hiring of additional staff or personnel?

If yes, please list:

How many new positions will be created:

If the grant covers salary or salary & benefits, how many years will the position(s) be retained beyond the grant closing:

What fund will be used to compensate personnel after the project period ends:

Are matching funds required?

If yes, please answer the following questions:

Percentage of funding required by granting agency

County's match amount: (auto fill) $ -

*Department may seek additional funding in the future to provide match amount

County fund that will provide the matching requirement:

Grant amount request (auto fill) $ 10,000.00

All other funding already allocated for project or project phase

Total project or project phase cost (auto fill) $ 10,000.00

☐ Please check this box if you are interested in having a grant writer prepare this grant proposal
Purpose of Grant: The FFY18 State Court Improvement Program Grant is a federally funded grant from the U.S. Department of Health and Human Services, passed through the Administrative Office of the Illinois Courts. The Program seeks to fund projects that improve the effectiveness of protecting children in child abuse and neglect and termination of parental rights cases. Grant funding would be used to fund an additional appointed guardian ad litem (GAL) who would provide back-up coverage for current GAL attorneys in juvenile abuse/neglect matters.

Proposal Due Date: 7/20/2018          Project Period: 10/1/2018-09/30/2019

Matching Requirement: ☒ Yes  ☐ No  Explain: ____________________________

Headcount Requirement: ☐ Yes  ☒ No  Explain: ____________________________

Funding Origination Source:  ☒ Federal  ☐ State  ☐ Private  ☐ Corporate

The following potential issues are noted:

1. There are no known issues with this grant.

Other information (i.e. collaboration, allocation of funding, etc.): The 18th Judicial Circuit Court is requesting an amount of $10,000. This continuation grant would be the 9th year of the award, previously awarded to the Department of Probation and Court Services.

For more information on the purpose of the grant and the justification of need, please see the Grant Proposal Notification Form submitted by Lisa Herpel, 18th Judicial Circuit Court or contact her at 630-407-8788.
DuPage County

Grant Proposal Notification

| GRANT NAME: | DuPage County Health Department
Illinois Public Health Emergency Preparedness Grant FY19 |
| GRANTING ENTITY: | DuPage County Health Department |
| PARENT COMMITTEE: | JPS |
| DEPARTMENT CONTACT: | Corey Mulryan |
| AMOUNT REQUESTED: | $350,000 |

TYPE OF GRANT (please check): □ Competitive □ Continuation □ Formula
Narrative (Purpose of grant; justification of need):
The Public Health Emergency Preparedness and Cities Readiness Initiative Grants are utilized for preparedness, response, and recovery planning centric to public health emergencies. These grants will supplement Homeland Security and Emergency Management personnel costs and a small contract for plan development.

Grant proposal submission due date (MM/DD/YYYY):

Project or project phase period covered by grant:
Start Date: 7/1/2018  
Completion Date: 6/30/2019

If awarded, will this grant require the hiring of additional staff or personnel?
Yes ☐  No ☐

Full-Time ☐  Part-Time ☐

How many new positions will be created:

If the grant covers salary or salary & benefits, how many years will the position(s) be retained beyond the grant closing:

What fund will be used to compensate personnel after the project period ends:

Are matching funds required?
Yes ☐  No ☐

Percentage of funding required by granting agency
9%

County’s match amount: $35,000.00
*Department may seek additional funding in the future to provide match amount

County fund that will provide the matching requirement:
1000-1900 (OHSEM)

Grant amount request $350,000.00

All other funding already allocated for project or project phase

Total project or project phase cost $385,000.00

Please check this box if you are interested in having a grant writer prepare this grant proposal
**Grant Proposal Notification Report 041-18**

Submitted on: 08/22/2017                         Submitted by: Corey Mulryan - OHSEM

**Purpose of Grant:** The IL Public Health Emergency Preparedness (PHEP) Grant FY19, through consolidation of personnel, equipment, and resources between the DuPage County Health Department and the Office of Homeland Security and Emergency Management (OHSEM), focuses on supporting efforts to prepare, respond, and plan for potential public health emergencies.

The grant award will fund a percentage of OHSEM personnel and contract costs associated with emergency management functions.

**Proposal Due Date:** NA                         **Project Period:** 07/01/18 – 06/30/19

Matching Requirement: ☒ Yes ☐ No Explain: 9% of Total Project

Headcount Requirement: ☐ Yes ☒ No Explain: ____________________________

Funding Origination Source: ☒ Federal ☐ State ☐ Private ☐ Corporate

The following potential issues are noted:

1. There are no known issues with this funding opportunity.

**Other information (i.e. collaboration, allocation of funding, etc.):** Funding for the award is through Illinois’ Public Health Emergency Preparedness (PHEP) and Cities Readiness Initiative (CRI) Grants from the IL Dept. of Public Health, passed through the DuPage County Health Department to OHSEM. This federal funding originates from the U.S. Dept. of Health and Human Services. OHSEM is requesting $350,000 in funding from the DuPage County Health Department. OHSEM will provide matching support of $35,000, for a total project cost of $385,000. This would be the third full year of funding from the Health Department.

For more information on the purpose of the grant and the justification of need, please see the Grant Proposal Notification Form submitted by Corey Mulryan, OHSEM, or contact him at 630-407-2937.
August 16, 2018

Mr. Grant Eckhoff
Chairman of the Judicial
Public Safety Committee
County Board Offices
421 N. County Farm Road
Wheaton, IL 60187

RE: Monthly Statistical Report

Dear Mr. Eckhoff:

Pursuant to 55 ILCS 5/3-4010, enclosed is a copy of the monthly report of services rendered by the Public Defender’s Office through July 31, 2018.

Sincerely,

JEFFREY R. YORK
Public Defender of DuPage County

JRY/mb
encl.
### Average Monthly Client Cases

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### Average Monthly Misdemeanor Cases

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### Petition for Merit Abatement

- June, July, Aug, Sep, Oct, Nov, Dec, Total

**Appointments**

- Public Defender's Office

**DP2020R**