

NORTHEAST FLORIDA HEALTHCARE COALITION

Executive Board Meeting – Wednesday, June 15, 2016

1:30 pm

St. Johns County EOC

Call in: 1-888-670-3525

Code: 1130084513



AGENDA

I. Call to Order

- Validation of voting members present [accept designees, if required]
- Introductions
- *Approval of minutes from 5/25/16 meeting

II. Budget Update

- *Budget report
- Expenditure Requests (funding for PPE training)
- Management and Administration update
- 501C3 Status

III. Business

- Training & Exercise Update
 - FCDC Full Scale Exercise Partnership
 - Level of Participation from Coalition Organizations
- Membership Recognition
 - Amendment to Charter
 - Membership Letter Template
- Development of Project Process
- Alternate Designations

V. Other Topics

- Tropical Storm Colin Communication & Coordination
- Board Members Outreach Reports
- State Task Force Update

Next Meeting Date: Wednesday, July 20, 2016

NEFLHCC Executive Board

Executive Committee

(membership by county – TOTAL OF 10 votes)

Baker – 1
Clay - 3
Duval – 1
Flagler - 1
Nassau - 2
St. Johns -2

A quorum is fifty percent (50%) of the total voting membership (Executive Board).

Executive Committee

(One representative per county, one representative per discipline) (TOTAL 10 votes)

6 County Reps

Baker – Dan Mann (PH)
(Confirmed)

Clay – Leigh Wilsey (PH)
(Confirmed)

Duval – Sarah Winn (PH)
(Confirmed)

Flagler – Dave Kovacs (Hospital)
(Confirmed)

Nassau-Mike Godwin (PH)
(Confirmed)

St. Johns – Pico Torres (PH)
(Confirmed)

4 Discipline Reps

EM – Jeff Alexander (St. Johns)
(Confirmed)

EMS – David Motes (Clay)
(Confirmed)

Hospital – Rich Ward (Clay)
(Confirmed)

PH – Dr. Seidel (Nassau)
(Confirmed)



Northeast Florida Healthcare Coalition

Executive Board Meeting

June 15, 2016

Meeting Notes

The Executive Board of the Northeast Florida Healthcare Coalition met on Wednesday, June 15, 2016, at 1:30 p.m. at the St. Johns County Emergency Operations Center in St. Augustine, Florida.

CALL TO ORDER

The meeting was called to order by Vice-Chair Jeff Alexander with a validation of a quorum, with the following Board members present:

Emergency Management – Jeff Alexander
Nassau County- Michael Godwin
St. Johns County – Tim Connor
Hospitals – Rich Ward
Baker County – Dan Mann
Public Health – Dr. Seidel (via phone)

Absent:

Clay County – Leigh Wilsey, Chair
Duval County – Sarah Winn
Flagler County
EMS – David Motes

For others in attendance, please see attached sign in sheet.

Approval of Minutes

The minutes from the May 27, 2016 meeting were distributed via email and provided at the start of the meeting.

The Chair called for a motion for approval of the May 27, 2016 meeting minutes. Rich Ward moved approval; seconded by Mike Godwin. Motion carried.

BUDGET UPDATE

Budget Report

Rich Ward presented the finance report for the month of May. All budget categories are seeing modest spending, as the deliverables were finalized and the final invoice was sent to the State at the end of May.

With no questions, Rich Ward *moved for acceptance of the May 2016 budget report, Dan Mann seconded. Motion carried.*

Expenditure Report

There are two expenditure requests at this time. First, with the withdrawal of the Ebola funding from Health Departments across the state, Baker County and St. Johns County are unable to fund



a portion (the remainder to be paid by the NEFLHCC) of the PPE training scheduled for August. The expenditure request is to pay for the training classes in their entirety, with no funds needed from the counties. The total cost for the classes (2 in each county) is \$5,430.

With no questions, *a motion was made for the Northeast Florida Healthcare Coalition to fund the PPE Training for Baker County and St. Johns County, as scheduled in August with Operations funds. Rich Ward moved approval, Mike Godwin seconded the motion. Motion carried.*

The second expenditure request is for marketing materials for the NEFLHCC, specifically folders. Ms. Payne passed around a sample design of the folders.

A motion was made to allow staff to spend up to \$500 on marketing materials for the Northeast Florida Healthcare Coalition. Rich Ward moved approval, seconded by Dan Mann. Motion carried.

Management and Administration Update

Ms. Payne provided an update on several items:

1. The Regional Council has received the amendment to the contract for the 2016-17 fiscal year. Ms. Payne passed out the “Attachment 1”, which is the scope of work for the fiscal year. It is important to note that there are significantly less deliverables. The main component is a work plan, which will be created to address gaps in the region and allow projects to be funded for the first time. There is an exercise requirement and few additional documents that need to be created.

Funding for this year is nearly \$240,000. With this new fiscal year, the Memorandum of Agreement (MOA) needs to be renewed with the Regional Council. Mr. Alexander mentioned that in previous years the officers of the Board meeting with the Regional Council to negotiate with the Regional Council. The MOA will be brought to the Board in July for final approval.

A motion was brought forward to all the officers of the Board to negotiate the Memorandum of Agreement with the Northeast Florida Regional Council, to include the allocation of funding across the budget categories. Tim Connor moved approval, seconded by Mike Godwin. Motion was unanimously approved.

2. Ms. Payne shared the news that Nancy Freeman has taken a full time position as a Mitigation Planner with a private planning firm. She unfortunately will not be able to assist the Coalition with work this year. Board members expressed their disappointment, but all agree that Nancy provided invaluable direction and work to establish the Coalition and provide thoughtful, well written plans. The Vice-Chair directed staff to send a letter of congratulations to Nancy on her new position and thanks for her dedication over the last few years to the Coalition.



3. As a follow up to an issue brought up at the March meeting regarding the Coalition's potential 501C3 status, staff presented the Board with a memo from the Council's auditor regarding the 501C3 status for the NEFLHCC. While the memo did not expressly recommend one way or another to become a 501C3, the Board reviewed the memo and agreed that the Coalition should work towards this designation. Discussions included the status of other Coalitions across the State and staff indicated that a majority of the HCC's across the State are a 501C3. This will also allow for any donations made to be tax deductible, which is a major factor to those donating. The Board did ask staff to provide an estimate for the cost of the process. It was also requested that staff confirm that with a 501C3 status, would the contract be written to the Regional Council or to the NEFLHCC?

A motion was made to move forward with establishing a 501C3 for the Northeast Florida Healthcare Coalition. Dan Mann moved for approval, with a second by Tim Connor. The motion carried.

BUSINESS

Training and Exercise Update

Ms. Payne provided an update on the joint First Coast Disaster Council/NEFLHCC Full Scale Exercise. The exercise is scheduled for October 12. Currently, FCDC is finalizing the participating facilities and their objectives. Planning meetings take place prior to the regularly scheduled FCDC meeting on the 4th Thursday of the month.

As the NEFLHCC has an exercise requirement in the 2016-17 Scope of Work, it is important the ESF 8 partners of the HCC participate in the exercise. Ideally, each county would stand up their ESF 8 on exercise day in order to communicate with participating facilities during the exercise. Ms. Payne will follow up on this over the next few weeks.

Ms. Payne reminded the Board that the Basic Healthcare Emergency Management class is being taught by John Wilgis on Wednesday, June 22 at the Clay County EOC. Registration is through FDEM's SERT TRAC and currently there are about 30 people registered. There are still spaces available if anyone is interested.

Membership Recognition

As discussed at a spring Executive Board Meeting, membership in the Coalition is not a clear process. As it stands, membership requires an organization to sign the NEFLHCC Charter. This has caused a few issues for some private entities, as it must go to their legal departments for review. In order to streamline the process and make it more user friendly, a new approach was suggested. Staff reviewed the option of amending the charter to remove the signature requirement and to have a general letter of membership for organizations to request membership in the Coalition. A membership letter template would be available on the Coalition website and allow organizations to complete and send to the Coalition. As letters are received, they would be brought to the Executive Board for acceptance. Once accepted, a new member packet would be sent out and the letters would be filed.



Board members agreed that this simple approach to membership would be an improvement to the current process. However, this requires an amendment to the charter, which requires a 2/3 majority vote by the Board. It was decided that the exact language of the amendment should be crafted in advance and brought before the Board at the July meeting.

Tim Connor made a motion was made to bring forth the proposed amendments to the NEFLHCC Charter regarding membership requirements. Motion was seconded by Rich Ward. Motion carried.

Development of Project Process

With the new deliverable in the 2016-17 Scope of Work to fund projects for the Coalition member organizations, it is imperative the project submittal and scoring process be developed. In the required work plan, the state requires a few pieces of information for each project submitted, which will help to craft the Project Submission Form. This includes information on the gap closed, the budget and type of purchase being made. All of this information will be included in the NEFLHCC specific project submittal form.

Discussion among members of the Board took place on other priorities that should be included as the scoring of projects in considered. Ideas included the ability to award points on the type of gap that is closed – whether it is a regional gap (gaining more points) or a facility gap (less points). Also there is the issue of an equitable distribution of the funding across the Counties in our region and how this could be incorporated into the scoring matrix. Also mentioned is the ability to complete the project in one fiscal year, which is critical.

Equipment purchasing was also discussed. If items were to be purchased as a project, who would own it - The Regional Council? The Facility? The NEFLHCC? This question requires additional research. However, all agreed that maintaining/creating an inventory is critical.

Staff will draft a project submittal and scoring process and send out to the Board members prior to the July Board meeting. This will provide time for review and comment, so the process can potentially be adopted at the July Board meeting. The Vice Chair also indicated that at the July Board meeting, the Board would need to vote to suspend the Project Submittal section of the NEFLHCC's current Bylaws, until a new process has been defined and approved.

Alternate Designations

Ms. Payne provided a handout which shows the current Board Members and their alternates. There are a few vacancies for Board Members and alternates, which need to be filled. The Vice Chair reminded the Board that the Board Members and alternates must be appointed to the role. For the County seats, ESF 8 partners appoint the member. Ms. Payne will update the table with a column on the appointing authority/agency for each board seat.



OTHER TOPICS

Tropical Storm Colin Communications & Coordination

There was a general discussion on the types of communication that took place during the recent Tropical Storm Colin. It varied across the Region, but most of the County's Emergency Management departments were putting out situation reports. Additionally, each County DOH was communicating and Sandi put together a regional situation report for the DOH Region 3. There was interest in the role of the Coalition in an event like this. After discussion, it was confirmed that the Coalition has a blue sky communications role and unless expressly asked, would not coordinate 'gray sky' or crisis communications. The Coalition would not create their own information, but would reference other department's information (EM or DOH). There was a similar discussion in regards to the recent events in Orlando

Board Member Reports

There were no Board Member reports at this time. Ms. Payne did express the continued importance of member outreach.

The next meeting of the NEFLHCC Board will be held on Wednesday, July 20, 2016. With no further business, the meeting was adjourned at 3 pm.

MEETING SIGN-IN SHEET – NORTHEAST FLORIDA HEALTHCARE COALITION

NEFLHCC Executive Board Meeting

Meeting Date: June 15, 2016

St. Johns County EOC

1:30 pm

Name	Title	Agency	E-Mail	Voting Member & Representation
Sandi Cowson	REPA	FDCH	Sandi.cowson@flhealth.gov	no
Terris Davis	SPNS coord.	FDCH	terri.davis@flhealth.gov	NO
Dan Mann	PLANNER	FDCH	john-mann@flhealth.gov	YES
Michael Goodwin	EH Manager	FDCH-Nassau	Michael.goodwin@flhealth.gov	Yes
Ronnie Nessler	ESTII	FDCH-Nassau	Ronald.Nessler@flhealth.gov	NO
Jeffrey Alexander	Dep Dir	SJCEM	JAAlexander@sscf.us	Yes
Scott Tarzwell	Planner	DOH-Duval	Scott.Tarzwell@flhealth.gov	NO
Jason Miller	Planner	DOH-Nassau	Jason.Miller@flhealth.gov	NO
Edward Furcouth	ECC NURSE HAZMAT TEAM LEAD	Flagler Hospital	edward.furcouth@flaglerhospital.org	NO
RICH WARD	DIRECTOR	OPMC	RICHARD.WARD@HOAHEALTHCARE.COM	YES
Scott Turner	Dir. EPR	DOH-Duval	scott.turner@flhealth.gov	Yes
Tim Connor	Planner	DOH-St. Johns	Timothy.Connor@flhealth.gov	Yes
HEATHER PARMA	NE CONSORTIUM EPI	FDCH	HEATHER.PARMA@FLHEALTH.GOV	NO
DAVE CHAPMAN	SAFETY OFFICER	ST VINCENT'S	DAVE.CHAPMAN@MEDXCELFACILITIES.COM	NO
Kevin Kotsis	EMS Liaison	St. Vincent Duval	Kevin.Kotsis@jaxhealth.com	NO
on the phone:				
Zena Garner	Special Needs Duval EPend.	Duval EP		NO
Dr. Sudeh		Nassau DOH DOH		Yes
Wes Marsh	Safety/ Life Safety			

next

Northeast Florida Health Care Coalition Combined Fiscal Year 14/15 and Fiscal Year 15/16
 Financial Report
 As of May 2016

ADMINISTRATION	Budget	May 2016	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	\$ 75,000.00	\$ 5,830.36	\$ 50,606.18	67%	\$ 24,393.82
Revenues	\$ 75,000.00	\$ 5,830.36	\$ 50,606.18	67%	\$ 24,393.82
Expenses					
Staffing Cost	\$ 71,888.00	\$ 5,760.36	\$ 49,700.34	69%	\$ 22,187.66
Conference Calls	\$ -	\$ -	\$ 55.08	0%	\$ (55.08)
Postage	\$ 20.00	\$ -	\$ 3.58	18%	\$ 16.42
Office Supplies	\$ 282.00	\$ -	\$ -	0%	\$ 282.00
Printing/Copying	\$ 310.00	\$ -	\$ 4.91	2%	\$ 305.09
Travel	\$ 2,500.00	\$ -	\$ 639.46	26%	\$ 1,860.54
Cell Phone	\$ -	\$ -	\$ 54.06	0%	\$ (54.06)
Incorporation Filing Fees	\$ -	\$ 70.00	\$ 148.75	0%	\$ (148.75)
Expenses	\$ 75,000.00	\$ 5,830.36	\$ 50,606.18	67%	\$ 24,393.82

OPERATIONS	Budget	May 2016	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	\$ 50,000.00	\$ 147.35	\$ 16,657.33	33%	\$ 33,342.67
Revenues	\$ 50,000.00	\$ 147.35	\$ 16,657.33	33%	\$ 33,342.67
Expenses					
Staffing Cost	\$ 25,595.00	\$ -	\$ 8,167.88	32%	\$ 17,427.12
Telephone/Cell Phone	\$ 500.00	\$ 35.60	\$ 662.69	133%	\$ (162.69)
Membership Dues	\$ -	\$ -	\$ 100.00		
Printing/Copying	\$ 2,005.00	\$ -	\$ 103.86	5%	\$ 1,901.14
D&O Insurance	\$ 700.00	\$ -	\$ 397.34	57%	\$ 302.66
Travel	\$ 18,000.00	\$ 109.75	\$ 4,548.43	25%	\$ 13,451.57
Registration Fees	\$ 1,500.00	\$ -	\$ 2,030.00	0%	\$ (530.00)
Website	\$ -	\$ 2.00	\$ 34.00	0%	\$ (34.00)
Meeting Expenses	\$ -	\$ -	\$ 613.13	0%	\$ (613.13)
Miscellaneous	\$ 1,700.00	\$ -	\$ -	0%	\$ 1,700.00
Expenses	\$ 50,000.00	\$ 147.35	\$ 16,657.33	33%	\$ 33,342.67

DELIVERABLES	Budget	May 2016	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	\$ 120,000.00	\$ 2,916.84	\$ 85,674.95	71%	\$ 34,325.05
Revenues	\$ 120,000.00	\$ 2,916.84	\$ 85,674.95	71%	\$ 34,325.05
Expenses					
Staffing Cost	\$ 58,209.00	\$ 2,818.06	\$ 74,061.16	127%	\$ (15,852.16)
Conference Calls	\$ -	\$ -	\$ 9.03	0%	\$ (9.03)
Postage	\$ 91.00	\$ -	\$ -	0%	\$ 91.00
Printing	\$ 300.00	\$ 98.78	\$ 292.70	98%	\$ 7.30
Travel	\$ 450.00	\$ -	\$ 222.77	50%	\$ 227.23
Meeting Expenses	\$ 2,250.00	\$ -	\$ 955.02	42%	\$ 1,294.98
Exercise Expenses	\$ 1,200.00	\$ -	\$ 54.27	5%	\$ 1,145.73
Training Expenses	\$ 2,500.00	\$ -	\$ -	0%	\$ 2,500.00
Contractual Services	\$ 55,000.00	\$ -	\$ 10,080.00	18%	\$ 44,920.00
Expenses	\$ 120,000.00	\$ 2,916.84	\$ 85,674.95	71%	\$ 34,325.05

EBOLA FUNDING	Budget	May 2016	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	\$ 82,500.00	\$ 604.18	\$ 44,190.80	54%	\$ 38,309.20
Revenues	\$ 82,500.00	\$ 604.18	\$ 44,190.80	54%	\$ 38,309.20
Expenses					
Staffing Cost	\$ 35,755.00	\$ 604.18	\$ 20,456.09	57%	\$ 15,298.91
Conference Calls	\$ 95.00	\$ -	\$ 14.38	0%	\$ 80.62
Printing	\$ -	\$ -	\$ 26.88	0%	\$ (26.88)
Travel	\$ -	\$ -	\$ 28.48	0%	\$ (28.48)
Meeting Expenses	\$ -	\$ -	\$ 147.00	0%	\$ (147.00)
Exercise Expenses	\$ 20,000.00	\$ -	\$ 7,742.97	39%	\$ 12,257.03
Contractual Services	\$ 25,000.00	\$ -	\$ 15,775.00	63%	\$ 9,225.00
Administrative Fee	\$ 1,650.00	\$ -	\$ -	0%	\$ 1,650.00
Expenses	\$ 82,500.00	\$ 604.18	\$ 44,190.80	54%	\$ 38,309.20

AMENDMENT #0001

This amendment, entered into between the State of Florida, Department of Health, hereinafter referred to as the "Department" and Northeast Florida Regional Council, hereinafter referred to as "Provider", amends contract #COP41-R1.

The Department and Provider have agreed to amend this contract to increase funding, revise program tasks, performance measures, and the financial consequences.

1. Standard Contract, Section II, A. Contract Amount, "\$227,500.00" is deleted and replaced with "\$238,507.00."
2. Attachment I, pages 7 through 19, is deleted in its entirety and replaced with the revised Attachment I.
3. Exhibit 4, Attestation of No Meeting is deleted in its entirety and replaced with the revised Exhibit 4, Work Plan.
4. Exhibit 6, Community Capability Test Checklist is deleted in its entirety and replaced with the revised Exhibit 6, Deployable Resources/Mission Ready Pack.
5. Exhibit 7, HCC MYTEP is deleted in its entirety and replaced with the revised Exhibit 7, MYTEP Report.
6. Exhibit 8, Attestation of Qualifying Exercise is deleted in its entirety and replaced with the revised Exhibit 8, Invoice.
7. This amendment shall begin on July 1, 2016, or the date on which the amendment has been signed by both parties, whichever is later.

All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform with this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

This amendment and all its attachments are hereby made a part of the contract.

IN WITNESS THEREOF, the parties hereto have caused this 22 page amendment to be executed by their officials thereunto duly authorized.

PROVIDER: Northeast Florida Regional Council

STATE OF FLORIDA
DEPARTMENT OF HEALTH

SIGNED BY : _____

SIGNED BY: _____

NAME: Brian D. Teeple

NAME: Wayne A. North

TITLE: Chief Executive Officer

TITLE: Director, Division of Emergency Preparedness and Community Support

DATE: _____

DATE: _____

FEDERAL ID NUMBER: 59-1745473

ATTACHMENT I

A. Services to be Provided

1. Definition of Terms

- a. After Action Report – Improvement Plan (AAR-IP): A plan to improve the efficiency and responsiveness of a Health Care Coalition (HCC) in response to deficiencies noted during an exercise or real life event.
- b. Florida Emergency Support Function 8 (ESF8): A coordinated preparedness effort of organizations within Florida designed to respond to incidents and events that may impact public health and healthcare within the State. The Department is the lead agency of the ESF 8 at the state level.
- c. Full-Scale Exercise: In a full-scale exercise, events are projected through an exercise scenario with event updates that drive activity at the operational level. Full-scale exercises are usually conducted in a real-time, stressful environment that is intended to mirror a real incident. Personnel and resources may be mobilized and deployed to the scene, where actions are performed as if a real incident had occurred. The full-scale exercise simulates reality by presenting complex and realistic problems that require critical thinking, rapid problem solving, and effective responses by trained personnel.
- d. Functional Exercises: Exercises designed to validate and evaluate capabilities; multiple functions and sub-functions; or interdependent groups of functions. Functional exercises are typically focused on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions. In functional exercises, events are projected through an exercise scenario with event updates that drive activity typically at the management level. A functional exercise is conducted in a realistic real-time environment. Movement of personnel and equipment is usually simulated.
- e. HCC: Collaborative networks of health care organizations and their respective public and private sector response partners that serve as a multi-agency coordination group that assists Emergency Management & Health and Medical with preparedness, response, recovery, and mitigation activities related to health care organization disaster operations. To be considered as participating, the HCC must be recognized by the Department's Community Preparedness Section.
- f. HCC Member Organizations: Individual organizations within Provider's HCC that participate in HCC preparedness planning and training.
- g. Medical Surge: Incidents that exceed the limits of the normal medical infrastructure of an affected community.
- h. Mission Ready Packages: Specific response and recovery resources capabilities that are organized, developed, trained, and exercised prior to an emergency or disaster. Mission Ready Packages allow for the rapid

identification, location, request, order, and tracking of specific resources quickly and effectively.

- i. Quarter: A three-month period of the contract. The quarters for this contract are July to September (first quarter); October to December (second quarter); January to March (third quarter); and April to June (fourth quarter).
- j. Real World: An actual response to a local, regional, state, or federal emergency incident or event (e.g., flood, hurricane, fire, flooding, contagious disease, and terrorism response).
- k. Service Area: The geographical area in which Provider will provide services under this contract are located in Nassau, Baker, Duval, Clay, St. Johns, and Flagler County.
- l. Training and Exercise Planning Workshop (TEPW): A meeting to develop training and exercise priorities, Multi-Year Training and Exercise Plan (MYTEP), for the next three years.
- m. The Office of the Assistant Secretary for Preparedness and Response (ASPR): A federal program within the U.S. Department of Health and Human Services that focuses on preparedness planning and response and building federal emergency medical operational capabilities.

2. General Description

- a. General Statement: This contract is to prepare HCC member organizations for emergencies and to increase their communication and coordination capabilities.
- b. Authority: Sections 252.35(2)(a)3, and 381.0011(7), Florida Statutes.

B. Manner of Service Provision

- 1. Scope of Work: Provider will provide resources and participate in activities that support the development of communication and preparedness of HCC member organizations and participate in disaster preparedness training and exercises to increase their ability to respond to crises.
 - a. Tasks: Provider will perform the following tasks.
 - 1) Prepare a work plan (Exhibit 4) for the first year of the contract and submit it to the Contract Manager for approval within 15 days from the date of contract execution. Include the following information in the Work Plan:
 - a) Identify the HCC task force members and their designees, and;
 - b) An allocation methodology outlining projected costs for the contract term.

- 2) Update the Exhibit 4 each quarter and submit it to the Contract Manager within 15 days from the end of each quarter. Include the following information in the quarterly work plan:
 - a) Administrative information about the healthcare coalition including the HCC chair's name and contact information, the HCC's organizational structure, all member organizations by discipline, the healthcare coalition's fiduciary agent, if applicable, and counties within the healthcare coalition;
 - b) List the top five hazards identified in the HCC's latest hazard/community vulnerability assessment; the top five risks derived from assessments, after-action reports and other sources; and the top three training and exercise needs from the HCC's previous year's training and exercise plan workshop;
 - c) Identify projects aimed at closing gaps in healthcare preparedness and responses within the service area;
 - d) List of supplies and equipment in the service area capable of being used to support medical surge or mass casualty incidents;
 - e) Review the durability of equipment and cache in the service area and its capability to handle a mass casualty or medical surge event;
 - f) Identify how Provider will engage community services (e.g., long term care, public health, emergency medical services, and dialysis centers) in planning and response efforts related to surge capacity in large scale events or incidents;
 - g) Update the names of the HCC task force members or their designees as needed; and,
 - h) An allocation methodology outlining projected costs for each quarter.
- 3) Ensure each HCC task force member or their designee attend a minimum of seven teleconferences and two face-to-face meetings by June 30 of each contract year. Have each HCC task force member or their designee complete a brief summary for each meeting and teleconference they attend. Submit each completed summary to the Contract Manager within 15 days from the end of each quarter.

- 4) Perform a HCC communication capability test a minimum of once each quarter. The test should assess the functionality and interoperability of communications systems used by HCC member organizations. Document the test results in Exhibit 5 and submit it to the Contract Manager within 15 days from the end of each quarter.
- 5) During quarters one through three of each contract year, prepare the Mission Ready Packages (Exhibit 6) for each HCC member, in coordination with the Department and submit it to the Contract Manager for approval within 15 days from the end of each quarter. For each quarterly requirement listed below, document in Exhibit 6, how the HCC worked with the ESF8 Planning and Operations Section as follows:
 - a) First Quarter: Submit a list of identified resources within the HCC coalitions jurisdiction that could be available to other regions within the state during a disaster.
 - b) Second Quarter: Submit the first completed draft of the Mission Ready Packages to the Contract Manager.
 - c) Third Quarter: Submit the second completed draft of the Mission Ready Packages to the Contract Manager.
- 6) Submit the final approved version of the Exhibit 6 to the Contract Manager within 15 days from the end of the fourth quarter.
- 7) Ensure members or their designees participate in TEPW exercises by January 30 of each year of the contract. Prepare the MYTEP Report (Exhibit 7) and submit it to the Contract Manager within 15 days prior to the scheduled TEPW event.
- 8) Participate in a minimum of one Homeland Security Exercise and Evaluation Program's functional or full-scale exercise with participation from HCC member organizations by May 30 of each contract year. During the exercise, test emergency capabilities related to emergency operations, information sharing and medical surge (specifically patient movement), and health care system recovery (specifically continuity of operations). Use the previous year's Florida emergency AAR-IPs, hazard vulnerability analyses and the principles of the preparedness cycle to determine capabilities to exercise. A real world event with participation from HCC member organizations may substitute for the functional or full-scale exercise. Include the following in the HCC AAR-IP:
 - a) An evaluation of medical surge capability of HCC member organizations during a real response event or an exercise; and;

- b) Provide documentation of HCC member organizations' health care facilities ability to coordinate management of medical surge, provide appropriate levels of patient care, to provide no less than 20 percent immediate bed availability of staffed beds for patients suffering from severe medical conditions within four hours of a disaster that involves medical surge.
- 9) Prepare the HCC AAR-IP and submit it to the Contract Manager within 60 calendar days following the scheduled functional or full-scale exercise or event, but no later than May 30 of each contract year, whichever is earlier.
 - 10) Complete the annual ASPR HPP survey within 10 days from the date of receipt from the Department or by June 30, whichever is earlier and submit it to the Contract Manager. The Department will provide the survey format.
- b. Deliverables: Provider will complete the following deliverables in the time and manner indicated:
- 1) Quarterly: Provision of HCC development and preparedness activities as specified in Tasks B.1.a.1) through B.1.a.10).
- c. Performance Measures: Deliverables must be met at the following minimum level of performance:
- 1) Deliverable B.1.b.1):
 - a) Work plans must be submitted as specified.
 - b) A minimum of seven teleconferences and two face-to-face meetings must be attended by each HCC Task Force member or their designee as specified.
 - c) At least one HCC member communication capability test must be performed each quarter as specified.
 - d) The HCC communications capability test results must be submitted as specified.
 - e) A list of identified resources within the HCC coalitions jurisdiction must be submitted as specified.
 - f) The first completed draft of Exhibit 6 must be submitted as specified.
 - g) The second completed draft of Exhibit 6 must be submitted as specified.
 - h) Final approved version of Exhibit 6 must be submitted as specified.

- i) Participate in the TEPW exercises as specified.
- j) The HCC MYTEP Report must be submitted as specified.
- k) At least one functional exercise, full-scale exercise, or real event must be attended as specified.
- l) The HCC AAR-IP must be submitted as specified.
- m) The ASPR HPP survey must be submitted as specified.

2. Financial Consequences: Failure of Provider to complete or submit the deliverables in the time and manner specified will result in a reduction in payment for that deliverable as follows:

- a) Deliverable B.1.b.1):
 - 1) Failure to submit the Work Plans as specified will result in a 20 percent reduction in that quarter's invoice.
 - 2) Failure of each HCC task force member or their designee to attend the minimum number of teleconferences and face-to-face meetings as specified will result in a 20 percent reduction in that quarter's invoice for each member that does not attend the teleconferences or face-to-face meeting.
 - 3) Failure to perform a minimum of one HCC member communication capability test as specified will result in a 10 percent reduction in that quarter's invoice.
 - 4) Failure to submit the results of the HCC communications capability test as specified will result in a 10 percent reduction in that quarter's invoice.
 - 5) Failure to submit a list of identified resources within the HCC jurisdiction as specified will result in a 10 percent reduction in that quarter's invoice.
 - 6) Failure to submit the first draft of the Mission Ready Package as specified will result in a 10 percent reduction in that quarter's invoice.
 - 7) Failure to submit the second draft of the Mission Ready Package as specified will result in a 10 percent reduction in that quarter's invoice.
 - 8) Failure to submit the final approved version of the Mission Ready Package as specified will result in a 10 percent reduction in that quarter's invoice.
 - 9) Failure to participate in the TEPW exercises as specified will result in a 10 percent reduction in that quarter's invoice.

- 10) Failure to submit the HCC MYTEP Report as specified will result in a 10 percent reduction in that quarter's invoice.
- 11) Failure to attend a minimum of one functional exercise, full-scale exercise, or real event as specified will result in a 10 percent reduction in that quarter's invoice.
- 12) Failure to submit the HCC AAR-IP as specified will result in a 10 percent reduction in that quarter's invoice.
- 13) Failure to submit the ASPR HPP survey as specified will result in a 10 percent reduction in that quarter's invoice.

3. Service Location and Equipment:

- a. Service Delivery Location: Services will be performed at Provider's primary office located at 6850 Belfort Oaks Place Jacksonville, FL 32216.
- b. Service Times: Service times are at the discretion of Provider and should be reasonable to accommodate Provider's HCC members.
- c. Changes in Location and Times:
 - 1) Provider will notify the Contract Manager in advance of changing the time or location of any scheduled activities. Such changes will only be allowed if the Department's Contract Manager approves of the change in advance of either the rescheduled event or the originally scheduled time of the event, whichever is earliest.
 - 2) Changes in location or time due to emergencies must be made to ensure the safety of participants and the availability of HCC members to provide health care services in the event of an emergency. Provider will notify the Department's Contract Manager within seven days of any change in time or location made due to an emergency.

4. Staffing Requirements

- a. Staffing Levels and Professional Qualifications: Provider is responsible for employing sufficient staff to perform all activities under this contract. All staff must have the experience, education, and qualifications to perform any duties assigned to them under this contract
- b. Staffing Level Changes: Provider will notify the Contract Manager of any changes in staffing that cause Provider to be unable to perform their duties under this contract.

C. Method of Payment:

1. Payment:

- a. This is a fixed price, fixed fee contract. The Department will pay Provider, upon satisfactory completion of the Deliverable outlined in Section B.1.b. and provided in accordance with the terms and conditions of this contract, four quarterly payments of \$59,626.75 not to exceed \$238,507.00 per year, subject to the availability of funds.
- b. A unit of service will consist of one quarter of completed required deliverables as specified in Section B.1.b. A quarter of deliverables will include any deliverables due in that quarter, including annual deliverables scheduled for delivery in a particular quarter.

2. Invoice Requirements: Provider will request payment on a quarterly basis through submission of an invoice (Exhibit 8) to the Contract Manager within 15 calendar days following the end of the quarter for which payment is being requested. Each invoice must be on letterhead and contain a list of all deliverables completed during the invoice period, the amount of the invoice, a statement certifying the accuracy of the invoice, and the signature of an individual with the authority to bind Provider.

D. Special Provisions:

1. Contract Renewal: This contract may be renewed on a yearly basis for no more than three years beyond the initial contract or for the original term of the contract, whichever is longer and is subject to the same terms and conditions set forth in the initial contract. Renewals must be in writing, made by mutual agreement, and will be contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the Department and will be subject to the availability of funds.
2. In-Kind/Match Contributions: Prepare an In-Kind/Match Contribution Letter which documents the in-kind contributions for this contract. For the purposes of this contract, in-kind is defined as non-federal, non-cash contributions. These contributions are generally of fair market value referred to as property, space, personnel, equipment, or contributions of services. The in-kind letter must include, at a minimum, verifiable details that document the amount and type of in-kind contribution Provider is contributing, and an attestation from Provider's Finance Director, which states no federal funds were used, nor has any duplication of cost sharing occurred.

End of Text



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The most fundamental difference between a Tax-Exempt and a Taxable organization is the reason they exist. Taxable companies are generally founded to generate income for their owners while Tax-Exempt Organizations are generally founded to serve a humanitarian or charitable need. Tax-Exempt organizations channel all of their income into programs and services aimed at meeting people's unmet or under-met needs, such as food, water, shelter and education. For-profit companies offer products and services that are valued in the marketplace, choosing to distribute profits to the owners.

Tax-Exempt organizations can also offer services that are valued in the marketplace. These services or products need to be related to their Tax-Exempt purpose in order to avoid any taxability issues. An example would be Girl Scouts selling Cookies. . This activity is part of the Tax-Exempt purpose of teaching girls business skills and the profits generated by the cookies are applied to the 'non-profitable' aspect of the Girls Scouts activities.

A Tax-Exempt organization whose mission is to provide assistance for emergency situations could very well have a program that provides classes or consulting which the Tax-Exempt organization does earn a profit. As long as the classes or consulting is within the mission of the organization, the income would not, in itself, cause an issue.

There are some favorable considerations in setting up a taxable subsidiary for a Tax-Exempt organization, such as: more flexibility in compensation of employees, shielding liability, ease of foreign operations, public disclosure and perception by the public of the organization's activities. But for an entity in which the main source of income will be state funding or government grants, then I believe it will need to be tax-exempt.

In order to continue with this specific organization that you have already formed, you would need to acquire an employer identification number, apply for tax exemption and file any required tax returns.

To apply for tax-exemption, you need to file form 1023 before 27 months after the end of the month it was legally formed order to be treated as a 501(c)(3) from the start date. If you delay, then you will be a tax-exempt from the date you submitted the application. Therefore the form 1023 should be filed before April 2017.

In the meantime, you will need to file the annual tax returns for the organization. If the organization would like to have a June 30 year end, then the June 30 2016 form 990 will be due November 15th 2016. Even if there is no activity.

Contract Number: _____

CONTRACT
Between
First Coast Disaster Council
And
Northeast Florida Regional Council

This CONTRACT is entered into by and between the First Coast Disaster Council herein after referred to as "FCDC", and the Northeast Florida Regional Council, herein after referred to as the "NEFRC."

THIS CONTRACT IS ENTERED INTO BASED ON THE FOLLOWING:

- A. WHEREAS, the NEFRC represents that it is fully qualified, possesses the requisite skills, knowledge, qualifications, and experience to provide the services identified herein, and does offer to perform such services, and;
- B. WHEREAS, the FCDC has a need for such services, and does hereby accept the offer of the NEFRC upon the terms and conditions hereinafter set forth.

NOW, THEREFORE, the FCDC and the NEFRC do mutually agree as follows:

1. PERIOD OF CONTRACT.

This contract shall begin upon execution by both parties and shall end upon acceptance of a final deliverable, as included in the Scope of Work.

2. SCOPE OF WORK.

The NEFRC shall fully perform the obligations in accordance with the Scope of Work, Attachment A of this Contract.

3. COMPENSATION AND PAYMENT.

A. The compensation of the Contract for the performance of the activities described in the Scope of Work, Attachment A of this Contract is detailed in Method of Compensation, Attachment B.

B. Invoices properly submitted to the FCDC shall be paid within thirty (30) days.

4. MODIFICATION OF CONTRACT.

Either party may request modification of the provisions of this Contract. Changes that are mutually agreed upon shall be valid only when reduced to writing, duly signed by each of the parties hereto, and attached to the original of this Contract.

5. INCORPORATION OF LAWS, RULES, REGULATIONS AND POLICIES.

A. Both the NEFRC and the FCDC shall be governed by applicable State and Federal laws, rules, and regulations.

B. NEFRC shall allow public access to all documents, papers, letters, or other material subject to the provisions of Chapter 119, Florida Statutes, created or received by the NEFRC in conjunction with this Contract. The NEFRC shall notify the FCDC of any public record request related to this contact.

C. NEFRC shall comply with all federal, state, and local laws and ordinances applicable to the work or payment for work; and shall not discriminate on the grounds of race, color, religion, sex, national origin, age, or disability in the performance of work under this Contract.

6. LIABILITY.

The FCDC will hold harmless the NEFRC against all claims of whatever nature arising out of the NEFRC's performance of work under this Contract to the extent allowed and required by law. The NEFRC shall hold harmless the FCDC against all claims of whatever nature arising out of the performance of work under this Contract to the extent allowed and required by law.

7. DISPUTE OR TERMINATION.

Each party has obligations pursuant to the Scope of Work and the Budget and Method of Compensation. If either party believes that there has been default under the Contract, they shall inform the other by written notice of the perceived dispute and recommend a cure. If the default is not corrected to the satisfaction of both parties within 30 days, the contract may be terminated upon receipt of written notice. If the Contract is terminated before performance is completed, NEFRC shall be paid for work satisfactorily performed for which costs can be substantiated, as of the date of termination.

8. RECORDKEEPING & CONTRACT.

A. All original records pertinent to this Contract shall be retained by the NEFRC for the period mandated by the State of Florida, or three (3) years following the date of completion or termination of this Contract, whichever is later, with the following exception:

(I) if any litigation, claim, or audit is started before the expiration of the State mandated or three (3) year period and extends beyond the State mandated or three (3) year period, the records will be maintained until all litigation, claims, or audit findings involving the records have been resolved.

B. All records, including supporting documentation shall be sufficient to determine compliance with the Contract Scope of Work, Attachment A, and all other applicable laws and regulations.

C. The NEFRC, its employees including all subcontractors or consultants and agents to be paid from the approved budget provided under this Contract, shall allow access to its records at reasonable times to the FCDC, its employees, and agents. "Reasonable" shall be construed according to the circumstances but ordinarily shall mean during normal business hours of 8:00 a.m. to 5:00 p.m., local time, Monday through Friday. "Agents" shall include but not be limited to auditors retained by the FCDC.

9. MONITORING PERFORMANCE.

Both parties shall consistently monitor performance under this Contract to ensure time schedules are being met, the Scope of Work is being accomplished within specified time periods, and performance goals are being achieved. Such review shall be made for each function or activity set forth in Attachment A of this Contract. FCDC shall timely review reports and deliverables as included in the Scope of Work, and payment for invoices shall indicate final acceptance of work.

10. ASSIGNMENT AND SUBCONTRACTS.

The NEFRC shall not assign or transfer any work under this Contract without the prior consent of the FCDC. If the NEFRC subcontracts any or all of the work required under this Contract, a copy of the executed subcontract must be forwarded to the FCDC within thirty (30) days after the execution of the subcontract. The NEFRC agrees to include on the subcontract that (i) the subcontractor is bound by all applicable state and federal laws and regulations, and (ii) the subcontract shall hold the FCDC harmless against all claims of whatever nature arising out of the subcontractor's performance of work under this Contract, to the extent allowed and required by law.

11. NOTICES AND CONTRACT REPRESENTATIVES.

A. Any notices provided under this Contract shall be in writing and shall be delivered to the following:

1. The First Coast Disaster Council representative that is responsible for the administration of this Contract is:

Chairman John Coffey
(Insert Address)
(Insert Phone Number)

2. The Representative of the NEFRC responsible for the administration of this Contract is:

Northeast Florida Regional Council
Beth Payne, EPP Director
6850 Belfort Oaks Place
Jacksonville, FL 32216
904-279-0880

12. ATTACHMENTS.

- A. All Attachments to this Contract are incorporated as if set out fully herein.
- B. In the event of any inconsistencies or conflict between the language of this Contract and the Attachments hereto, the language of such Attachments shall be controlling, but only to the extent of such conflict or inconsistency.
- C. This Contract has the following Attachments:

Attachment A – Scope of Work

Attachment B – Budget and Method of Compensation

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be executed by their undersigned officials as duly authorized.

For First Coast Disaster Council:

For Northeast Florida Regional Council:

Signature

Signature

Name/Title

Name/ Title

Date

Date

ATTACHMENT 'A' - SCOPE OF WORK

A. Exercise Requirements

The Northeast Florida Regional Council will provide support for the First Coast Disaster Council's full scale exercise to be conducted in October 2016.

The 2016 Full Scale Exercise will build upon the hurricane and evacuation scenario from the Northeast Florida Healthcare Coalition tabletop exercise, held in April 2016. This hurricane scenario, which caused the evacuation of hospitals and other healthcare facilities, focused on transportation, receipt of special needs patients, evacuation and medical surge.

There will be a set of overall Healthcare Preparedness Capabilities to be exercised. These will include:

1. Healthcare System Recovery (Continuity of Operations)
2. Emergency Operations Coordination
3. Information Sharing
4. Medical Surge

Additionally, each participating entity will develop their facility specific objectives that will be exercised and evaluated.

The Council is responsible for utilizing the HSEEP exercise and design protocols, holding all required meetings and providing First Coast Disaster Council with all applicable exercise documentation. The Council will provide logistical support and overall facilitation and evaluation services on the day of the exercise. All final reports will be completed by the Council.

The Council will complete an overall After Action Report for the exercise that will be utilized by the Northeast Florida Healthcare Coalition and the First Coast Disaster Council. In order to allow for each facility to create their own After Action Report tailored specifically to their objectives, the Council will also provide a template for the After Action Report in Microsoft Word.

B. Responsibilities

Expected Responsibilities of the Northeast Florida Regional Council:

1. Implementation of the HSEEP process
 - a. Planning Meetings and Documentation
 - b. Exercise Documentation, including a Microsoft Word version of a customizable AAR/IP for facilities use

2. Provide technical assistance during the Exercise Design phase for participating facilities. This can include assistance with objectives, injects specific to their facility, or other items as needed.
3. Provide overall facilitation services on the day of the exercise, including serving as a central point of coordination for all participating facility controllers. The Council will provide exercise staff on the day of the exercise as needed to properly evaluate and coordinate the day's events.

Expected Responsibilities of First Coast Disaster Council:

1. Determine Exercise participants/facilities.

Expectations of participating facilities:

1. Determine facility-specific objectives and injects.
2. Coordination of the logistics at each individual facility
3. Provide evaluator(s) and controller(s) at each participating facility to accurately capture evaluations and facilitate the day of the exercise.
4. A facility-specific After Action Report/Improvement Plan based on the template provided by the Council.
5. Training (prior to exercises) on any applicable plans and procedures.

C. Deliverables and Deadlines

	<i>Deliverable</i>	<i>Deadline</i>	<i>Payment</i>	<i>Performance Metric</i>
Phase I – Exercise Design	Initial Planning Meeting	Minimum of 8 weeks prior to Exercise	\$8,000	Agenda, minutes and sign-in sheet
	Exercise Logistics	ongoing		Agenda, minutes and sign-in sheet
	Final Planning Meeting	2 - 4 weeks prior to Exercise		Agenda, minutes and sign-in sheet
	Technical Assistance to Facilities in the development of their objectives & specific exercise injects	ongoing	Meetings, conference calls as needed.	
Phase II – the Exercise	Exercise Documentation, including all support documents	2 weeks prior to Exercise	\$8,000	Situation Manual/Exercise Plan, Exercise day Power Point Presentation, Participant Handouts, Evaluation Guides
	Facilitation and Control of the Exercise	Day of Exercise		Sign-in sheet
Phase III – Exercise Review	Exercise Review, After Action Conference and After Action Report	4 weeks after the Exercise	\$4,000	Agenda, minutes and sign-in sheets, AAR and IP (overall and word document for facilities)
	Final Deliverable Package	8 weeks after the exercise		Sign in sheets, agendas, meeting notes, participant feedback forms, approved AAR/IP and any additional documentation required by the funding agency.
TOTAL			\$20,000	

ATTACHMENT 'B' - METHOD OF COMPENSATION

PURPOSE:

This Attachment defines the compensation to be made to the Council for the services set forth in Attachment "A" and the method by which payments shall be made.

COMPENSATION:

For the satisfactory performance of services detailed in Attachment "A", the Council shall be paid up to the maximum contract value of:

Task Exercise – \$20,000

Payment shall be made following each Phase of the deliverable and upon acceptance of the required deliverables, as detailed in the Table "Deadlines and Deliverables" in Attachment A.

Phase I - \$8,000

Phase II - \$8,000

Phase III - \$4,000

PAYMENTS:

The Council shall submit an invoice in a format acceptable to the FCDC.

Payment shall be made upon submission of invoice(s) accompanied with supporting documentation for completion of tasks.

**Northeast Florida Healthcare Coalition Voting Members
& Designated Alternates 2016**



Northeast Florida
Healthcare
COALITION
For Disaster Preparedness

Representation	Voting Member	Alternate Name	Alternate's Agency
Baker County	Dan Mann	Bek Parker	Baker County Sheriff's Office
Clay County	Leigh Wilsey	David Pollard	FDOH-Clay
Duval County	Sarah Winn		
Flagler County			
Nassau County	Mike Godwin	Ronnie Nessler	FDOH-Nassau
St. John County	Pico Torres	Tim Connor	FDOH-St. Johns
Emergency Management	Jeff Alexander	Billy Estep	Nassau County EM
EMS	David Motes		
Hospitals	Rich Ward		
Public Health	Dr. Ngo-Seidel	Dr. Kelli Wells	FDOH-Duval