

**ATTACHMENT A-3
REVISED FY2026 STATEMENT OF WORK**

July 1, 2025 through June 30, 2026

I. GRANTEE RESPONSIBILITIES

- A.** Grantee shall deliver services funded by the Public Health Emergency Preparedness (“PHEP”) Cooperative Agreement from the Centers for Disease Control and Prevention (“CDC”) to advance public health preparedness for the Cities Readiness Initiative (“CRI”).
- B.** Grantee shall perform the activities required under this Grant Agreement in the following county(ies): Atascosa; the county(ies) make(s) up the Grantee’s geographical jurisdiction.
- C.** Grantee shall provide DSHS with situational awareness data generated through interoperable networks of electronic data systems.
- D.** Grantee shall address the following public health emergency preparedness capabilities:
 - 1. Capability 1 – Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term;
 - 2. Capability 2 – Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations;
 - 3. Capability 3 – Emergency operations coordination is the ability to coordinate with emergency management and to direct and support an incident or event with public health or health care implications by establishing a standardized, scalable system of oversight, organization, and supervision that is consistent with jurisdictional standards and practices and the National Incident Management System (“NIMS”);
 - 4. Capability 4 – Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel;
 - 5. Capability 5 – Fatality management is the ability to coordinate with partner organizations and agencies to provide fatality management services to ensure the proper recovery and preservation of remains; identification of the deceased; determination of cause and manner of death; release of remains to an authorized individual; and provision of mental/behavioral health assistance for the grieving. The role also may include supporting activities for the identification, collection, documentation, retrieval, and transportation of human remains, personal effects, and evidence to the examination location or incident morgue;
 - 6. Capability 6 – Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of

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government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance;

7. Capability 7 – Mass care is the ability of public health agencies to coordinate with and support partner agencies to address, within a congregate location (excluding shelter-in-place locations), the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. This capability includes coordinating ongoing surveillance and public health assessments to ensure that health needs continue to be met as the incident evolves;
8. Capability 8 – Medical countermeasure dispensation and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident, according to public health guidelines. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins;
9. Capability 9 – Medical materiel management and distribution is the ability to acquire, manage, transport, and track medical materiel during a public health incident or event and the ability to recover and account for unused medical materiel, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident;
10. Capability 10 – Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the health care system to endure a hazard impact, maintain or rapidly recover operations that were compromised, and support the delivery of medical care and associated public health services, including disease surveillance, epidemiological inquiry, laboratory diagnostic services, and environmental health assessments;
11. Capability 11 – Nonpharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat. Nonpharmaceutical interventions may include isolation, quarantine, restrictions on movement and travel advisories or warnings, social distancing, external decontamination, hygiene, and precautionary protective behaviors;
12. Capability 12 – Public health laboratory testing is the ability to implement and perform methods that may be used to detect, characterize, and confirm public health threats. It also includes the ability to report timely data, provide investigative support, and use partnerships to address actual or potential exposure to threat agents in multiple matrices, including clinical specimens and food,

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water, and other environmental samples. This capability supports passive and active surveillance when preparing for, responding to, and recovering from biological, chemical, and radiological (if a Radiological Laboratory Response Network is established) public health threats and emergencies;

13. Capability 13 – Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. It also includes the ability to expand these systems and processes in response to incidents of public health significance;
 14. Capability 14 – Responder safety and health is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment; and
 15. Capability 15 – Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers to support the jurisdictional public health agency’s preparedness, response, and recovery activities during pre-deployment, deployment, and post-deployment.
- E.** Grantee shall coordinate with DSHS to develop a preparedness activity plan for the Grantee’s geographic jurisdiction. Grantee shall utilize the CDC’s Public Health Response Readiness Framework (currently available at: <https://www.cdc.gov/readiness/php/cr/index.html>, which defines excellence in response operations) and ensure those CDC priority areas are addressed throughout the deliverables:
1. Prioritize a risk-based approach to all-hazards planning that addresses evolving threats and supports medical countermeasure logistics;
 2. Enhance partnerships (federal and nongovernmental organizations) to effectively support community preparedness efforts;
 3. Expand local support to improve jurisdictional readiness to effectively manage public health emergencies;
 4. Improve administrative and budget preparedness systems to ensure timely access to resources for supporting jurisdictional responses;
 5. Build workforce capacity to meet jurisdictional surge management needs and support staff recruitment, retention, resilience, and mental health;
 6. Modernize data collection and systems to improve situational awareness and information sharing with healthcare systems and other partners;
 7. Strengthen risk communications activities to improve proficiency in disseminating critical public health information and warnings and address mis/disinformation;
 8. Incorporate practices to enhance preparedness and response support for communities experiencing differences in health status due to structural barriers;

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9. Advance capacity and capability of public health laboratories to characterize emerging public health threats through testing and surveillance; and
 10. Prioritize community recovery efforts to support health department reconstitution and incorporate lessons learned from public health emergency responses.
- F.** In the event of a public health emergency involving a portion of the state, Grantee shall mobilize and dispatch staff or equipment purchased with funds from previous PHEP cooperative agreements that are not currently performing critical duties in the jurisdiction served, to the affected area of the state upon receipt of a written request from DSHS.
- G.** Grantee shall coordinate activities and response plans within its geographical jurisdiction with the state, regional, and other local jurisdictions, among local agencies, and with hospitals and major health care entities, and Councils of Government.
- H.** Grantee shall inform DSHS in writing if Grantee will not continue performance under this Grant Agreement within thirty (30) calendar days of receipt of DSHS's notification of an amended standard(s) or guideline(s). In such event, DSHS may terminate this Grant Agreement immediately or within a reasonable period of time as determined by DSHS.
- I.** Grantee shall develop, implement, and maintain a timekeeping system for accurately documenting staff time and salary expenditures for all staff funded through this Grant Agreement, including partial full-time employees and temporary staff.
- J.** Grantee shall complete and submit programmatic reports as directed by DSHS in a format specified by DSHS and as needed to satisfy information-sharing requirements set forth in Sections 421.071 and 421.072(b)-(c) of the Texas Government Code, as amended. Grantee shall provide DSHS other reports, including financial reports, that DSHS determines necessary to accomplish the objectives of this Grant Agreement and to monitor compliance.
- K.** Grantee shall conduct all exercises and training in accordance with Homeland Security Exercise Evaluation Program ("HSEEP") guidance and have plans, processes, and training in place to meet NIMS compliance requirements.
- L.** Grantee shall work with the DSHS Public Health Region and their Regional Health Care Coalition to develop comprehensive preparedness strategies by participating in meetings, trainings, and exercises.
- M.** Grantee shall comply with all state and DSHS guidance and standards, including the Texas Grant Management Standards (currently available at: <https://comptroller.texas.gov/purchasing/grant-management/>).
- N.** At the expiration or termination of this Grant Agreement for any reason, title to any remaining equipment and supplies purchased with funds under this Grant Agreement will revert to DSHS. Title may be transferred to any other party designated by DSHS. DSHS

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may, at its option and to the extent allowed by law, transfer the reversionary interest to such property to Grantee.

- O.** Grantee shall fill any vacant positions within ninety (90) calendar days. Grantee shall report all position vacancies to their assigned DSHS Contract Representative each month until all positions are filled. DSHS may reduce Grantee's budget if Grantee has vacant positions existing for more than ninety (90) consecutive calendar days.
- P.** Grantee shall comply with all applicable federal and state laws, rules, and regulations, as amended, including, but not limited to, the following:
1. Chapter 418 of the Texas Government Code;
 2. Public Law 116-22, Pandemic and All-Hazards Preparedness and Advancing Innovation Act ("PAHPAI");
 3. Public Law 109-417 Pandemic and All-Hazards Preparedness Act ("PAHPA");
 4. Chapter 81 of the Texas Health and Safety Code;
 5. Section 319 C-1 of the Public Health Service (PHS) Act (47 USC § 247d-3a), as amended; and
 6. 2 CFR Part 200.
- Q.** Grantee shall comply with all requirements related to the cost reimbursement budget, purchases made with grant funds, and uses of grant funds under this Grant Agreement, which include the following:
1. Grantee's approved cost reimbursement budget must document all approved and allowable expenditures;
 2. Grantee shall only utilize funding under this Grant Agreement for approved and allowable costs. If Grantee requests to utilize funds for an expense not documented in the approved cost reimbursement budget, Grantee shall notify the DSHS Contract Representative, in writing, and request approval prior to utilizing the funds. DSHS shall provide written notification whether the requested expense is approved or denied;
 3. Grantee may not use funds for research, clinical care, fundraising activities or lobbying, construction or major renovations, reimbursement of pre-award costs, to supplant existing state or federal funds for activities, payment or reimbursement of backfilling costs for staff, purchase of vehicles of any kind, uniforms, buildings or real property, or funding an award to another party or provider who is ineligible;
 4. Grantee may not use funds made available under this Grant Agreement to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides;

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5. Grantee shall initiate the purchase of all equipment approved in writing by DSHS, as applicable. Failure to timely initiate the purchase of equipment may result in the loss of availability of funds for the purchase of equipment. Requests to purchase equipment must be submitted to the assigned DSHS Contract Representative; and
 6. Grantee shall not use DSHS funds to lease buildings or real property without prior written approval from DSHS. Further, Grantee shall not use DSHS funds for the purchase of buildings or real property under any circumstance.
- R.** DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls by Grantee.
- S.** DSHS will monitor Grantee’s expenditures on a monthly basis. If expenditures are below the amount projected in Grantee’s total Project FY amount, Grantee’s budget may be subject to a decrease for the remainder of the Project FY.

II. REPORTING REQUIREMENTS

- A.** Grantee shall submit all reporting requirements in accordance with the deadlines set forth in **Section VII, Reporting Requirements**, of the Grant Agreement.
- B.** Grantee shall prepare and electronically submit a current Multi-Year Integrated Preparedness Plan (“MYIPP”) each Project FY, which must include at least five (5) years of progressive exercise, planning and training, via email to phep@dshs.texas.gov with a copy to the DSHS Contract Representative identified in **Section VIII, Contract Representatives**, of the Grant Agreement. The MYIPP must be based on the results of the Grantee’s training needs assessment and the evaluations of previous exercises and responses, including the After-Action Review/Improvement Plan. The MYIPP must include a description of:
1. Summary of the MYIPP Workshop;
 2. The proposed location, month(s), and year(s) of future exercise(s);
 3. The type(s) of future exercise(s) that will take place; and
 4. The partnering entities.

MYIPP must include at least one access and functional needs or underserved populations (FEMA Definition), training to support a ready responder workforce (WHF-B, AHA-G, LOC-B), and recovery operations (REC-A). Data elements listed in CDC’s Supplemental Guidance must also be provided to DSHS.

- C.** Grantee shall prepare and submit a self-assessment on Capacity Indicators each Project FY via Qualtrics or as otherwise directed by DSHS. For Project FY2026, Grantee shall submit the Capacity Indicators Form to DSHS on the template prescribed by DSHS.

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- D.** Grantee shall prepare and electronically submit a Jurisdictional Risk Assessment (JRA) to phep@dshs.texas.gov with a copy to the DSHS Contract Representative identified in **Section VIII, Contract Representatives**, of the Grant Agreement using a weblink provided by DSHS. Grantee may submit previously completed JRAs if they are not more than 5 years old. The JRA must include:
1. Disproportionately impacted populations or access and functional needs populations and any additional information provided by CDC’s Supplemental Guidance.
 2. Data elements listed in CDC’s Supplemental Guidance must be provided to DSHS.
- E.** Grantee shall conduct, at minimum, one exercise following CDC’s guidance during the Project FY2026. (Exercises are listed on pages 55 to 58 of the PHEP Cooperative Agreement Notice of Funding Opportunity (CDC-FRA-TU24-0137), a document made available to Grantee via a DSHS-directed link. Grantee shall conduct exercises in accordance with CDC and DSHS requirements, including all supplemental guidance, and submit documentation to DSHS. Data elements listed in CDC’s Supplemental Guidance must be provided to DSHS.
- F.** Grantee shall submit a Financial Status Report (FSR) twice per Federal Fiscal Year (“FFY”) (July 1 through June 30 of the following year). Grantee shall electronically submit FSRs to invoices@dshs.texas.gov and FSRGrants@dshs.texas.gov with a copy to the DSHS Contract Representative.

At DSHS’ direction, Grantee shall submit the reports by mail or fax and send the required information to one of the following:

1. For submission by mail, use address below:
 Department of State Health Services
 Claims Processing Unit
 P.O. Box 149347, MC 1940
 Austin, TX 78714-9347
2. For submission by fax, use number below:
 (512) 458-7442

- G.** Grantee shall immediately notify DSHS in writing if Grantee is legally prohibited from providing any report required under this Grant Agreement.

III. INVOICE AND PAYMENT

- A.** Grantee shall request monthly payments following the month in which expenses were incurred and use the State of Texas Purchase Voucher (Form B-13 and Form B-13A), currently available at <https://www.dshs.texas.gov/contractor-forms>. Grantee’s final

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invoice is due thirty (30) calendar days following the expiration or termination date of the Grant Agreement.

- B.** Grantee shall electronically submit requests for reimbursements by electronic mail to invoices@dshs.texas.gov and CMSInvoices@dshs.texas.gov, with a copy to the DSHS Contract Representative. Invoice approval and payment by DSHS is contingent upon receipt of adequate and acceptable supporting documentation timely.

- C.** At a minimum, every invoice must include:
 - 1. Grantee name, address, email address, vendor identification number, and telephone number;
 - 2. DSHS Contract and Purchase Order number;
 - 3. Identification of service(s) provided; including line-item budget justifications;
 - 4. The total invoice amount; and
 - 5. Any additional supporting documentation that is required by this Statement of Work or as requested by DSHS.

- D.** DSHS will reimburse Grantee on a cost reimbursement basis and in accordance with the corresponding budget period under this Grant Agreement. DSHS will reimburse Grantee only for allowable and reported expenses incurred within the Project FY.