TASK TO DELIVERABLE MATRIX
EXHIBIT 13

PAID DELIVERABLES – FIXED FEE

Deliverable	Task	Required Docs	Fixed Fee Value	Due Date
Deliverable 1 Demonstrated participation in a HCC by attending at least 50% of scheduled HCC meetings.	**Task: 1.1:** Provider must attend at least 50% of scheduled FDOH recognized HCC meetings.	**Required Docs:** Documentation that must be submitted to the Department to evidence completion of this deliverable is: an HCC Attestation of Attendance (Exhibit 7) from the HCC Chair indicating that Provider has attended at least 50% of scheduled HCC meetings.	**Fixed Fee Value** 20% of Training Allocation: $00.00	**Due Date:** No later than May 30, 2014
Deliverable 2 A documented response role in the local Emergency Management plan.	**Tasks 1.2:** Demonstrate a defined role in the local EM Plan	**Required Docs:** Documentation that must be submitted to the Department to evidence completion of this deliverable is: an attestation from Emergency Management or the County Health Department Planner indicating the defined role of Provider in the local emergency management plan. Attestation of Inclusion in County Emergency Management Plan (Exhibit 9).	**Fixed Fee Value:** 10% of Training Allocation: $00.00	**Due Date:** Within 90 calendar days following contract execution
Deliverable: 3 A facility-level emergency plan that demonstrates how the provider will accommodate a surge in patients.	**Task 1.3:** Demonstrate Collaborative Planning to ensure there is a strategy to absorb medical surge.	**Required Docs:** Documentation that must be submitted to the Department to evidence completion of this deliverable is: a copy of the section of the Provider's Emergency Management Plan that demonstrates the steps the Provider will take to ensure their ability to accommodate a surge in patients.	**Fixed Fee Value:** 10% of Training Allocation: $00.00	**Due Date:** No later than May 30, 2014

TASK TO DELIVERABLE MATRIX
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Deliverable: 4 Participation in a regional or jurisdictional HCC preparedness exercise.	**Task 1.4:** Participation in Regional or State Supported Coalition Exercise	**Required Docs:** Documentation that must be submitted to the Department to evidence completion of this deliverable is: a submission of the HCC After Action Report and Improvement Plan (AAR/IP). https://www.llis.dhs.gov/content/aar-ip-template	**Fixed Fee Value:** 100% of Exercise Allocation: $00.00	**Due Date:** 60 calendar days after exercise OR 10 business days after expiration of contract (whichever is earlier)
Deliverable: 5 Facility identification of gaps, challenges and barriers related to facility's capability to respond to medical surge incidents.	**Task 2.1 & 2.3:** Facility identification of gaps, challenges and barriers related to facility's capability to respond to medical surge incidents.	**Required Docs:** Documentation that must be submitted to the Department to evidence completion of this deliverable is: a completed PHHP Capability Assessment and Planning Tool for Medical Surge (Exhibit 11).	**Fixed Fee Value:** 20% of Training Allocation: $00.00	**Due Date:** Within 60 days following contract execution
Deliverable: 6 Identification and completion of at least four risk-based preparedness trainings.	**Task 2.3**: Host or attend trainings based on gaps, challenges and barriers identified in the PHHP Capability Assessment and Planning Tool for Medical Surge (Exhibit 11).	**Required Docs:** Documentation that must be submitted to the Department to evidence completion of this deliverable is: **a.** Submission of Provider's written MYT&EP and Schedule (Exhibit 15). **b.** A copy of the sign-in sheet or participants list for each training Provider conducts or participates in. Provider must submit sign in sheets or participants lists for a minimum of four (4) trainings per contractual year which aligns to the accepted MYT&EP and schedule. **c.** Submission of a Training Summary (Exhibit 10) for each training the Provider conducts or participates in. Provider must submit a Training Summary for four (4) trainings which align to the accepted MYT&EP and Schedule.	**Fixed Fee Value:** 40% of Training Allocation: $00.00	**Due Date:** No later than 10 business days after expiration of contract

TASK TO DELIVERABLE MATRIX
EXHIBIT 13

PAID DELIVERABLES – COST REIMBURSEMENT

Deliverable	Task	Required Docs	Value	Due Date
Deliverable: 7 The purchase of medical surge equipment and supplies based on identified risks.	**Task: 3.1 & 3.3** Purchase of MCI Equipment and Supplies purchases based on identified gaps, challenges, and barriers identified in the Provider's completed PHHP Capability Assessment and Planning Tool for Medical Surge (Exhibit 11).	**Required Docs:** Vendor Invoice, Proof of Payment, Signed Invoice Letter (Exhibit 14), MBE Form (Attachment IV).	**Cost Reimbursement Value:** Up to 100% of Equipment Allocation	**Due Date:** No later than May 30, 2014

NO COS T DELIVERABLES

Deliverable	Task	Required Docs	Value	Due Date
Deliverable: 8 Demonstrated compliance with NIMS objectives.	**Task 2.2:** Demonstrate compliance with NIMS objectives.	**Required Docs:** Documentation that must be submitted to the Department to evidence completion of this deliverable is: Submission of the Facility NIMS Status (Exhibit 5) indicating the Provider's current status related to the 11 recognized NIMS Objectives.	**Fixed Fee Value:** No cost	**Due Date:** No later than May 15, 2014
Deliverable: 9 A fully-trained and functional Decontamination Team.	**Task 2.3**: Maintain or have access to a fully-trained Decontamination Team	**Required Docs:** Documentation that must be submitted to the Department to evidence completion of this deliverable is: submission of the Decontamination Training Certification (Exhibit 12).	**Fixed Fee Value:** No cost deliverable, but can count as a required training.	**Due Date:** No later than March 31, 2014
Deliverable: 10 An up-to-date inventory of all supplies and equipment purchased with HPP funds. (Task 3.2)	**Task 3.2:** Maintain and submit to the Department an inventory of all MCI Equipment and Supplies purchased and/or maintained using this federal funding source.	**Required Docs:** Submission of a completed MCI Equipment and Supplies Inventory (Exhibit 8).	**Fixed Fee Value:** No Cost Deliverable BUT Contract Invoice(s) Not Paid Until Accepted by Dept.	**Due Date:** No later than May 30, 2014