



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: February 2, 2012

HSS 12 005

PUBLIC HEALTH PREPAREDNESS EXERCIS AND PLANNING SUPPORT

FOR

DIVISION OF PUBLIC HEALTH

Date Due: March 1, 2012
11:00AM

ADDENDUM # 2

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE MENTIONED BID.
Responses to question asked at the pre-bid meeting on February 2, 2012 are attached.

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RFP HSS 12 005 Pre-bid Meeting Questions February 2, 2012

1. Should proposals contain budgets for only year 1 of the contract or also through years 2-5, since the contract could be extended up to 4 additional years?

Answer: All years.

2. What is the target or minimum number of discussion-based (Seminars, workshops, and tabletop exercises) as well as operations-based (Functional, full-scale) exercises that the Office of Preparedness would like hosted by the vendor each year. Direct costs may obvious relate to frequency and type of exercises conducted.

Answer: See Table 1 attached to this addendum.

3. Is there a pre-determined budget or maximum cost associated with the first contract year?

Answer: No.

4. Are the 17 cited plans in the RFP, all of the plans that Delaware DPH will be seeking evaluation of?

Answer: Not all of these plans will be evaluated using exercises; however, there may be a business need requiring the plan to be updated. Based on the exercise schedule, the following plans will be the focus of evaluation: Continuity of Operations; Point of Dispensing; Call Center; State Health Operations Center; Investigative Response Team; Receiving Staging, and Storing; and statewide hospital plans (not individual hospital plans). In the exercise planning process, it may be asked that smaller components of other plans be evaluated.

5. When were the existing plans drafted? By whom? When were they last updated? And by whom?

Answer: Our plans were last published in July 2008. Some changes have occurred since them. All work was conducted by the Division of Public Health, Office of Preparedness or overseen by the Division if conducted by a contractor.

6. Are there specific new plans the DPH is anticipating as a result of this project?

Answer: DPH would like for the contractor to merge all DPH's plans into one document, entitled the DPH Emergency Response Plan (ERP), and make some minor updates to the planning concepts itself. This involves the development of new pieces to the plan (i.e. the Base Plan) and changes in some minor planning concepts; however, new planning concepts will not be developed in this initial phase. See Appendix A for detailed information about the project. The contractor can expect 1000 hours of planning services for this initial project. Once the merger is complete and the plans are updated, the plan will be published. Further changes will be based on exercise results and any federal, state, or local guidance. New planning concepts will be developed after the plan has been initially published. The DPH ERP will be published every two years.

7. How many of each type of exercises? The RFP specifies seminars, workshops and TTXs, as discussion based exercises and also requires FEs and FSEs. But is there a target in mind for the number of each type of exercise that will be performed, particularly in the discussion based exercises? For instance, does the DPH want seminars, workshops and TTXs for each of the 17 plans?

Answer: See Table 1 attached to this addendum.

8. The RFP references the “planning format set forth by the Principal Planner,” is it possible for us to review this planning format to assist us with the development of our response?

Answer: Some of our plans are available on our website at: <http://www.dhss.delaware.gov/dhss/dph/php/ppplans.html>. The DPH uses the Comprehensive Planning Guide (CPG) 101 published by FEMA as a model.

9. Please specify the type of contract (for example, firm fixed price or time and materials).

Answer: Either is acceptable.

10. Are bidders required to submit their budget breakdown exactly as it is outlined in Appendices A and B or can alternative formats be used?

Answer: Appendices A and B formats within the RFP should be used, but should not preclude you from adding additional items and back-up documentation to support a realistic budget.

11. Is there a set number of exercises to be conducted? What is the time line associated with those exercises? Does the State want to see pricing for each type of exercise identified in the scope of work or does the State have a specified number of each type of exercise?

Answer: See Table 1 attached to this addendum. Bidder should price exercises based on the scope identified in Table 1.

12. Please specify which plans (as well as the number of plans) the State desires to be updated.

Answer: Please see the following website for a list of our plans: <http://www.dhss.delaware.gov/dhss/dph/php/ppplans.html>. Additional plans not listed on our website are:

- Investigative Response Task Force
- Mass Distribution of Medical Supplies and Medications
- Smallpox Response
- State Health Operations Center
- Strategic National Stockpile

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plan will be published. Further changes will be based on exercise results and any federal, state, or local guidance. New planning concepts will be developed after the plan has been initially published. The DPH ERP will be published every two years.

13. Please clarify the following (found on pg. 12, Item L): “All document-related art/graphics shall be of professional quality and camera-ready”.

Answer: All documents should be ready for professional printing with graphics appropriate for the task.

14. II.1.I (pg 11-12) states that "contractor will provide within 30 days of the date of the exercise a comprehensive written AAR." Is that the draft AAR or final?

Answer: Draft is due in 30 days. An After Action Conference should be held to vet the document and the final is due in 60 days.

15. II.2.A (pg 12) states "the provider shall adhere to the guidelines set forth in the SLG 101." Is there a specific reason that DPH Office of Preparedness does not make reference to CPG 101?

Answer: SLG 101 should be disregarded and replaced with CPG 101.

16. II.1.C-E (9-10) describes the types of exercises that DPH Office of Preparedness requires for this project. Can DPH Office of Preparedness provide clarification on the number and general timeframe that these exercises are to occur? Does DPH Office of Preparedness have a training & exercise plan/calendar? If so, can a copy be secured by bidders?

Answer: See Table 1 attached to this addendum.

17. II.1.L-M (pg 12) makes reference to "camera-ready form." Does DPH Office of Preparedness have file resolution requirements? Or can the DPH Office of Preparedness provide more explanation about what will constitute "camera-ready form?"

Answer: All documents should be ready for professional printing with graphics appropriate for the task. There are no file resolution requirements.

18. The RFP makes reference to "meeting space" as part of the logistical needs associated with each event. Can the DPH Office of Preparedness provide specific locations (cities/counties) where the events will be held? Can the DPH Office of Preparedness give any examples of appropriate meeting space used for previous exercises?

Answer: See Table 1 attached to this addendum. Dover and Smyrna will be the two most common cities in which events will be held. Large venues used in the past are Dover Downs and the Sheraton in Dover. The Duncan Center has been used as well.

19. Does the DPH Office of Preparedness have a planning committee assembled for this series of exercises? Will there be one uniform committee for the duration of the contract year?

Answer: There will be some continuity in staffing; however, the planning committees will change as various experts are needed.

20. Are all requirements to be completed within a One (1) year timeframe, to include all seminars, workshops, Tabletops Exercise (TTX), Functional Exercises (FE), Full Scale Exercise (FSE), After Action Report/Improvement Plan (AAR/IP) and Plan Creations and Updates? HSEEP guidelines typically reference 18 months for a full scale exercise.

Answer: See Table 1 attached to this addendum.

21. Does the Division of Public Health (DPH) have identified a specific plan/policy or procedure to be exercised in the Full Scale Exercise or will the vendor be selecting? Does the DPH want more than one FSE? Are there any existing AARs/IPs that the DPH would like to continue to improve? (Section II E Page 10)

Answer: See Table 1, attached to this addendum, which provides guidance on the topics of each exercise.

DPH would like for the contractor to merge all DPH's plans into one document, entitled the DPH Emergency Response Plan (ERP), and make some minor updates to the planning concepts itself. This involves the development of new pieces to the plan (i.e. the Base Plan) and changes in some minor planning concepts; however, new planning concepts will not be developed in this initial phase. See Appendix A for detailed information about the project. The contractor can expect 1000 hours of planning services for this initial project. Once the merger is complete and the plans are updated, the plan will be published. Further changes will be based on exercise results and any federal, state, or local guidance. New planning concepts will be developed after the plan has been initially published. The DPH ERP will be published every two years.

22. What format (Hard Copy or Electronic) will the documents and records that may be useful in completing the project be provided to the vendor by DPH? Are there limitations such as "must be kept on site"? (Section II 1 G Page 11)

Answer: Either can be accommodated. There are no restrictions on the documents.

23. What format (Word, Word Perfect, PDF, etc) are the final submissions required to be for all vendor submitted documents, including emergency response plans? (Section II 2 B Page 13)

Answer: Word or other appropriate Microsoft Office documents (i.e. Excel). The state currently uses Microsoft Office 2003 or 2007.

24. Does DPH have any usable meeting rooms for this project or is the vendor required to acquire space by renting a facility? What is the total capacity of any DPH supplied facilities? (Section II 2 D Page 13)

Answer: See Table 1, attached to this addendum. If Table 1 references a DPH-facility, it will accommodate the number of participants listed in the table. Assume there is no cost associated with using a DPH facility.

25. Will the C&O, IPC, MPC, FPC, and AAR meetings be held locally to New Castle County or some other location more centrally located statewide? (Section II 1 H Page 11)

Answer: Most meetings will be held in the Smyrna/Dover area although there will be some variation. See Table 1 attached to this addendum. .

26. How many sites does the DPH expect to be included in the Full Scale Exercise? Do any of the participating agencies have the ability to provide controllers/evaluators? If so, how many? (Section II 1 I Page 11)

Answer: See Table 1, attached to this addendum, for sites. Controllers and evaluators can be provided by the Division.

27. Is there an expectation for ongoing/daily program support, or will the contractor be engaged on an as-needed/assignment specific basis?

Answer: As-needed/assignment specific.

28. Relative to the scope of services listed in Section II 1. C, D and E (pages 9 and 10); please estimate the number and type of exercises *per year* and in the case of functional and full scale exercises the approximate number of participants per year for the purposes of staff and logistical resources budget development:

Answer: Number of small and large size seminars (20-60 personnel)
Number of small workshop/TTX (10-20 personnel)
Number of large workshop/TTX (80-100 personnel)
Number and size (number of participants) of Functional Exercises
Number and size (number of participants/sites) of Full Scale Exercises

See Table 1, attached to this addendum.

29. Section II 1. H (page 11) exercise milestones do not list an After Action Conference. Do you anticipate the vendor having a role in After Action Conferences?

Answer: Yes, approximately 30 days after event.

30. Section II, 2 D (page 13) indicates that the contractor shall provide “meeting space (if necessary)”. For budget purposes please identify how many of the exercises, planning meetings and associated plan development meetings may require a meeting space outside of Division sites and or agency EOCs used in operations exercises.

Answer: Planning meetings and plan development meetings can be done at a DPH facility. See Table 1, attached to this addendum, for the location of the actual exercises.

31. Approximately how many plans are expected to be drafted/revised under program Section II 2. A-E (pages 12-13)?

Answer: Fifteen (15) plans to be updated over the entire period and one new plan per year.

32. How many of the plans will be developed in their entirety?

Answer: This is unknown at this time.

33. How many of the plans will require plan updates?

Answer: It is expected that all plans will require some changes over the next four years.

34. Are any of the plans specific to programs such as NACCHO's Project Public Health Ready (PPHR) review process?

Answer: No.

35. If the plans are specific to programs such as PPHR, what specific plans under the program does Delaware plan to develop or update?

Answer: N/A

36. Does the plan update/development process involve the use of working groups or stakeholder organizations? If so, what will the selected contractor be to asked/required to accomplish with them?

Answer: Yes, some updates will require working groups and stakeholder meetings depending on the evaluation.

37. Section V, G (page 19) "Proposed Methodology and Workplan" requests "specific completion dates for the various tasks". Can you clarify the expected exercise dates for this context or if timelines will suffice for the response?

Answer: See Table 1 attached to this addendum.

38. Section VI (page 20): Is there a budgeted amount set aside for this project that you can share? Also, can you please confirm if this is a fixed priced contract as opposed to a cost reimbursement type contract?

Answer: There is no set budget amount set aside. Either is acceptable.

39. Section IV, A "Length of Contract" (page 14) specifies this as a one (1) year contract with possibility of up to four (4) additional years renewal. In Section VI "Budget" (page 20) the specification is to submit a budget for each contract year. Can you please confirm if this implies that we should develop and submit a budget for one (1) base year AND four (4) additional years?

Answer: Develop a budget for all years.

40. What is the level of current and desired integration with State Emergency Management Agencies?

Answer: They may serve as observers if they wish. There will be no play.

41. Section II, 1.I (page 11): Are the After Action Reports to be submitted 30 calendar days or business days from the date of the exercise?

Answer: Draft After Action Reports are due within 30 calendar days. Final are due within 60 calendar days.

42. Can you please provide a table of organization for the Division of Public Health?

Answer: See Table 2 attached to this addendum.

43. Request for Proposal (RFP), page 9, *Section II.1.C*, states, “The Provider shall design, develop, deliver, and support, **Seminars, Workshops and Tabletop Exercise (TTX).**” RFP, page 9, *Section II.1.D*, states, “The Provider shall design, develop, deliver, and support **Functional Exercises (FE).**” And RFP, page 10, *Section II.1.E*, states, “The Provider shall design, develop, deliver, and support **Full-Scale Exercises (FSE).**” How many of each type of exercise do you plan to execute each year? Seminars? Workshops? Tabletop Exercises? Functional Exercises? Full-scale Exercises?

Answer: See Table 1 attached to this addendum.

44. What is the anticipated duration (i.e., number of hours/days) for each exercise type? Seminars? Workshops? Tabletop Exercises? Functional Exercises? Full-scale Exercises?

Answer: See Table 1 attached to this addendum.

45. For pricing purposes, where will the exercises be held? Will they be held throughout Delaware or primarily focused in one city/area?

Answer: See Table 1 attached to this addendum.

46. RFP, page 9, *Section II.1.D*, states, “The Provider shall design, develop, deliver, and support **Functional Exercises (FE).**” And RFP, page 10, *Section II.1.E*, states, “The Provider shall design, develop, deliver, and support **Full-Scale Exercises (FSE).**” How many people do you anticipate to play in the Functional and Full-scale Exercises? How many sites do you anticipate for each Functional and Full-scale Exercise?

Answer: See Table 1 attached to this addendum.

47. RFP, page 9, *Section II.1.C*; page 9, *Section II.1.D*; and page 10, *Section II.1.E*, state, “The Provider shall be prepared to accommodate all logistical needs associated with each event, such as administrative supplies, audio visual equipment, meeting space, and food.” Will Delaware Health and Social Services provide access to public meeting space to keep down the cost or is it anticipated that the Provider will contract private conference space, such as hotel conference rooms?

Answer: See Table 1 attached to this addendum. DPH facilities will not have a cost.

48. RFP, page 12, *Section II.2*, states, “To develop new emergency response plans based on program needs and/or update existing plans based on evaluation results. For pricing purposes, how many existing plans do you anticipate updating each year?”

Answer: DPH would like for the contractor to merge all DPH’s plans into one document, entitled the DPH Emergency Response Plan (ERP), and make some minor updates to the planning concepts itself. This involves the development of new pieces to the plan (i.e. the Base Plan) and changes in some minor planning concepts; however, new planning concepts will not be developed in this initial phase. See Appendix A for detailed information about the project. The contractor can expect 1000 hours of planning services for this initial project. Once the merger is complete and the plans are updated, the plan will be published. Further changes will be based on exercise results and any federal, state, or local guidance. New planning concepts will be developed after the plan has been initially published. The DPH ERP will be published every two years.

49. For pricing purposes, how many new plans do you anticipate developing each year?

DPH would like for the contractor to merge all DPH's plans into one document, entitled the DPH Emergency Response Plan (ERP), and make some minor updates to the planning concepts itself. This involves the development of new pieces to the plan (i.e. the Base Plan) and changes in some minor planning concepts; however, new planning concepts will not be developed in this initial phase. See Appendix A for detailed information about the project. The contractor can expect 1000 hours of planning services for this initial project. Once the merger is complete and the plans are updated, the plan will be published. Further changes will be based on exercise results and any federal, state, or local guidance. New planning concepts will be developed after the plan has been initially published. The DPH ERP will be published every two years.

50. RFP, pages 42-43, *Appendix F*, provides the Office of Minority and Women Business Enterprise Self-Certification Tracking Form. Is there a minority and women business enterprise requirement (i.e., is there a selection preference or percentage of contract goal for minority and women business enterprise)?

Answer: No, there is no requirement, preference, or percentage of a contract goal.

51. RFP, page 18, *Section D Confidential Information* states, "The following items, **if required** in response to this RFP, are to be included in a separate section of your proposal and marked as confidential." Are we required to provide: 1) any financial information relating to the company or organization (not the RFP pricing or budget); 2) Organization Charts?

Answer: If you do not include it, the state will request it.

52. RFP, page 20, *Section IV* states, "Vendor will submit a line item budget, **for each contract year**, using a format mirroring that in Appendices A & B." Is this a Time and Materials contract?

Answer: You may submit a proposal with firm fixed pricing or time and materials, but the methodology for each should be indicated in the backup documentation.

53. RFP, page 9, *Section II.1.C*; page 9, *Section II.1.D*; and page 10, *Section II.1.E*, do not specify how many exercises are required (see question #1).

Answer: See Table 1 attached to this addendum.

54. RFP *Section II.F* states, "The Provider shall furnish all material and equipment, or other related services as deemed necessary by the Division of Public Health during the life of the project," which is an open-ended requirement difficult to price. The proposal instructions (*Section IV*) and Budget Summary Sheet (*Appendix A*) and Budget Worksheet (*Appendix B*) do not specify how to assign hours to individuals or labor categories.

Given the uncertain amount and degree of work products to be provided, we recommend that the Division of Public Health consider a "Schedule" type of pricing approach. With this approach Providers propose labor categories and rates, but no hours, under a Time and Materials contract. The labor categories and rates are established for each contract year. As the Division of Public Health defines requirements, it and the Provider agree on the labor categories and hours from the Schedule to be used to satisfy each particular requirement.

Answer: See Table 1, attached to this addendum, for information that may assist with pricing. This type of pricing approach may be proposed in addition to the submission of the information required in Appendix a and B of the RFP.

55. **Section II. Scope of Services, 1.C. (page 9):** Can you please provide some breakdown of the number of exercises with the approximate number of participants for each seminar/exercise listed below in order to accommodate pricing for staff, facilities, and food service? For example, you plan on conducting 2 workshops with approximately 40 participants in each, one tabletop with 20 participants, and one tabletop with 100 participants.

Workshops and Seminars		Tabletop Exercises	
Proposed Number of Workshops/Seminars	Anticipated Number of Participants	Proposed Number of Exercises	Anticipated Number of Participants

Answer: See Table 1 attached to this addendum.

56. **Section II. Scope of Services, 1.D. (page 9):** Can you please provide some breakdown of the number of exercises with the approximate number of participants and venues in order to accommodate pricing for staff and food service? For example, you plan on conducting 1 functional exercise with 4 sites and 40 participants and 1 functional exercise with 12 sites and 60 participants.

Functional Exercises		
Proposed Number of Exercises	Number of Sites to be Evaluated	Anticipated Number of Participants

Answer: See Table 1 attached to this addendum.

57. **Section II. Scope of Services, 1.E. (page 10):** Can you please provide some breakdown of the number of exercises with the approximate number of participants and venues in order to accommodate pricing for staff and food service? For example, you plan on conducting 1 full-scale exercise with 2 sites and 120 participants.

Full-Scale Exercises		
Number of Sites to be Evaluated	Anticipated Number of Participants	Proposed Number of Exercises

Answer: See Table 1 attached to this addendum.

58. **Section II. Scope of Services, 2.A (pages 12-13):** Can you provide an estimated number of plans to be reviewed and revised versus the anticipated number of new plans that may need to be developed. Alternately, can you provide an estimated number of hours for the total level of effort anticipated for the review and revision of existing plans and for new plans?

Answer: Fifteen (15) plans to be updated over the entire period and one new plan per year.

59. The RFP requests information regarding staffing, costing and allocation of fixed expenses but does not indicate an estimated level of effort to use in doing the necessary calculations. For the purposes of this proposal, is there a projected number of tabletop, functional and/or full-scale exercises that can be utilized by bidders for this purpose?

Answer: See Table 1 attached to this addendum.

60. The budgetary documents and text are not clear on the State's preference for Time & Material vs. Firm-Fixed Price costing. Would the state be receptive to a fixed price (or range of prices) per exercise type or exercise type-and-size on a firm-fixed bases? (e.g., a tabletop for 100 will be more expensive than a tabletop for 40, and both will be lower priced than a full-scale exercise.)

Answer: Either is acceptable. Methodology and documentation should be provided for each.

61. Do you have a goal for the Office of Minority and Women Business (Appendix F)?

Answer: There is no goal or priority.

62. What is the grant cycle?

Answer: Dates are not firm and are based on federal guidance. This year, the grant year ends on August 9, 2012.

63. Is the schedule in Table 1 historically representative?

Answer: The table includes more exercises than we have had in past years.

64. When you say "stakeholder engagement" in Table 1 (above) what do you mean by this?

Answer: This would be a yearly seminar to discuss what we have done the year prior and what we plan to do. We would share with our stakeholders what we have learned and where we are going. It would involve soliciting feedback from stakeholders. This is something that we have not done before.

65. What should be included in seminar costs?

Answer: All logistics and refreshments should be included in seminar costs.

66. Is there a reason Sussex County is not represented in the locations on the training plan?

Answer: It is not included because of the distance to travel for the exercises; however, there will probably be a few events held in Sussex County, specifically the Continuity of Operations exercise.

67. Are you evaluating on the additional years (beyond the first year)?

Answer: We are evaluating based on the responses for the first year. The additional years are to show that the project could be sustained in following years if the funding is available, and both parties agree to continue the contract.

68. Do you plan via video conferencing?

Answer: No.

69. Why do the planning documents change? Is that an internal change in procedures or an external requirement?

Answer: Change occurs because of experience at exercises and real events.

70. RFP references the need to include an annual evaluation of a real event: what does that look like?

Answer: We will collect information during an event. Contractor is expected to host hot washes and complete the AAR.

71. Will exercises have to integrate zoonotic issues?

Answer: No, exercises are mostly around themes: COOP, Hospital, Anthrax, and Mass Vaccination

72. What does the number of people involved in Table 1 indicate?

Answer: This is the actual responders. It does not include the public or volunteer "victims."

73. If staff from the contractor comes to work in the Division of Public Health for a day, will DPH have a place for them to work?

Answer: We will arrange for staff to have a place to be able to work.

74. What kind of outreach efforts do you expect from the contractor?

Answer: Volunteers will be contacted through DPH. Media will be contacted through DPH.

75. Please provide clarification on the schedule of exercises provided at the pre-bid conference for RFP#HSS-12-005 Public Health Preparedness Exercise and Planning Support. You have several exercises identified on the matrix which could be combined into a single event with more than one location or more than one activity due to their similarity of topics. Combining these exercises would save the State of Delaware and the Division of Public Health money, time and resources. Is the Division

of Public Health amenable to potential vendors bidding the RFP with clearly stated exercises combined as a cost and resource saving measure?

Answer: DPH is willing to discuss exercises that can be combined. There may be some opportunity to do this. However, the bidder should not assume that specific exercises can be combined simply by the title in Table 1. For example, the contractor should not assume that the two mass vaccination exercises can be combined. These are two separate events with similar functionality; however, separate planning meetings will need to be held. On the other hand, the SHOC Anthrax Response and the Epidemiology Anthrax Response exercises could be combined with a Continuity of Operations exercise if designed correctly. This could be one event and is worth discussing.

76. On Page 29, Indirect Costs are identified as 12%. Can the state of DE confirm the 12% is representative only and the offerors shall propose their company specific indirect cost percentage?

Answer: The 12% is not representative, it is the maximum acceptable limit for indirect costs. The bidders can submit their own company specific indirect cost percentage as long as it is 12% or less.

77. Describe cultural capabilities for virtual planning?

Answer: DPH requires that all exercise planning meetings and major plan update meetings be held in person. The Office of Preparedness does not have video conferencing capabilities.

78. Please provide the dates for the contract year and option years?

Answer: Proposals should be submitted for work to be completed between April 2012, assuming that a contract can be executed by then, and April 2017. The proposals will only be evaluated based on the first year, April 2012 to April 2013. The contract dates will be based on the grant periods tied to funding. Current year grant ends August 9, 2012.

79. There are no exercises listed for the option year 4, should we include estimated pricing for that year as well?

Answer: No, although it is hoped that the contractor will still provide similar services throughout the entire five year period of the RFP if agreeable by all parties.

80. Please clarify first contract, April to July 30 or April to August?

Answer: The first contract will be April to August 9, 2012. See question #78.

81. Can you make available past reports of exercises (plan and after action report).

Answer: An after action report from H1N1 can be found on the Division's website at: <http://www.dhss.delaware.gov/dhss/dph/php/index.html>. Note that this is a fairly extensive after action report. Other AARs can be found on LLIS; however, DPH generally follows the HSEEP AAR guidance. The only deviation is that DPH uses the PHEP and HPP Capabilities as our target capabilities rather than FEMA capabilities. Examples of plans can be found at: <http://www.dhss.delaware.gov/dhss/dph/php/ppplans.html>. DPH follows CPG101 for planning guidance.

82. Will the contractor need to include the evaluation of a real-time event in the proposal budget?

Answer: Yes, but only to the extent where the contractor would be analyzing real event documentation, hosting hot washes, and writing the report, which includes the After Action Conference.

Table 1

Event	Project Period	Projected Month*	Type	Hours/Days	Anticipated # of Participants	Venue	# of Sites to be Evaluated	Location
Continuity of Operations	August 9, 2012 to August 8, 2013	September 2012	Functional Exercise	½ day	20-60	DPH facility	5	Statewide
Stakeholder Engagement	August 9, 2012 to August 8, 2013	September 2012	Seminar	1 day	120-180	Off-site	1	Kent County
Mass Vaccination – Kent County	August 9, 2012 to August 8, 2013	October 2012	Full Scale	1 day	20-60	Off-site	1	Kent County
Mass Vaccination – NCC County	August 9, 2012 to August 8, 2013	October 2012	Full Scale	1 day	20-60	Off-site	1	NCC County
SHOC Anthrax Response	August 9, 2012 to August 8, 2013	March 2013	Full Scale	1 day	20-60	DPH facility	1	Kent County
Epidemiology Anthrax Response	August 9, 2012 to August 8, 2013	March 2013	Full Scale	½ day	10-20	DPH facility	1	Kent County
Call Center	August 9, 2012 to August 8, 2013	May 2013	Workshop	1 day	20-60	DPH facility	1	Kent County
Continuity of Operations	August 9, 2013 to	September 2013	Functional Exercise	½ day	20-60	DPH facility	5	Statewide

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Hospital-focused Evacuation	August 9, 2013 to August 8, 2014	September 2013	Workshop	½ day	20-60	Off-site	1	Unknown
Stakeholder Engagement	August 9, 2013 to August 8, 2014	September 2013	Seminar	1 day	120-180	Off-site	1	Kent County
Mass Vaccination – Kent County	August 9, 2013 to August 8, 2014	October 2013	Full Scale	1 day	20-60	Off-site	1	Kent County
Mass Vaccination – NCC County	August 9, 2013 to August 8, 2014	October 2013	Full Scale	1 day	20-60	Off-site	1	NCC County
Hospital-focused Evacuation	August 9, 2013 to August 8, 2014	October 2013	Functional	1 day	20-60	DPH facility	5	Statewide
Receiving, Staging, Storing the SNS	August 9, 2013 to August 8, 2014	January 2014	Workshop	1 day	20-60	DPH facility	1	Kent County
Receiving, Staging, Storing the SNS	August 9, 2013 to August 8, 2014	February 2014	Seminar	2 hours	20	DPH facility	1	Kent County
Receiving, Staging, Storing the SNS	August 9, 2013 to August 8, 2014	March 2014	Full Scale	1 day	80-120	DPH facility	1	Kent County

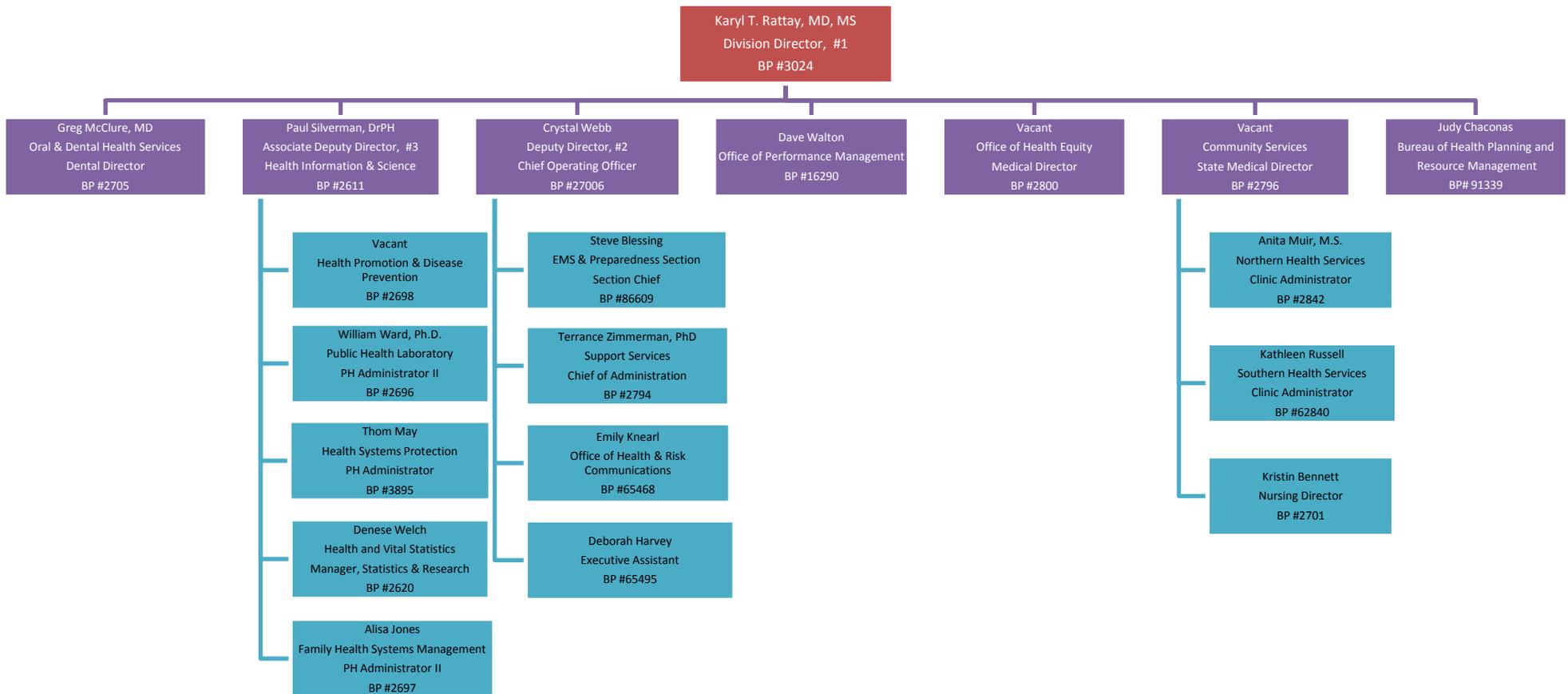
Call Center	August 9, 2013 to August 8, 2014	May 2014	Full Scale	1 day	20-60	DPH facility	1	Kent County
Continuity of Operations	August 9, 2014 to August 8, 2015	September 2014	Functional Exercise	½ day	20-60	DPH facility	5	Statewide
SHOC-focused Hospital Evacuation	August 9, 2014 to August 8, 2015	September 2014	Seminar	½ day	20-60	DPH facility	1	Kent County
Stakeholder Engagement	August 9, 2014 to August 8, 2015	September 2014	Seminar	1 day	120-180	Off-site	1	Kent County
Mass Vaccination – Kent County	August 9, 2014 to August 8, 2015	October 2014	Full Scale	1 day	20-60	Off-site	1	Kent County
Mass Vaccination – NCC County	August 9, 2014 to August 8, 2015	October 2014	Full Scale	1 day	20-60	Off-site	1	NCC County
SHOC-focused Hospital Evacuation	August 9, 2014 to August 8, 2015	October 2014	Full Scale	1 day	80-120	DPH facility	4	Statewide
Point of Dispensing	August 9, 2014 to August 8, 2015	February 2015	Workshop	1 day	20-60	Off-site	1	Kent County
Point of Dispensing	August 9, 2014 to	February 2015	Workshop	1 day	20-60	Off-site	1	Statewide

	August 8, 2015							
Point of Dispensing	August 9, 2014 to August 8, 2015	February 2015	Workshop	1 day	20-60	Off-site	1	Statewide
Point of Dispensing Anthrax Response	August 9, 2014 to August 8, 2015	March 2015	Full Scale	1 day	120-180	Off-site	5	Statewide
Continuity of Operations	August 9, 2015 to August 8, 2016	September 2015	Functional Exercise	½ day	20-60	DPH facility	5	Statewide
Stakeholder Engagement	August 9, 2015 to August 8, 2016	September 2015	Seminar	1 day	120-180	Off-site	1	Kent County
Mass Vaccination – Kent County	August 9, 2015 to August 8, 2016	October 2015	Full Scale	1 day	20-60	Off-site	1	Kent County
Mass Vaccination – NCC County	August 9, 2015 to August 8, 2016	October 2015	Full Scale	1 day	20-60	Off-site	1	NCC County
Medical Surge	August 9, 2015 to August 8, 2016	October 2015	Seminar	1 day	80-120	Off-site	1	Kent County

* negotiable

Each year, contractor should plan to evaluate a real response. This evaluation will consist of collecting and analyzing documentation, hosting hotwash meeting with responders, drafting the after action report, hosting the after action conference, and finalizing the report.

Table 2



Appendix A

Emergency Response Plan (ERP) Project

Over the next one to two years, the Division of Public Health (DPH) Office of Preparedness (OP) will modify and improve existing DPH emergency response plans, standard operating procedures (SOP), and standard operating guidelines (SOG) and develop an all 'inclusive', 'all-hazard' overarching emergency response plan (ERP). The new DPH ERP will replace the 20 plus individual ERPs, SOPs, and SOGs that are currently published. DPH ERP improvements include:

- Straightforward readability and understanding
- Improved overarching structure
- Improved mechanism for the Strategic National Stockpile (SNS) Technical Assistance Review (TAR)

DPH will continue to maintain and create a handful of SOPs, designed to be used in the operation and management of the State Health Operations Center (SHOC), i.e. SHOC activation procedures and task books that will not be published but will be maintained exclusively for DPH.

The DPH ERP structure or format is compliant with FEMA's *Comprehensive Preparedness Guide 101: Developing and Maintaining Emergency Operations Plans*, which provides guidance for outlining an emergency response plan with Functional and Hazard Specific Annexes. The DPH ERP also integrates CDC's 15 Public Health Preparedness Capabilities so that DPH response operations can be easily cross walked with programmatic requirements. The "Base Plan" section of the DPH ERP will provide an overview of the hazards and vulnerabilities affecting public health and medical needs in Delaware, the population at risk, and the medical surge capacity and capability within the state.

The table of contents below depicts the new structure and format of the DPH ERP.

**DELAWARE DIVISION OF PUBLIC HEALTH
EMERGENCY RESPONSE PLAN (ERP)**

CONTENTS

BASE PLAN

- I.** Cover Page
- II.** Promulgation
- III.** Approval and Implementation Page
- IV.** Record of Changes
- V.** Record of Distribution
- VI.** Table of Contents
- VII.** Introduction and Overview
 - A.** Introduction
 - B.** Purpose
 - C.** Scope
 - D.** Situation Overview
 - i.** HVA Summary
 - ii.** Vulnerable populations & facilities
 - iii.** Capability Assessment
 - E.** Planning Assumption
- VIII.** Concept of Operations
 - A.** Overview
 - B.** Activation, Alert, & Warning
 - C.** Emergency Operations Coordination
 - D.** Countermeasures and Mitigation
 - E.** Surge Management
 - F.** COOP
- IX.** Organization and Assignment of Responsibilities
- X.** Direction, Control, and Coordination
- XI.** Information Management
- XII.** Communications

XIII. Administration, Finance, and Logistics

APPENDICES

Appendices: Plan Development and Maintenance

Appendices: Authorities and References

FUNCTIONAL ANNEXES

Incident Management

Annex: Emergency Operations Coordination

Annex: Continuity of Operations

Information Management

Annex: Emergency Public Information and Warning

Annex: Information Sharing

Biosurveillance

Annex: Public Health Lab Testing

Annex: Public Health Surveillance and Epi Investigation

Countermeasure and Mitigation

Annex: Medical Materiel Management and Distribution

Annex: Medical Countermeasure Dispensing

Annex: Non-Pharmaceutical Interventions

Annex: Responder Safety and Health

Surge Management

Annex: Mass Care

Annex: Medical Surge

Annex: Volunteer Management

Annex: Mass Fatality

Community Resilience

Annex: Community Preparedness

Annex: Community Recovery

HAZARD SPECIFIC ANNEXES

Annex: Pandemic Influenza

Annex: Severe Weather