November 10, 2026

Board of Supervisors
Kern County Administrative Center
1115 Truxtun Avenue
Bakersfield, California 93301

**PROPOSED RETROACTIVE AGREEMENT WITH CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY FOR THE REGIONAL DISASTER MEDICAL HEALTH SPECIALIST PROGRAM**
**(Fiscal Impact: $250,000 Revenue; State; Budgeted; Discretionary)**

The purpose of this letter is to request your Board's approval of the proposed retroactive Agreement with the California Emergency Medical Services Authority (EMSA) for the Regional Disaster Medical Health Specialist (RDMHS) program, from July 1, 2026 through June 30, 2027, in an amount not to exceed $250,000. The agreement was received on October 21, 2026 therefore this request is retroactive.

California is divided into six mutual aid regions; Region V consists of Kern, Tulare, Kings, Fresno, Madera, Merced, and Mariposa counties. Counties within the region often serve to support one another during disasters. Hospital resources within Region V are prone to extensive patient overload on a regular basis, and there is a concern that the healthcare system in the central valley is often overwhelmed, potentially making it difficult to meet the challenges of a mass casualty incident.

Two Emergency Medical Services Coordinator positions serve as the RDMHS representatives for Region V, including Kern County. This grant funds the representing EMS Coordinator positions and provides funding for nearly all the operating costs associated with this program. With County staff taking the leadership role in developing regional disaster plans, the department can ensure local needs are addressed. In the event of an actual disaster, the department has direct and immediate contact with the statewide regional system. Other advantages of the RDMHS program include increased training opportunities for local staff and opportunities to work collaboratively with State officials. Participation in this grant program has improved the County's ability to respond to disasters and protect Kern County residents.

This Agreement has been reviewed and approved as to form by County Counsel.

Therefore, IT IS RECOMMENDED that your Board approve the proposed retroactive Agreement with the California Emergency Medical Services Authority for the Regional Disaster Medical Health Specialist program, from July 1, 2026 through June 30, 2027, in an amount not to exceed $250,000, and authorize the Chairman to sign.

Respectfully submitted,

Brynn Carrigan
Director of Public Health Services

BNC:mm
Attachment
C: County Administrative Office

**SCO ID:** 4120-C26013

STATE OF CALIFORNIA
# AGREEMENT SUMMARY
STD 215 (Rev. 04/2020)

| AGREEMENT NUMBER | AMENDMENT NUMBER |
|---|---|
| C26-013 | |

☐ **CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED**

| 1. CONTRACTOR'S NAME | | 2. FEDERAL I.D. NUMBER |
|---|---|---|
| Kern County Emergency Medical Services Agency | | |
| **3. AGENCY TRANSMITTING AGREEMENT** | **4. DIVISION, BUREAU, OR OTHER UNIT** | **5. AGENCY BILLING CODE** |
| Emergency Medical Services Authority | DMS | 010805 |
| **6a. CONTRACT ANALYST NAME** | **6b. EMAIL** | **6c. PHONE NUMBER** |
| Ashley Reynolds | Ashley.Reynolds@emsa.ca.gov | (916) 217-6204 |

7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE?

☐ No ☑ Yes *(If Yes, enter prior Contractor Name and Agreement Number)*

| PRIOR CONTRACTOR NAME | PRIOR AGREEMENT NUMBER |
|---|---|
| Kern County Emergency Medical Services Authority | C25-017 |

8. BRIEF DESCRIPTION OF SERVICES

The Regional Disaster Medical Health Specialists (RDMHS) provides coordinations, planning, and response to the medical/health aspects of disasters in the six mutual aid regions in California.

9. AGREEMENT OUTLINE *(Include reason for Agreement: Identify specific problem, administrative requirement, program need or other circumstances making the Agreement necessary; include special or unusual terms and conditions.)*

The medical disaster response program is one of teight basic components of an emergency medical system as defined in Section 1797.151 of Division 2.5 of the Health & Safety Code. The requirement for the Emergency Medical Services Authority (EMSA) to support disaster response operations is contained in the Emergency Services Act and the State Master Mutual Aid Agreement. The RDMHS assists in the development of a coordinated regional disaster medical and health repsonse system, and helps fulfill these duties. EMSA and CDPH share program costs.

10. PAYMENT TERMS *(More than one may apply)*

☐ Monthly Flat Rate ☐ Quarterly ☐ One-Time Payment ☐ Progress Payment

☑ Itemized Invoice ☐ Withhold _____ % ☐ Advanced Payment Not To Exceed

☐ Reimbursement / Revenue _____ or _____ %

☐ Other *(Explain)*

11. PROJECTED EXPENDITURES

| FUND TITLE | ITEM | FISCAL YEAR | CHAPTER | STATUTE | PROJECTED EXPENDITURES |
|---|---|---|---|---|---|
| General Fund | *4120-101-0001* | 26/27 | TBD | 2026 | $190,000.00 |
| General Fund Reimburseme | *4120-101-0001* | 26/27 | TBD | 2026 | $60,000.00 |
| | | | | | |
| | | | | | |
| | | | | | |

| OBJECT CODE | AGREEMENT TOTAL | |
|---|---|---|
| 5346390 | **AGREEMENT TOTAL** | **$250,000.00** |

STATE OF CALIFORNIA
# AGREEMENT SUMMARY
STD 215 (Rev. 04/2020)

| AGREEMENT NUMBER | AMENDMENT NUMBER |
|---|---|
| C26-013 | |

*OPTIONAL USE*
BU/Program/YOE/Fund/Account/ReportingStructure/Project/Activity
4120/3820/2026/0001/5432000/41205013/884/004 = $190,000.00
4120/3820/2026/0001/5432000/4120513/883/003 = $60,000.00

AMOUNT ENCUMBERED BY THIS DOCUMENT: $250,000.00
PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT:

*I certify upon my own personal knowledge that the budgeted funds for the current budget year are available for the period and purpose of the expenditure stated above.*

TOTAL AMOUNT ENCUMBERED TO DATE: $250,000.00

| ACCOUNTING OFFICER'S SIGNATURE | ACCOUNTING OFFICER'S NAME *(Print or Type)* | DATE SIGNED |
|---|---|---|
| | Arlene Garcia Branch Chief of Administration | |

12. AGREEMENT

| AGREEMENT | TERM FROM | TERM THROUGH | TOTAL COST OF THIS TRANSACTION | BID, SOLE SOURCE, EXEMPT |
|---|---|---|---|---|
| Original | 07/01/2026 | 06/30/2027 | $250,000.00 | EXEMPT |
| Amendment 1 | | | | |
| Amendment 2 | | | | |
| Amendment 3 | | | | |
| Amendment 4 | | | | |
| **TOTAL** | | | $250,000.00 | |

13. BIDDING METHOD USED
- ☐ Request for Proposal (RFP) *(Attach justification if secondary method is used)*
- ☐ Use of Master Service Agreement
- ☐ Invitation for Bid (IFB)
- ☐ Exempt from Bidding *(Give authority for exempt status)*
- ☐ Sole Source Contract *(Attach STD. 821)*
- ☑ Other *(Explain)* Exempt per: SCM Vol 1, 4.04(A)(4)

*Note: Proof of advertisement in the State Contracts Register or an approved form STD. 821, Contract Advertising Exemption Request, must be attached*

14. SUMMARY OF BIDS *(List of bidders, bid amount and small business status) (If an amendment, sole source, or exempt, leave blank)*
N/A

15. IF AWARD OF AGREEMENT IS TO OTHER THAN THE LOWER BIDDER, EXPLAIN REASON(S) *(If an amendment, sole source, or exempt, leave blank)*
N/A

16. WHAT IS THE BASIS FOR DETERMINING THAT THE PRICE OR RATE IS REASONABLE?
N/A

17a. JUSTIFICATION FOR CONTRACTING OUT *(Check one)*
- ☐ Contracting out is based on cost savings per Government Code 19130(a). The State Personnel Board has been so notified.
- ☐ Contracting out is justified based on Government Code 19130(b). When this box is checked, a completed JUSTIFICATION - CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTION 547.60 must be attached to this document.
- ☑ Not Applicable (Interagency / Public Works / Other Local Assista)

17b. EMPLOYEE BARGAINING UNIT NOTIFICATION
- ☐ *By checking this box, I hereby certify compliance with Government Code section 19132(b)(1).*

| AUTHORIZED SIGNATURE | SIGNER'S NAME *(Print or Type)* | DATE SIGNED |
|---|---|---|
| | Ashley Reynolds | |

STATE OF CALIFORNIA
**AGREEMENT SUMMARY**
STD 215 (Rev. 04/2020)

| AGREEMENT NUMBER | AMENDMENT NUMBER |
|---|---|
| C26-013 | |

18. FOR AGREEMENTS IN EXCESS OF $5,000: Has the letting of the agreement been reported to the Department of Fair Employment and Housing? ☐ No ☑ Yes ☐ N/A

19. HAVE CONFLICT OF INTEREST ISSUES BEEN IDENTIFIED AND RESOLVED AS REQUIRED BY THE STATE CONTRACT MANUAL SECTION 7.10? ☐ No ☐ Yes ☑ N/A

20. FOR CONSULTING AGREEMENTS: Did you review any contractor evaluations on file with the DGS Legal Office? ☐ None on file ☐ No ☐ Yes ☐ N/A

21. IS A SIGNED COPY OF THE FOLLOWING ON FILE AT YOUR AGENCY FOR THIS CONTRACTOR?
A. Contractor Certification Clauses ☐ No ☐ Yes ☑ N/A
B. STD 204 Vendor Data Record ☐ No ☐ Yes ☑ N/A

22. REQUIRED RESOLUTIONS ARE ATTACHED ☐ No ☑ Yes ☐ N/A

23. IS THIS A SMALL BUSINESS AND/OR A DISABLED VETERAN BUSINESS CERTIFIED BY DGS? ☑ No ☐ Yes
SB/DVBE Certification Number: _____

24. ARE DISABLED VETERANS BUSINESS ENTERPRISE GOALS REQUIRED? (If an amendment, explain changes if any) ☑ No *(Explain below)* ☐ Yes _____ % of Agreement
Exempt

25. IS THIS AGREEMENT (WITH AMENDMENTS) FOR A PERIOD OF TIME LONGER THAN THREE YEARS? ☑ No ☐ Yes *(If Yes, provide justification below)*

*I certify that all copies of the referenced Agreement will conform to the original agreement sent to the Department of General Services.*

| SIGNATURE | NAME/TITLE *(Print or Type)* | DATE SIGNED |
|---|---|---|
| | Ashley Reynolds, Contract Analyst | |

STATE OF CALIFORNIA
**AGREEMENT SUMMARY**
STD 215 (Rev. 04/2020)

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## JUSTIFICATION - CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTION 547.60

In the space provided below, the undersigned authorized state representative documents, with specificity and detailed factual information, the reasons why the contract satisfies one or more of the conditions set forth in Government Code section 19130(b). Please specify the applicable subsection. Attach extra pages if necessary.

Exempt

*The undersigned represents that, based upon his or her personal knowledge, information or belief the above justification correctly reflects the reasons why the contract satisfies Government Code section 19130(b).*

| SIGNATURE | NAME/TITLE*(Print or Type)* | DATE SIGNED |
|---|---|---|
| | Ashley Reynolds, Contract Analyst | |

| PHONE NUMBER | STREET ADDRESS | | |
|---|---|---|---|
| (916) 217-6204 | 11120 International Drive Suite 200 | | |
| EMAIL | CITY | STATE | ZIP |
| Ashley.Reynolds@emsa.ca.gov | Rancho Cordova | CA | 95670 |

SCO ID: 4120-C26013

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

**STANDARD AGREEMENT**

STD 213 (Rev. 03/2019)

| AGREEMENT NUMBER | PURCHASING AUTHORITY NUMBER (If Applicable) |
|---|---|
| C26-013 | EMSA-4120 |

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Emergency Medical Services Authority (EMSA)

CONTRACTOR NAME

Kern County Emergency Medical Services Agency

2. The term of this Agreement is:

START DATE

July 1, 2026

THROUGH END DATE

June 30, 2027

3. The maximum amount of this Agreement is:

$250,000.00 (Two Hundred Fifty Thousand Dollars and Zero Cents)

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

| | Exhibits | Title | Pages |
|---|---|---|---|
| | Exihibit A | Scope of Work | 8 |
| | Exhibit B | Budget Detail and Payment Provisions | 3 |
| | Exhibit C* | General Terms and Conditions | GTC 04/2017 |
| + - | Exhibit D | Special Terms and Conditions | 3 |
| + - | Exhibit E | Sample Invoice and Invoice Template | 2 |

*Items shown with an asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.*
*These documents can be viewed at https://www.dgs.ca.gov/OLS/Resources*

*IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.*

**CONTRACTOR**

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

Kern County Emergency Medical Services Agency

| CONTRACTOR BUSINESS ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| 1800 Mt. Vernon Avenue, 2nd Floor | Bakersfield | CA | 93306 |

| PRINTED NAME OF PERSON SIGNING | TITLE |
|---|---|
| | Chairman, Kern County Board of Supervisors |
| CONTRACTOR AUTHORIZED SIGNATURE | DATE SIGNED |
| | |

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

**STANDARD AGREEMENT**

STD 213 (Rev. 03/2019)

| AGREEMENT NUMBER | PURCHASING AUTHORITY NUMBER (If Applicable) |
|---|---|
| C26-013 | EMSA-4120 |

**STATE OF CALIFORNIA**

| CONTRACTING AGENCY NAME | | | |
|---|---|---|---|
| Emergency Medical Services Authority (EMSA) | | | |
| CONTRACTING AGENCY ADDRESS | CITY | STATE | ZIP |
| 11120 International Drive Suite 200 | Rancho Cordova | CA | 95670 |
| PRINTED NAME OF PERSON SIGNING | TITLE | | |
| Gabrielle Santoro | Chief Deputy Director | | |
| CONTRACTING AGENCY AUTHORIZED SIGNATURE | DATE SIGNED | | |
| | | | |
| CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL | EXEMPTION (If Applicable) | | |
| | Exempt per: SCM Vol 1, 4.04(A)(4) | | |

**Regional Disaster Medical Health Specialist (RDMHS)**

**FY 2026/2027 Contract Scope of Work**

The Regional Disaster Medical and Health Specialist (RDMHS) is a component of the Regional Disaster Medical and Health Coordination (RDMHC) Program. The RDMHC Program is a 24/7/365 program that directly supports regional preparedness, response, mitigation, and recovery activities. The RDMHS reports directly to the RDMHC to receive policy guidance and direction concerning regional issues to include day to day operations and for regional response coordination in local, state and federal-declared disasters. Where an RDMHC does not exist in a given region or the RDMHC does not reside in the LEMSA with the RDMHS, the RDMHS shall continue to coordinate with the RDMHC as it relates to regional issues but shall report directly to the administrator/director of the local EMS agency in which the RDMHS resides for administrative and operational needs.

The terms of this agreement shall be July 1, 2026 – June 30, 2027.

Representatives

All inquiries related to and during the term of this Agreement shall be addressed to the authorized representatives listed below:

| Agency:<br>Emergency Medical Services Authority | Contractor:<br>Kern County Emergency Medical Services Agency |
|---|---|
| Name: Jody Durden | Name: Jeff Fariss |
| Title: Contract Manager | Title: EMS Director |
| Phone: (916) 698-8008 | Phone: (661) 868-5210 |
| E-Mail: jody.durden@emsa.ca.gov | Email: Farissij@kerncounty.com |

Direct all administrative inquiries to this agreement to:

| Agency:<br>Emergency Medical Services Authority | Contractor:<br>Kern County Emergency Medical Services Agency |
|---|---|
| Name: Ashley Reynolds | Name: Jeff Fariss |
| Title: Contract Analyst | Title: EMS Director |
| Phone: (916) 217-6204 | Phone: (661) 868-5210 |
| Email: Ashley.Reynolds@emsa.ca.gov | Email: Farissij@kerncounty.com |

Activities to assist in accomplishing this shall include:

1. Continue to support the implementation and improvement of the California Public Health and Medical Emergency Operations Manual (EOM).

    1.1. Conduct and/or participate in local and regional EOM trainings. When possible, work with external and approved EOM instructors to co-facilitate trainings.

        1.1.1. Invite State partners that are based locally to participate, when appropriate, in EOM trainings.

    1.2. Provide input as requested on the EOM during the update process, including ongoing improvements of the California Health and Medical Resource Requesting System (Cal HAMRRS) as the platform to request medical and health resources. Seek input from local partners on EOM improvement opportunities.

    1.3. Provide input and collaboration in the development or revision of the Medical/Health Mutual Aid/Assistance Plan.

2. Collaborate with respective Regional Disaster Public Health Representative (RDPHR). The RDPHR will provide support with public health functions and initiatives, including during disaster response.

    2.1. Participate in activities related to Medical Countermeasure (MCM) programs, including the Strategic National Stockpile (SNS) program and CHEMPACK.

    2.2. Participate in statewide, regional and operational area exercises and other significant medical and health related training and exercises authorized by EMSA and/or CDPH.

3. Assist in the development of a comprehensive Medical Health Operational Area Coordination (MHOAC) program in each operational area within the region.

    3.1. Conduct training for Medical Health Operational Area Coordination Programs (MHOAC) and other medical and health partners in the operational areas as needed.

        3.1.1. Provide Medical/Health Operations Center Support Activities (MHOCSA) training annually within the region. The RDMHS shall coordinate fiscal support from state partners for travel, teaching materials, and additional equipment as needed.

        3.1.2. Assist operational areas with the development and update of MHOAC Program Guides, using either the State template or a local version.

3.2. Assist operational areas in developing contact lists to support the functions of a MHOAC program.

3.3. Assist operational areas in developing local Situation Report distribution procedures consistent with the EOM.

3.4. Provide updated MHOAC contact list to Emergency Medical Services Authority (EMSA) and California Department of Public Health (CDPH) Program Leads on a monthly basis.

3.5. Assist operational areas in the ongoing training and updates of the electronic resource requesting system: California Health and Medical Resource Requesting System (Cal HAMRRS).

4. Continue to develop the Regional Disaster Medical and Health Coordination (RDMHC) Program.

4.1. Develop and maintain RDMHC Program response procedures.

4.1.1. Coordinate with RDMHC to develop response procedures for declared disasters within the region.

4.1.2. The RDMHC Program should maintain situational awareness of all automatic aid agreements, cooperative assistance agreements or other agreements and response procedures between LEMSAs, LHDs, Environmental Health Departments (EHD), and other med/health partners within the region.

4.1.3. Coordinate planning for and development of cooperative assistance agreements between counties and regions.

4.2. Conduct at least three medical and health regional meetings per year for the purpose of planning, coordination, training, and information sharing.

4.3. Participate in the local Mutual Aid Regional Advisory Committee (MARAC) and Local Emergency Planning Committee (LEPC) meetings and represent the RDMHC Program as requested (ongoing).

4.4. Represent the RDMHC Program in coordination with the state, region and OA level at emergency management, mental/behavioral health, environmental health, public health, medical, and coalition meetings.

4.5. Coordinate and plan with other RDMHSs to further develop the RDMHC Program. This may include responding to another region to provide backup and assistance during an emergency or to participate in other regional drills, as funding allows.

5. Assist EMSA and the Emergency Medical Services Administrators' Association of California (EMSAAC) in the development, implementation, and evaluation of the California Statewide Patient Movement Plan.

    5.1. Assist with revision and socialization of the California Patient Movement Plan as requested.

    5.2. Train operational areas on the California Patient Movement Plan.

    5.3. Participate in exercise of plan.

    5.4. Support a regional patient movement coordination function in accordance with the California Patient Movement Plan.

6. Participate in activities related to Medical Countermeasure (MCM) programs, including the Strategic National Stockpile (SNS) program and CHEMPACK with the RDPHR for the region.

    6.1. Participate on the monthly Center for Preparedness and Response Local Health Jurisdiction Updates (CLU) call.

    6.2. Review LHD SNS Operational Readiness Review (ORR) annual self-assessments and provide feedback to the LHD as appropriate. Participate in the Cities Readiness Initiative (CRI) ORR assessments and assist the Center for Preparedness and Response (CPR) in review and analysis of all LHD SNS preparedness activities within the mutual aid region.

    6.3. Promote Regional CHEMPACK training to include dissemination of training flyers provided by CDPH CPR and encourage participation of emergency dispatchers and CHEMPACK host site representatives. Participate in the planning and conduct of annual regional CHEMPACK training.

    6.4. Develop and/or update regional CHEMPACK Plans annually and distribute to partners as appropriate.

        6.4.1. Maintain current CHEMPACK host site point-of-contact lists.

7. With respective RDPHR, coordinate operational area participation in catastrophic planning projects, such as the Southern California Catastrophic Earthquake Response Plan, the Bay Area Earthquake Response Plan and the Cascadia Subduction Zone Earthquake and Tsunami Response Projects, as requested.

    7.1. Schedule meetings as needed with operational areas to discuss plan development, data collection, and next steps.

7.2. Conduct meetings with operational areas in conjunction with EMSA, CDPH, Cal OES and United States Department of Health and Human Services Administration for Strategic Preparedness and Response (ASPR).

7.3. Collect data to enhance plan.

7.4. Assist with the socialization of completed disaster plans.

7.5. Exercise plan, following revisions, in conjunction with EMSA, CDPH, Cal OES and ASPR.

8. Coordinate and/or participate in inter-State collaboration workgroups, such as the California/Nevada Border Counties Workgroup and the Oregon/California Counties Workgroup, as appropriate.

8.1. Conduct at least one meeting annually of the California/Nevada Counties Workgroup and the Oregon/California Counties Workgroup (ongoing).

8.2. Maintain point-of-contact lists for participants in the California/Nevada Border Counties Workgroup and the Oregon/California Counties Workgroup (ongoing).

8.3. Region III, IV, and VI to participate in the California/Nevada Counties Workgroup and Region II and III to participate in the Oregon/California Counties Workgroup.

9. Participate in statewide, regional, and operational area exercises and other significant medical and health related training and exercises authorized by EMSA or CDPH.

9.1. Collaborate with respective RDPHR to participate annually in regional planning and post-exercise evaluation activities for the State-level public health and medical exercises. Participation will involve performing the roles and responsibilities of the RDMHC Program during an actual disaster, including the coordination of medical and health mutual aid. Potential annual trainings and exercises include (as budget allows):

9.1.1. CDPH CPR Multiyear Integrated Preparedness Plan (MYIPP)

9.1.2. Annual full-scale CAL-MAT Exercise(s).

9.1.3. CalOES Exercise(s), within region.

9.1.4. CPR Trainings and Exercises such as MHOCSA, CPR 100, and ICS core courses

9.2. Participate in the CDPH/EMSA Emergency Preparedness Training Workshop (EPTW) annually.

9.3. Attend emergency preparedness/disaster response conferences as requested by EMSA or CDPH-CPR, as budget allows.

10. Respond in accordance with the EOM to medical and health events in the region (ongoing), to include requests by EMSA, CDPH, or the RDMHC to respond to declared disasters within the State.

10.1. Maintain incident logs and data related to response. Data to be provided in quarterly reports.

10.2. Prepare regional after-action reports for any local, state or federal-declared disasters that impacted the region.

10.3. Report number of requests coordinated by the RDMHC Program for medical and/or health mutual aid and/or assistance from within the region.

10.4. Report number of requests coordinated by the RDMHC Program for medical and/or health mutual aid and/or assistance from outside the region.

10.5. Report number of times that medical and/or health mutual aid or mutual assistance requests required reimbursement coordination.

10.6. Report number of situation reports received.

10.7. Report number of resource requests received.

10.8. Report number of times the RDMHS responds to an emergency operations center.

10.9. Report number of times the RDMHC Program polled the operational areas within the region to assess available resources for a potential request.

10.9.1. Report number of times RDMHC Program assisted operational areas with completing the Medical and Health Situation Report or Flash Report or completed the Situation Report or Flash Report for the operational area.

10.9.2. Report number of times the RDMHC Program assisted operational areas (OAs) with completing the Medical Health Resource Request process (include number of times the RDMHC Program assisted OAs with gaining access to the Cal HAMRRS system).

10.9.3. Report the number of meetings attended.

10.9.4. Report the number of presentations delivered.

10.9.5. Report number of trainings provided. Include the number of hours of training provided.

10.9.6. Report number of exercises coordinated and/or hosted.

10.9.7. Report number of times the RDMHC Program is contacted by the state for additional information regarding unusual events of emergency system activation within the region.

10.9.8. Report the number of times the RDMHC Program is requested to act as a conduit to share information with operational areas within the region.

10.9.8.1. Number of times operational areas from within the region request the RDMHC program to share material/information with all operational areas within the region.

10.9.8.2. Number of times operational areas from within the region request the RDMHC Program to assist with communications and questions to the State.

10.9.8.3. Number of times the State requests the RDMHC program to share material/information with all operational areas within the region.

10.9.8.4. Report the number of ambulance strike teams sent to assist another region.

10.9.8.5. Report the number of ambulance strike teams provided to your region.

11. Coordinate and assist EMSA and CDPH with statewide, regional, and operational area response project, such as:

11.1. Assist EMSA with regional handheld radio caches. EMSA will provide two handheld radios to each region for RDMHS use, as well as a cache of twenty-four radios per region to be managed by the RDMHS and utilized as a regional asset.

11.2. Coordinate and assist EMSA with regional site assessments to pre-identify mobile medical structures (MMS) deployment sites.

11.3. Coordinate and assist EMSA with regional pre-identification of vendors/resources for wrap-around services to support MMS.

12. Additional Provisions

12.1. Participate in the RDMHC Program quarterly onsite meetings and monthly conference calls convened by EMSA.

12.2. Submit quarterly reports to the EMSA and CDPH RDMHC Program Leads.

12.3. Submit agendas for meetings held by RDMHSs to EMSA and CDPH RDMHC program leads.

12.4. Represent the RDMHC Program as a participant on working/advisory committees as authorized by EMSA in conjunction with CDPH. Committee assignments reviewed annually and subject to change based on RDMHS workload and availability. Potential committee assignments include:

12.4.1. Bio Watch program planning and response.

12.4.2. CDPH CPR Multiyear Integrated Preparedness Plan (MYIPP), Emergency Preparedness Advisory Group (formally SWMHE)

12.4.3. EOM workgroup.

12.4.4. Ambulance Strike Team Project Advisory Committee.

12.4.5. HPP/PHEP Grant Guidance workgroup.

12.4.6. Pediatrics Surge workgroup.

12.4.7. Special Pathogens workgroup.

12.4.8. High security, high profile event planning workgroups, such as NSSE designated events, dignitary visits, Olympics, World Cup, Super Bowl, other as needed.

13. During a declared disaster impacting the region that requires the RDMHS to respond for an extended period, the RDMHS will work with EMSA and CDPH to prioritize regional response activities, which may require deferring day-to-day assignments and committees.

14. If additional activities are identified during this contract period, the RDMHS will work with EMSA, CDPH, and RDMHC Program leads to evaluate current workload and responsibilities and determine how the additional activities support the tasks identified in this SOW. All parties will agree on the appropriateness of the assignment prior to it becoming a requirement.

**Exhibit B**
**Budget Details and Payment Provisions**

1. INVOICING AND PAYMENT: For services satisfactorily rendered and upon receipt and approval of the invoices, the State agrees to compensate the Contractor for actual expenditures incurred in accordance with the rates listed in Exhibit B, Attachment 1 Budget Detail and Narrative as specified herein.

   Invoices shall be submitted in accordance with this agreement and Exhibit E-Sample Invoice, which is attached hereto and made a part of this Agreement.

   Itemized invoices shall be submitted on company letterhead. The invoice shall include the following:

   A. Agreement Number

   B. Invoice Number

   C. Remit to Address

   D. Bill to Address

   E. Sufficient scope and detail to define the actual work performed and specific milestones completed, including a description of the activities of the Contractor and subcontractor, the hours allocated to those activities, the locations where work was performed, the expenses claimed, and any required reports

   If any of this information is not on the invoice, it may cause delays in payment processing.

   Submit all invoices to:

   Emergency Medical Authority Services
   Attn: Jody Durden, Contract Manager
   Agreement Number: C26-013
   11120 International Drive Suite 200
   Rancho Cordova, CA 95670
   Jody.Durden@emsa.ca.gov

   Final Invoices must be submitted no later than sixty (60) days after the end date of this agreement.

   Payment will be for actual services provided or actual costs. If the Emergency Medical Services Authority (EMSA) does not approve the invoice in accordance with identified general tasks or deliverables in this contract, payment of the invoice will be withheld by EMSA and the Contractor will be notified. The Contractor must take timely and appropriate measures to correct or remedy the reason(s) for non-acceptance and demonstrate to EMSA that the Contractor has successfully completed the scheduled work for each general task or deliverable before payment will be made.

2. ADVANCE PAYMENT: Pursuant to Health and Safety Code Section 1797.110, and upon request of the contractor, the state may pay in advance up to 25 percent of the total annual contract amount awarded. Any Regional Disaster Medical Health Specialist (RDMHS) requesting a 25 percent advance will be required to certify that the RDMHS does not have the funds to proceed with the contract without the advance. The request must include the following documents and must be submitted to the EMSA EMS Plans Coordinator concurrently with the original signed contract:

   - A Cover letter that state the RDMHS does not have funds to proceed with the contract without the advance.
   - An invoice that reflects the state and local contract amount, and the advance amount requested. A Sample Invoice, Attachment E is attached.

   **Note: The advance cannot be processed for payment until the contract becomes fully executed.**

   Any RDMHS receiving an advance will be required to submit claims on a quarterly or monthly basis and are required to list all items for which the 25 percent advance is expended.

3. BUDGET CONTINGENCY CLAUSE: It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to the Contractor or to furnish any other considerations under this Agreement and the Contractor shall not be obligated to perform any provisions of this Agreement.

   If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either: cancel this Agreement with no liability occurring to the State or offer an Agreement Amendment to the Contractor to reflect the reduced amount.

4. PROMPT PAYMENT CLAUSE: Payment will be made in accordance with and within the time specified in Government Code, Chapter 4.5 (commencing with Section 927).

5. TAXES: The State of California is exempt from Federal Excise Taxes, and no payment will be made for any taxes levied on employees' wages. The State will pay for any applicable State of California or other State's local sales or use taxes on the services rendered or equipment or parts supplied pursuant to this contract. California may pay any applicable sales or use tax imposed by another state.

6. STATE FISCAL YEAR BREAKDOWN:

| Fiscal Year | Total Estimated Cost per Year |
|---|---|
| FY 26/27 (July 1, 2026 - June 30, 2027) | $250,000.00 |
| Total Agreement Amount | $250,000.00 |

**A. BUDGET DETAIL**

| BUDGET CATEGORIES | STATE GENERAL FUND |
|---|---|
| Personnel | $161,259.00 |
| Fringe Benefits | $59,666.00 |
| Accounting | $0.00 |
| Equipment | $0.00 |
| Communications | $4,348.00 |
| Legal Expense | $0.00 |
| Mainenance & Repairs | $0.00 |
| Membership, Subscriptions | $0.00 |
| Materials & Supplies | $0.00 |
| Professional Services (Consultants) | $0.00 |
| Motor Pool | $0.00 |
| Printing & Reproduction | $0.00 |
| Travel In-State | $2,000.00 |
| Travel Out-of-State | $0.00 |
| **Total Direct Costs** | **$227,273.00** |
| Administrative/Indirect (no more than 10% of Total Direct Costs) | $22,727.00 |
| **Total** | **$250,000.00** |

**B. BUDGET DETAIL AND NARRATIVE**

**PERSONNEL**

RDMHS (40hr/wk. 2 FTE): Position will support activities of the RDMHC in fulfillment of the terms of this agreement; will coordinate activities with EMSA, State and Regional OES and the region's Medical Health Operational Area Coordinators (MHOACs).

**Fringe Benefits**

Calculated as 37% of Personnel line item for each fiscal year.

**Administrative/Indirect (10%)**

Calculated as 10% of Direct Costs for each fiscal year. Includes: Secretarial, accounting, maintenance, repairs, and training.

# Exhibit D

## Special Terms and Conditions

1. LIABILITY FOR NONCONFORMING WORK: The Contractor will be fully responsible for ensuring that the completed work conforms to the agreed upon terms. If nonconformity is discovered prior to the Contractor's deadline, the Contractor will be given a reasonable opportunity to cure the nonconformity. If the nonconformity is discovered after the deadline for the completion of project, the State, in its sole discretion, may use any reasonable means to cure the nonconformity. The Contractor shall be responsible for reimbursing the State for any additional expenses incurred to cure such defects.
2. SETTLEMENT OF DISPUTES: In the event of a dispute, Contractor shall file a "Notice of Dispute" with the Emergency Medical Services Authority, Director, or his/her designee within ten (10) days of discovery of the problem. Within ten (10) days, the Director or his/her designee shall meet with the Contractor and Project Manager for purposes of resolving the dispute. The decision of the Director or his/her designee shall be final.
   In the event of a dispute, the language contained within this agreement shall prevail over any other language including that of the bid proposal.
3. AGENCY LIABILITY: The Contractor warrants by execution of this Agreement, that no person or selling agency has been employed or retained to solicit or secure this Agreement upon agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty, the State shall, in addition to other remedies provided by law, have the right to annul this Agreement without liability, paying only for the value of the work actually performed, or otherwise recover the full amount of such commission, percentage, brokerage, or contingent fee.
4. IMPRACTICABILITY OF PERFORMANCE: This Agreement may be suspended or cancelled, without notice at the option of the Contractor, if the Contractor's or State's premises or equipment is destroyed by fire or other catastrophe, or so substantially damaged that it is impractical to continue service, or in the event the Contractor is unable to render service as a result of any action by any governmental authority.
5. LICENSES AND PERMITS: The Contractor shall be an individual or firm licensed to do business in California and shall obtain at his/her expense all license(s) and permit(s) required by law for accomplishing any work required in connection with this Agreement.

If you are a Contractor located within the State of California, a business license from the city/county in which you are headquartered is necessary; however, if you are a corporation, a copy of your incorporation documents/letter from the Secretary of State's Office can be submitted. If you are a Contractor outside the State of California, you will need to submit to the Emergency Medical Services Authority (EMSA) a copy of your business license or incorporation papers for your respective State showing that your company is in good standing in that state.

In the event the Contractor fails to keep in effect at all times all required license(s) and permit(s), the State may, in addition to other remedies it may have, terminate this Agreement upon occurrence of such event.

6. AMENDMENTS: This agreement allows for amendments to add time for completion of specified deliverables and/or to increase funding. Should either party, during the term of this agreement, desire a change or amendment to the terms of this Agreement, such changes or amendments shall be proposed in writing to the other party, who will respond in writing as to whether the proposed changes/amendments are accepted or rejected. If accepted and after negotiations are concluded, the agreed upon changes shall be made through the State's official agreement amendment process. No amendment will be considered binding on either party until it is formally approved by both parties and the Department of General Services if such approval is required.

7. FORCE MAJEURE: Neither party shall be liable to the other for any delay in or failure of performance, nor shall any such delay in or failures of performance constitute default, if such delay or failure is caused by "Force Majeure", as used in this section, "Force Majeure" is defined as follows: unforeseen circumstances that make performance of the agreement impossible such as acts of war, civil unrest, acts of governments (such as changes in law), acts of God such as earthquakes, floods, and other natural disasters such that performance is impossible.

8. INSPECTION OF SERVICES: Services performed by Contractor under this Agreement shall be subject to inspection by EMSA at any and all times during the performance thereof. If EMSA official conducting the inspection determines that the services performed by Contractor (and/or materials furnished in connection therewith) are not in accordance with the specification, EMSA may, at its option, have the work performed by an alternate provider, charging the Contractor with any excess cost occasioned thereby.

10. RIGHT TO TERMINATE: The State reserves the right to terminate this agreement subject to 30 days written notice to the Contractor. The Contractor may submit a written request to terminate this agreement only if the State should substantially fail to perform its responsibilities as provided herein.

However, the agreement can be immediately terminated for cause. The term “for cause” shall mean that the Contractor fails to meet the terms, conditions, and/or responsibilities of the agreement. In this instance, the agreement termination shall be effective as of the date indicated on the State’s notification to the Contractor.

11. LIABILITY FOR LOSS AND DAMAGES: Any damages by the Contractor to the State’s facility including equipment, furniture, materials, or other State property will be repaired or replaced by the Contractor to the satisfaction of the State at no cost to the State. The State may, at its option, repair any such damage and deduct the cost thereof from any sum due Contractor under this Agreement.
12. CONFIDENTIALITY OF DATA: No reports, information, inventions, improvements, discoveries, or data obtained, repaired, assembled, or developed by the Contractor pursuant to this Agreement shall be released, published, or made available to any person (except to the State) without prior written approval from the State.

    The contractor by acceptance of this Agreement is subject to all of the requirements of California Civil Code Sections 1798, et seq., regarding the collections, maintenance, and disclosure of personal and confidential information about individuals.
13. POTENTIAL SUBCONTRACTORS: Nothing contained in this Agreement or otherwise shall create any contractual relation between the State and any subcontractors, and no subcontract shall relieve the Contractor of its responsibilities and obligations hereunder. The Contractor agrees to be as fully responsible to the State for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them as it is for the acts and omissions of persons directly employed by the Contractor. The Contractor's obligation to pay its subcontractors is an independent obligation from the State’s obligation to make payments to the Contractor. As a result, the State shall have no obligation to pay or to enforce the payment of any moneys to any subcontractor.
14. GOODS AND SERVICES: The State reserves the rights to inspect, reject, and/or accept all goods and services provided within this agreement.

# Exhibit E
# Invoice Template

STATE OF CALIFORNIA
EMERGENCY MEDICAL SERVICES AUTHORITY
FAIT 601B (Rev. 8-2024)

**STATE OF CALIFORNIA**
**EMERGENCY MEDICAL SERVICES AUTHORITY**
**CONTRACTOR REIMBURSEMENT INVOICE**

**Bill to:** Emergency Medical Services Authority
Attention: Jody Durden
11120 International Drive, Suite 200
Rancho Cordova, CA 95670

**DATE:**
**CONTRACT NUMBER:**
**INVOICE NUMBER:**
**INVOICE PERIOD:**
**INVOICE AMOUNT:** $ -

**Remit To:**

**Purpose of this invoice is to reimbuse contractor for actual expenditures incurred while performing the activities agreed upon as contained n Contract Number#XXXXXXXX. Supporting documentation of requested reimbursement will be provided upon request.**

| Budget Categories | Contract Budget | Contract Expenditures Current | Prior | YTD | Remaining Balance |
|---|---|---|---|---|---|
| Salary Expenses | | - | - | - | - |
| Benefit Expenses | | - | - | - | - |
| Operating Expenses | | - | - | - | - |
| Total | $ - | $ - | $ - | $ - | $ - |
| Administrative/Indirect Costs (10%) | | | | | - |
| Less Advance (if applicable) | | | | | - |
| Total Reimbursement Request | | $ - | | | - |

*I certify that I am the duly appointed and acting officer of the herein named agency and the costs being claimed herein are in all respects true, correct, and in accordance with the contract provisions: that funds were expended or obligated during the contract period; and the amount claimed above has not previously presented to or reimbursed by the Emergency Medical Services Authority.*

**Signature:** _____ **Title:** _____

**Printed Name:** _____ **Date:** _____

*For EMSA Use Only*

*I certify that this reimbursement is in compliance with all terms/conditions, laws, and regulations governing it's payment and herby approved for payment.*

**Signature:** _____ **Title:** _____

**Printed Name:** _____ **Date:** _____