

**Project:** Borough Coalitions

**Lead Contractor:**

**Contract Term:** July 1, 2017- June 30, 2022

**Budget Period 1 (BP1):** July 1, 2017 – June 30, 2018

**Maximum Reimbursable Amount:** \$100,000

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## **Background**

As a component of the citywide preparedness structure and membership of the New York City Health Care Coalition (NYCHCC), Borough Coalitions help to drive all-hazards preparedness activities in their local communities by continually assessing gaps in preparedness, and providing opportunities to strengthen capabilities through participation in their sponsored multi-disciplinary activities, including trainings and exercises. New York City (NYC) is composed of five (5) Borough emergency preparedness coalitions:

- **Bronx:** Bronx Emergency Preparedness Coalition (BEPC)
- **Brooklyn:** The Brooklyn Coalition (TBC)
- **Manhattan:** New York County Healthcare Resilience Coalition (NYcHRC)
- **Queens:** The Queens County Emergency Preparedness Healthcare Coalition (QCEPHC)
- **Staten Island:** Staten Island Community Organizations Active in Disasters (COAD)

## **Scope of Services**

During BP1, (Contractor), on behalf of the Borough Coalition, will work with the NYC Department of Health and Mental Hygiene (DOHMH) to continue to build upon work undertaken during prior budget periods. This includes expanding the Borough Coalition’s reach using a “whole community” approach to emergency preparedness and response that shares responsibility with all community members, and strengthening Borough Coalition member resiliency by:

- Participating in NYCHCC meetings and workshops
- Increasing membership by 25%
- Compiling a Disaster Resource Directory (DRD) of critical assets and resources
- Conducting an All Members Call-down Notification Drill
- Designing a Strategic Plan Coalition deliverable to address a borough-level gap

During the term of this contract, in addition to the deliverables outlined in the Schedule of Deliverables and Compensation below, Contractor must also:

- Maintain compliance with National Incident Management System (NIMS) requirements
- Invite DOHMH to attend Borough Coalition meetings, trainings, workshops, exercises and other Hospital Preparedness Program (HPP)-funded activities
- Employ a high standard of grammatically correct professional writing in all developed materials and presentations

- If Contractor has more than one (1) HPP-funded contract in BP1, individual attendees cannot represent more than one (1) HPP-funded entity at required activities or meetings, including NYCHCC Leadership Council meetings and Emergency Preparedness Symposia (EPS)

### Schedule of Deliverables and Compensation

Deliverable	Required Activities	Required Documentation	Maximum Reimbursable Amount	Deliverable Due By
<b>1. Submit Partially Executed BP1 Contract</b>	1. Review, sign and return to Public Health Solutions (PHS) a partially executed Borough Coalition contract <b>within 45 calendar days</b> of receipt of contract via email from PHS.	1. Partially executed BP1 Borough Coalition contract	1. \$5,000	1. Within 45 calendar days of contract receipt via email from PHS.
<b>2. Participate in NYCHCC Leadership Council Meetings</b>	1. Ensure attendance and participation at three (3) NYCHCC Leadership Council meetings. NYCHCC Leadership Council meetings convene the leadership of all funded NYCHCC sectors and may include participation in focus-groups and/or workshops as part of the meeting agenda in order to advance NYCHCC preparedness efforts and meet BP1 HPP grant requirements, including development of NYCHCC governance documents.  <i>Attendee cannot represent more than one (1) HPP-funded entity at NYCHCC Leadership Council meetings.</i>	1. Completed online evaluation survey for each of the three (3) NYCHCC Leadership Council meetings.	1a. \$1,500 1b. \$1,500 1c. \$1,500	1a. September 2017 1b. December 2017 1c. May 2018
	2. Present an overview of the Borough Coalition’s emergency preparedness work, including successes and challenges during Budget Period 5 (BP5) (July 1, 2016 – June 30, 2017) at one (1) NYCHCC Leadership Council meeting <b>OR</b> one (1) EPS.	2. Copy of PowerPoint slides  <i>Note: Attendance at NYCHCC Leadership Council meetings will be verified by DOHMH sign-in sheets.</i>	2. \$2,000	2. TBD

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<b>3. Increase Coalition Membership</b>	<p>1. Using BP5 membership rosters as a baseline measure, increase Borough Coalition membership by a minimum of 25% by the end of BP1. Non-acute healthcare providers and community-based organizations should represent 20% of the total membership increase.</p> <ul style="list-style-type: none"> <li>• Draft and submit a list of providers and organizations that were members of the Borough Coalition in BP5 (including healthcare facilities and representatives from all sectors, planning partners, response agencies, and community-based agencies and organizations). <i>Due by November 24, 2017.</i></li> <li>• Draft and submit a list of all new BP1 Borough Coalition members by affiliation demonstrating a minimum increase of 25% in membership; include a brief summary of strategies used for recruitment of new members. <i>Template to be provided by DOHMH.</i></li> </ul>	<p>1a. List of BP5 Borough Coalition members in BP5 (including healthcare facilities and representatives from all sectors, planning partners, response agencies, and community-based agencies and organizations).</p> <p>1b. Final BP1 list of all members by affiliation reflecting a minimum increase of 25%; include a brief summary of strategies used for recruitment of new members. <i>Template to be provided by DOHMH.</i></p>	<p>1a. N/A. Non-reimbursable deliverable</p> <p>1b. \$12,000</p>	<p>1a. November 24, 2017</p> <p>1b. May 18, 2018</p>
<b>4. Develop a DRD</b>	<p>1. Survey Borough Coalition members' critical assets and resources and compile results in order to develop a comprehensive DRD. The DRD will provide increased situational awareness of emergency services available in the Borough along with a list of members' equipment and supplies. During a disaster response, the DRD can be made available to</p>	<p>1. Borough Coalition DRD that outlines members' critical assets and resources</p>	<p>1. \$11,000</p>	<p>1. February 16, 2018</p>

Deliverable	Required Activities	Required Documentation	Maximum Reimbursable Amount	Deliverable Due By
	<p>Borough Coalition members to facilitate possible mutual aid exchanges. The DRD must include, at minimum:</p> <ul style="list-style-type: none"> <li>• List of Coalition members with contact information for each member;</li> <li>• List of resources and/or services each member may be able to offer other members during a disaster (e.g., health care, social services, food and nutrition, communications, transportation, material). <ul style="list-style-type: none"> <li>○ Include as much detail as possible when listing services or resources.</li> </ul> </li> </ul> <p><b><i>DRD templates will be provided by DOHMH upon request.</i></b></p> <p><i>If Contractor has already compiled or is currently in the process of compiling a resource directory (manually or electronically), Contractor may submit a proposal to expand, enhance, and/or finalize existing products to Bill Lang (wlang1@health.nyc.gov) for approval.</i></p>			

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<b>5. Conduct Call-down Notification Drill</b>	1. Using protocol developed by either the Borough Coalition or DOHMH, plan and conduct one (1) call-down notification drill with a target participation rate of 100% of Borough Coalition member organization lead points of contact. Determine and share drill parameters and timeframe for response with Coalition members prior to conduct of the drill. Monitor and share results with all participants following the drill.	1. Summary report of call-down notification drill participation, including identified gaps and opportunities for improvement.	1. \$10,500	1. January 26, 2018
<b>6. Design Strategic Plan Deliverable(s)</b>	<p>1. Design and complete a deliverable (exercise or project) that includes participation from non-acute and community-based members and organizations and that addresses findings from BP5 risk assessment activities (e.g., Hazard Vulnerability Analysis (HVA), After Action Report(s) (AAR) and/or Improvement Plan(s) (IP)) and/or advances the Coalition’s strategic plan.</p> <p>Develop and submit deliverable proposal for DOHMH approval that includes the following:</p> <ul style="list-style-type: none"> <li>• Rationale for choosing to develop a Borough-wide project or exercise based on Borough Coalition’s strategic plan and/or BP5 HVA and/or AAR/IP;</li> <li>• Outline of project Scope of Work (SOW) or HSEEP-compliant exercise documentation, including goals, objectives, timeline, key action steps and</li> </ul>	<p>1a. Approved deliverable proposal</p> <p>1b. Final deliverable documents:</p> <p><b>For Projects:</b></p> <ul style="list-style-type: none"> <li>• Final summary report including: <ul style="list-style-type: none"> <li>○ Details of implementation, including how project has advanced progress on the Coalition’s strategic plan submitted in BP4</li> <li>○ Goals and objectives</li> <li>○ Findings</li> <li>○ Impact of activity</li> <li>○ List of stakeholders</li> <li>○ Next steps</li> </ul> </li> </ul>	<p>1a. \$15,000</p> <p>1b. \$40,000</p>	<p>1a. December 15, 2017</p> <p>1b. April 27, 2018</p>

Deliverable	Required Activities	Required Documentation	Maximum Reimbursable Amount	Deliverable Due By
	<p>budget.</p> <p><i>Contractor should only begin work on the proposed project or exercise upon written approval from DOHMH. Once approved, contractor will develop the final deliverable documents, including:</i></p> <ul style="list-style-type: none"> <li>• Summary of how the project or exercise addressed findings from risk assessments and advanced progress on the Coalition strategic plan submitted in BP4</li> <li>• <b>If deliverable was a Project</b>, develop and submit final summary report with details of implementation, goals and objectives, findings, impacts, outcomes, stakeholders, and next steps; and other supporting documentation, including (but not limited to) meeting agendas, notes, and sign-in sheets</li> <li>• <b>If deliverable was an Exercise</b>, develop and submit all HSEEP-compliant exercise documents according to the type of exercise (must be functional or higher) including: <ul style="list-style-type: none"> <li>○ Final Exercise Plan (ExPlan)</li> <li>○ Exercise Evaluation Guide (EEG)</li> <li>○ Master Scenario Events List (MSEL)</li> <li>○ AAR/IP</li> <li>○ Sign-in sheets</li> <li>○ List of exercise participants</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Supporting project documentation (e.g., meeting notes, agendas, sign-in sheets)</li> </ul> <p><b>For Exercises:</b></p> <ul style="list-style-type: none"> <li>• Description of how completion of this deliverable has advanced progress on the Coalition’s strategic plan submitted in BP4</li> <li>• All HSEEP-compliant exercise documents including: <ul style="list-style-type: none"> <li>○ Final ExPlan</li> <li>○ EEG</li> <li>○ MSEL</li> <li>○ AAR/IP</li> </ul> </li> <li>• Sign-in sheets</li> <li>• List of exercise participants</li> </ul>		

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	Exercise must be functional or higher and include multiple healthcare facilities. Contractor cannot conduct a standalone, single-facility exercise.			

*As stated in the Work Product and Materials section of the Contractor’s Agreement, all Work Product, materials, publications, videos, curricula, reports, and other material produced as a direct requirement of this Agreement ("Material") shall be considered “work-made-for-hire” within the meaning and purview of Section 101 of the United States Copyright Act, 17 U.S.C Section 101, and DOHMH shall be the copyright owner thereof and of all aspects, elements and components thereof in which copyright protection might subsist. To the extent that the Material does not qualify as “work-made-for-hire,” Contractor hereby irrevocably transfers, assigns and conveys exclusive copyright ownership in and to the Material to DOHMH, free and clear of any liens, claims or other encumbrances.*

**Payment Schedule**

The maximum reimbursable amount is \$100,000. Contractor will submit to DOHMH Payment Vouchers (Appendix C) along with any supporting documentation for each deliverable no later than 30 days of the due date specified in the Scope of Services/Schedule of Deliverables and Compensation. DOHMH retains the originals. Payment to Contractor is contingent upon DOHMH acceptance and approval of payment vouchers.