

PROPOSAL SUBMITTAL PACKAGE

Applicant Agency Gila County Community Services Division

Content Checklist

Check that the following items are included with your proposal. The items listed below are to be included in the proposal, unless otherwise indicated on the checklist or in the instructions. The organization of the proposal packet is important and the items listed are to appear in the order outlined below.

- Proposal Submittal Letter
- Annex A – Program/Administration (Section 1.0 through Section 5.6)
- Scopes of Work
- Proposers Questionnaire (Include the signed and dated Outreach/Targeting Policy Agreement)
- Method of Evaluation
- Assurances (include supporting documentation and/or explanation(s) why any specific assurance is not applicable to offeror).
- Background Information
- Certificate Regarding Debarment, Suspension & Voluntary Exclusion Lower Tier Covered Transactions
- Certificate Regarding Lobbying
- Management Letter and Auditor's Opinion
- Tax Payer Identification and Certification
- Budget:
 - Itemized Service Budgets: For all proposed Fixed Price with Price Adjustment Contracts
 - Rate Sheet
 - Non-Federal Cash & Other Resources Worksheet
 - Contract Operating Budget
 - Agency Operations Spread Sheet (optional)
 - Cost Allocation Plan for all proposals
 - One copy of the Certificate of Insurance
 - Copy of current license (as applicable)
 - Inventory (Inventory Form: Only required for current contractors for equipment purchased under PGCS Contract)

PROPOSAL SUBMITTAL LETTER

In response to PINAL – GILA COUNCIL FOR SENIOR CITIZENS, AREA AGENCY ON AGING, REGION V Request for Proposal (RFP), Request for Proposal (RFP) # 2014-01-13 Offeror hereby submits this proposal to provide the following services:

SERVICE(S)

Minor Home Repair

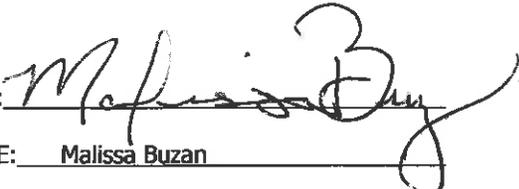
GEOGRAPHIC SERVICE AREA

Area II, Area III, Area V

In submitting this proposal, Offeror certifies that:

1. The RFP and all attached documents have been read and understood and that all information provided is true, complete and accurate to the best of my knowledge. Offeror acknowledges that should investigation, at any time, disclose any misrepresentation or falsification, this proposal may be rejected and contract entered into may be terminated.
2. ENCLOSED, at a minimum, is all information requested in this RFP, consisting of the items listed on the Content Checklist.
3. One (1) original and Five (5) copies of the proposal are being submitted in a sealed enveloped marked as instructed within this RFP. At least one of the copies has an original signature of the authorized signatory.
4. Any Solicitation Amendment(s) sent to the proposer by PGCSC in regards to this RFP are signed and submitted with this proposal.
5. Offeror certifies that the assurances contained in this proposal have been met by the offeror.
6. Offeror certifies that the submission of this proposal did not involve collusion or other anti-competitive practices.

I am authorized by the offeror submitting this proposal to make this certification and to bind the offeror to the offer and the terms and conditions of the solicitation.

SIGNATURE:  DATE: 2/20/2013
TYPED NAME: Malissa Buzan TITLE: Interim Director
NAME OF OFFEROR/AGENCY: Gila County Community Services Division/Housing Services
ADDRESS: 5515 S. Apache Avenue, Suite 200
CITY: Globe STATE: Arizona ZIP CODE: 85501
TELEPHONE: 928-425-7631 FAX: 928-425-9468
FEDERAL EMPLOYER ID#: 86-6000444

PROGRAM/ADMINISTRATION SECTION

1.0 Authorized Signatory for Contractor:

- 1.1 Gila County Community Services Division, FEI No. 86-6000444
PROVIDER AGENCY NAME FEDERAL EMPLOYER IDENTIFICATION NUMBER
5515 S. Apache Ave., Suite 200, Globe, AZ 85501 928-425-7631
Address Phone Number
- 1.2 Michael A. Pastor Chairman, Gila Co. Board of Supervisors
Name of Principal Authorized Signatory Title

To execute contracts and amendments and is responsible for the delivery of Contract Services during the term of this Contract.

- 1.3 In the absence of the principal authorized signatory named above, Malissa Buzan
Name
Interim Director is authorized to sign this Contract and any amendments thereto on behalf of the
Title
 Provider.

2.0 Notices:

- 2.1 The PGCSC AAA shall address all notices relative to this Contract to the attention of:
Malissa Buzan, Gila County Community Action/Housing Services Manager
Name and Title
5515 S. Apache Ave., Suite 200, Globe, Arizona 85501 928-425-7631, Ext. 8693
Address Phone Number
 FAX: 928-425-9468 E-MAIL: mbuzan@co.gila.az.us
- 2.2 Daily contact regarding programmatic issues for this contract:
Malissa Buzan, Gila County Community Action/Housing Services Manager
Name and Title
5515 S. Apache Ave., Suite 200, Globe, Arizona 85501 928-425-7631, Ext. 8693
Address Phone Number
 FAX: 928-425-9468 E-MAIL: mbuzan@co.gila.az.us
- 2.3 Financial contact for issues regarding to this contract:
Bree'na York, Fiscal Manager
Name and Title
5515 S. Apache Ave., Suite 200, Globe, Arizona 85501 928-425-7631, Ext. 8667
Address Phone Number
 FAX: 928-425-9468 E-MAIL: byork@co.gila.az.us

- 2.4 The Provider shall address all notices relative to this Contract to the attention of:

President/CEO Telephone Number: (520) 836-2758
 Pinal-Gila Council for Senior Citizens FAX: 520-421-2033
 8969 W. McCartney Rd., Casa Grande, AZ 85194-7432 E-Mail: info@pgcsc.org

3.0 Contract Term:

The term of this Contract shall begin on July 1, 2013
 ■ or the date of last signature, whichever is later, and shall terminate on June 30, 2014.

- 4.0 **Contract Purpose:** The Contract Services to be provided during the term of this Contract shall address the problem(s) and need(s) and seek to achieve program goals described below.

The target populations and needs are identified and specified in the Area Agency on Aging Area Plan for Services and the Area Plan Amendments.

Contract Goal: To plan, coordinate and implement a comprehensive system of services for the elderly in accordance with the Older Americans Act of 1965 (42 U.S.C., and 3001, et. seq.); the OAA Regulations 45 CFR part 1321); DHHS Grant Administration Regulations (45 CFR part 74): and other applicable laws, rules and policies.

5.0 Contract Services and Service Delivery

5.1 Scopes of Work:

Each Contract Service to be provided during the term of this Contract shall be delivered in accordance with the requirements indicated in this contract.

5.2 Subcontractor

Any portion of the Contract Services to be provided under this contract by Subcontractors as identified in Section 5.6 of Annex A Section, the Contractor understands and warrants that no work shall be performed by a Subcontractor until the subcontract document has been reviewed by and approved in writing by the authorized PGCSA representative.

5.3 The Contract Services marked (x) below indicate the service(s) to be delivered during the term of this Contract to eligible persons are:

<input checked="" type="checkbox"/> Minor Home Repair/Renovation	<input type="checkbox"/> Congregate Meals	<u>Home Care Cluster:</u>
<input type="checkbox"/> Respite (Group)	<input type="checkbox"/> Home Delivered Meals	<input type="checkbox"/> Attendant Care
<input type="checkbox"/> Respite (In-Home)	<input type="checkbox"/> Transportation	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Case Management – PSA II & V	<input type="checkbox"/> Legal	<input type="checkbox"/> Personal Care
<input type="checkbox"/> Family Caregiver Services		

5.4 Eligibility Criteria, Intake Procedures and Case Records:

5.4.1 Eligibility Criteria

A. Title III:

Aging Services Eligibility criteria is limited to the descriptions in 45 CFR Part IV. "Grants for State and Community Programs on Aging," and Title XVI of the Social Security Act, as amended, and as identified in Aging & Adult Administration's Policy and Procedure Manual – 2004 and PGCSA Policies and Procedures.

B. Supplemental Payment Program:

The Supplemental Payments Program (SPP) had been considered an entitlement program for some clients receiving Housekeeper, Home Health Aid and/or Visiting Nurse services until June 30, 1993. It is now a discretionary program, based upon funding availability. Individuals who were enrolled in the SPP Prior to 6/30/1993 were authorized to maintain monthly payments to purchases services as long as eligibility is maintained.

5.4.2 Intake Procedures

- A. Providers will be required to adhere to PGCSA's Central Intake System for all client tracked (case managed) services.
- B. As required for individual services per Aging & Adult Administration's Policy and Procedure Manual Chapter 3000, Section 3140 and PGCSA policies and procedures.
- C. Providers will be required to adhere to Aging & Adult Administration's Policies with respect to entry of client data and service billing on the DAARS system.

5.4.3 Case Records

Case records shall be maintained as specified in the Aging & Adult Administrations Policy and Procedures 3000, Section 3140 and PGCSA policies and procedures.

5.5 Staffing:

Each Contract Service shall be provided by the following personnel positions:

Contract Service Name	Position Title	No. of FTEs	Ratio of Direct Care Staff to Clients
Minor Home Repair	Community Action/Housing Services Program Manager	1	n/a
	Housing Rehab Specialist	1	n/a
	Housing Services Administrative Assistant	1	n/a

5.6 Facility Location:

Contract Services may be delivered only at the facilities and locations specified below and shall be available during the hours of operation indicated:

NAME OF FACILITY, ADDRESS, PHONE AND FAX NUMBER WHERE THE SERVICES WILL BE PROVIDED. (IF SERVICES ARE PROVIDED IN CLIENTS HOME, LIST INFORMATION FOR FACILITY PRIMARY OFFICE LOCATION)	CONTRACT SERVICE(S)	SUBCONTRACTOR	DAYS AND HOURS OF OPERATION	GEOGRAPHIC COVERAGE
Gila County Community Services Division 5515 S. Apache Street, Suite 200 Globe, AZ 85501 Phone: (928) 425-7631 Toll Free: 800-304-4452 Fax: (928) 425-9468	Minor Home Repair		Mon – Friday 8am to 5pm	Gila County

The facility(s) listed above will not be open on those holidays marked below (darken box for applicable holidays):

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> New Year's Day | <input type="checkbox"/> Good Friday | <input type="checkbox"/> Yom Kippur | <i>(Other Holidays)</i> |
| <input checked="" type="checkbox"/> Martin Luther King Jr.'s Birthday | <input checked="" type="checkbox"/> Memorial Day | <input type="checkbox"/> Columbus Day | <input checked="" type="checkbox"/> Friday after Thanksgiving |
| <input type="checkbox"/> Lincoln's Birthday | <input checked="" type="checkbox"/> Independence Day | <input checked="" type="checkbox"/> Veteran's Day | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Washington's Birthday | <input checked="" type="checkbox"/> Labor Day | <input checked="" type="checkbox"/> Thanksgiving Day | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> President's Day | <input type="checkbox"/> Ros Hashanah | <input checked="" type="checkbox"/> Christmas Day | <input type="checkbox"/> _____ |
| <input type="checkbox"/> The holidays indicated above apply only to the administrative office; services are provided 24 hours. | | | |

Scope of Work
Area Agencies on Aging

22.0 HOME REPAIR AND RENOVATIONS

22.1 Purpose Statement

The service helps to assist older adults to obtain adequate housing, including residential repair and renovation projects designed to enable older adults to maintain their homes in conformity with minimal housing standards.

22.2 Service Description

22.2.1 Taxonomy Definition – A service that provides for safety and/or structural repairs to the home.

22.2.2 Home repair increases or maintains independence of eligible individuals.

22.2.3 Home repair increases the individual's mobility, safety, and access to and around the home.

22.2.4 For purposes of the Family Caregiver Support Program, this service is provided as a supplemental service, on a limited basis, to complement the care provided by the caregiver.

22.2.5 Eligibility Requirements - The Contractor shall provide services to individuals and caregivers that meet the eligibility requirements as described in Chapters 3100 and 3600 of the DAAS Policy and Procedure Manual, as may be amended.

22.3 Service Requirements – The Contractor shall:

22.3.1 Ensure that all subcontractors receive an orientation to the Contractor's agency and to the target group being served.

22.3.2 For purposes of the Family Caregiver Support Program, ensure that services are provided on a temporary and limited basis as defined in the DAAS Policy and Procedures Manual, Chapter 3600, as may be amended.

22.3.3 Examine and utilize all other available resources (e.g., funding) prior to providing the service.

22.3.4 Assess the adequacy of the individual or caregiver's residences in relation to his/her needs, desires and preferences, and specify/document the needed structural repairs or adaptations.

22.3.5 Adapt, repair or build structural items which increase the person's ability to perform activities of daily living independently or which eliminate unsafe conditions, such as, but not limited to:

- 1. Building of ramps.**
- 2. Cooler and heater repair/maintenance.**
- 3. Widening of doorways.**
- 4. Installation of grab bars.**
- 5. Screen repair.**
- 6. Installation of safety mats.**
- 7. Window repair.**
- 8. Minor roof repair.**
- 9. Door repair.**
- 10. Floor repair.**

22.3.6 Any adaptations to be done to rental property shall have prior signed consent of the owner/landlord.

22.4 Licensure/Certification Requirements – The Contractor shall:

22.4.1 Comply with all federal, state and local licensure/certification requirements.

22.4.2 Ensure that materials and work meet industry standards.

22.4.3 Ensure that all repairs and adaptations conform to state and local building codes.

22.5 Performance Measure

22.5.1 Number of clients that receive services annually.

22.6 Reporting Unit

22.6.1 One unit of service equals one repair or adaptation.

PROPOSERS QUESTIONNAIRE – MINOR HOME REPAIR

All Proposers must answer the following questions. In the space provided respond to the following questions. Responses should be concise and when appropriate measurable.

- 1. CLIENT CONTRIBUTIONS:** Explain your method for soliciting contributions from participants, security procedures, accounting and cash handling procedures. Identify staff responsible for implementing this procedure.

All persons receiving assistance through PGCSA Minor Home Repair Funding will be informed of their ability to contribute to the costs of the service. Each person will be given a "Client Contribution Information Form" which enables them to send in their donation. Should a client decide to donate, any funds received by Housing Services Staff will be immediately documented in the program file and then given to the Fiscal Accountant or Fiscal Manager to complete the process to deposit the money into the Minor Home Repair Program account. Funds derived from donations will be utilized to assist additional persons with Minor Home Repairs.

- 2. TARGETING:** How will the provider ensure that those in greatest economic or social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) are given priority in the delivery of service? Please refer to Outreach/Targeting Agreement for further clarification.

Gila County will target those residents aged 60 or over or those under 60 who have a disability. The program will be designed to assist persons who do not have the resources and/or family or friends to assist them with minor home repairs.

- 3. OUTREACH:** In addition, identify the specific outreach activities that will be conducted to reach and inform those in greatest social or economic need of the availability of the program. Provide a timetable for completing these activities.

Gila County will perform outreach to advertise the availability of PGCSC Minor Home Repair Funding through several methods. They are as follows:

Once we receive notification of a successful fund award, our timeline for outreach will be:

- Week 2 through Week 4- Media Press Releases – Public Service Announcements will be provided to local newspapers and radio stations on a semi-annual basis to announce the program.
- Week 2 and ongoing - Brochures and Pamphlets – the funding will be included on printed materials that are distributed from the Gila County Community Action/ Housing Services.

- 4. INTAKE PROCESS:** Briefly describe the process that is used for intake, to include time frame between intake and assessment, information taken at intake, how determination at intake is made that an assessment is needed and any other information that would help in understanding the intake process.

The intake process begins with a request for assistance, this may be via telephone or in person. A Pre-Application form is filled out at the time of request. This form is submitted to the Housing Assistant on the same day as it is completed. The Housing Assistant reviews the form, contacts the applicant and performs an assessment of the situation. If it is determined that the applicant is eligible to receive assistance, an appointment for services is scheduled. The appointment is usually scheduled within 7 days of the initial assessment. Eligibility determination is finalized at the appointment for services. The Housing Rehab Specialist and/or Housing Program Manager will schedule a visit to the applicant's residence to verify the need for minor home repair. He will inform the Housing Assistant of the needed repairs and the Housing Assistant will contact one of our qualified contractors to schedule the repairs. A site visit will be performed once the contractor indicates the work is completed. The homeowner will be asked to complete a Satisfaction Survey, and the file is closed if the Housing Assistant determines the job is completed satisfactorily.

- 5. ASSESSMENT PROCESS:** Briefly describe the assessment process that is used to determine that the work requested for the individual's and/or caregiver's residence is in relation to his/her needs and will improve the safety and increase the individual's ability to live independently.

The Housing Rehab Specialist and/or Program Manager will visit the residence to inspect and determine the extent of the repair needed.

- 6. Pandemic (Emergency) Preparedness Plan:** Provide a copy of the provider pandemic/emergency preparedness plan. At a minimum the plan must include: (1) Key succession and performance planning if there is a sudden significant decrease in the contractor's workforce. (2) Alternative methods to ensure there are services or products in the supply chain. (3) An up to date list of company contacts and an organizational chart.

This information may be added as a separate page(s) to the responses for the proposal's questionnaire and should be clearly marked as the Pandemic (Emergency) Preparedness Plan. Or, responses to the minimum requirements may be answered below.

- 1. An Emergency Response Plan in the event of a declared pandemic has been developed by the Division of Health and Emergency Services. This is the official plan for all of Gila County. See Attachment A for more information regarding the Gila County D.H.E.S. plan.**
- 2. See Gila County's Emergency Response Plan for details of alternative methods to ensure there are services or products in the supply chain.**
- 3. An organizational Chart is attached as Attachment B.**

OUTREACH/TARGETING POLICY AGREEMENT

In accordance with the Older Americans Act, as amended, each provider contracting with PGCSC/AAA Region V, agrees to continue their efforts of targeting their services to older persons with greatest economic or social need with particular attention to low-income minorities, older individuals with limited English proficiency, isolated rural elders, Native Americans and severely disabled elderly through various methods such as:

To promote programs which increase service accessibility and availability to the targeted population.

To educate individuals on available benefits and services provided with Older American Act funds and the Area Agency on Aging, social service agencies, and the support service network.

To network with other community agencies that provide support services to enhance the availability of services and resources for the targeted population.

To provide prevention and general intervention services when needed for the targeted population.

To provide advocacy services as needed with/on behalf/or for the targeted population.

To assist in developing policy and system changes within the community to assist the well-being of the targeted population.

To identify the targeted population through various outreach techniques.

To provide information and referral or assistance as needed to the targeted population.

To request technical assistance related to the contract services from PGCSC/AAA, as needed.

To document these services within the Monthly Educational Program/Special Activity Report.

To translate materials and flyers relating to program activities and access, when possible.

To continue the activities that the subcontractor has submitted in their outreach and targeting statement included in this contract.

To provide culturally relevant programs which address the specific needs of the targeted population.

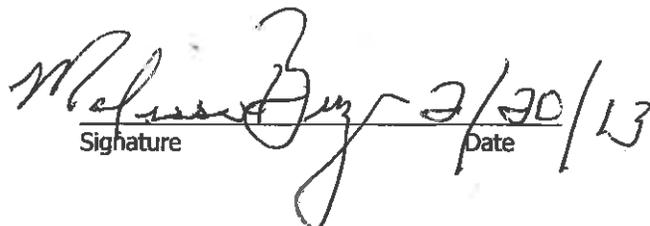
To serve each low-income minority elderly group in at least the same proportion, as they exist in their service boundary area.

To obtain program and/or advisory public input from specific ethnic minority communities, i.e., groups, organization, individuals, institutions, etc.

To provide client access to bilingual and/or bicultural persons/staff to accommodate those elderly who speak limited English.

To use minority volunteers in direct service when possible.

To provide opportunities for staff to obtain training in cultural differences and specific needs of the low-income minority elderly.


Signature _____ Date 2/20/13

VIII. METHOD OF EVALUATION

Each person assisted with this program will be provided with a Follow-Up Form and a self-addressed, stamped envelope to return to Housing Services. The client is requested to evaluate the quality and timeliness of the service they have received and return the form within 30 days.

The Follow-Up Forms are retained in the client file.

ASSURANCES

The following assurances are required for those who wish to be eligible for a contract with PGSCS. When a check mark appears in the right hand column of this page, the proposal shall contain the items described in the statement to the left of the check mark. All items must be submitted, do not use "On File".

Information included in the proposal should appear in the order listed on the Content Checklist and as it appears on this list.

Any of the marked (X) items that are not applicable to you or your organization, include an explanation with your proposal.

Certification that these assurances have been met is contained in the Proposal Submittal Letter.

Submit
With
Proposal

1. **AGENCY ORGANIZATION**

If the offeror is a corporation, whether for-profit or non-profit:

- | | | |
|----|---|----------------|
| a. | Current staff organization chart setting forth lines of authority, responsibility and communication in accordance with policies established by the governing body. | <u> X </u> |
| b. | (If applicable) Offeror has a current organization chart depicting its relationship to the organization of which it is a subsidiary or by which it is sponsored. | <u> X </u> |
| c. | Current copy of the Articles of Incorporation or partnership agreement. | <u> N/A </u> |
| d. | Current and complete list of the names and addresses of all members of the Governing Body/Council/ Board of Directors. | <u> X </u> |
| e. | Offeror has written procedures which require due process and the prompt resolution of any complaint of discrimination on the basis of age, sex, religion, race, national origin or handicap (staff or participant). | <u> X </u> |
| f. | Written documentation which certifies the Authorized signatories referenced, upon notice of a contract being awarded. | <u> X </u> |

2. **PERSONNEL**

- | | | |
|----|--|--------------|
| a. | Current written <u>job description</u> , including minimum qualifications for training and experience, for each position. | <u> X </u> |
| b. | Resume for persons providing a service that specifies qualifications to perform the proposed service in the Scope of Work, Service Standards. | <u> X </u> |
| c. | For direct services to juveniles or vulnerable adults, offeror complies with A.R.S. §41-1758.07 as it relates to fingerprinting and the possession of Level One Clearance Cards by all employees or volunteers providing direct service to juveniles and vulnerable adults. Offeror also complies with provisions of A.R.S. §8-804 as it relates to background checks for employment through the Central Registry. | <u> X </u> |

3. **FINANCIAL**

- | | | |
|----|--|----------------|
| a. | Copy of offerors most recent IRS-990. "Return of Organization Exempt from Income Tax". | <u> N/A </u> |
| b. | Offeror has sufficient funds to meet obligations on time under the Contract while awaiting reimbursement from PGSCS. | <u> X </u> |

ASSURANCES

Explanations from the previous page.

1.c. Current copy of the Articles of Incorporation or partnership agreement

n/a

This does not apply to Gila County Community Services as we are a Government Entity

3.a. Copy of offerors most recent IRS-990. "Return of Organization Exempt from Income Tax". n/a

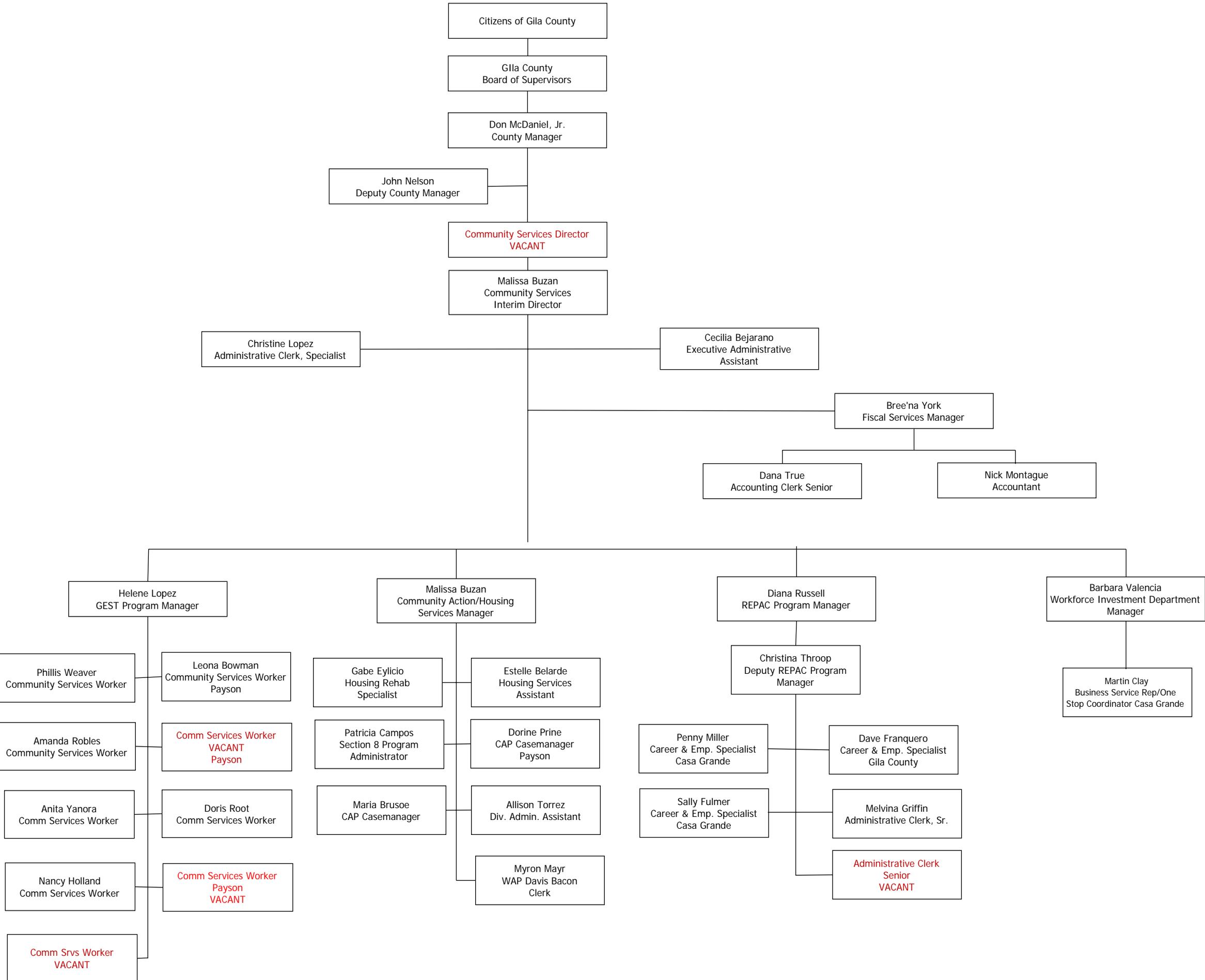
This does not apply as Gila County is not a tax exempt entity.

3.b. Offeror has sufficient funds to meet obligations on time under the Contract while awaiting reimbursement from PGCSC.

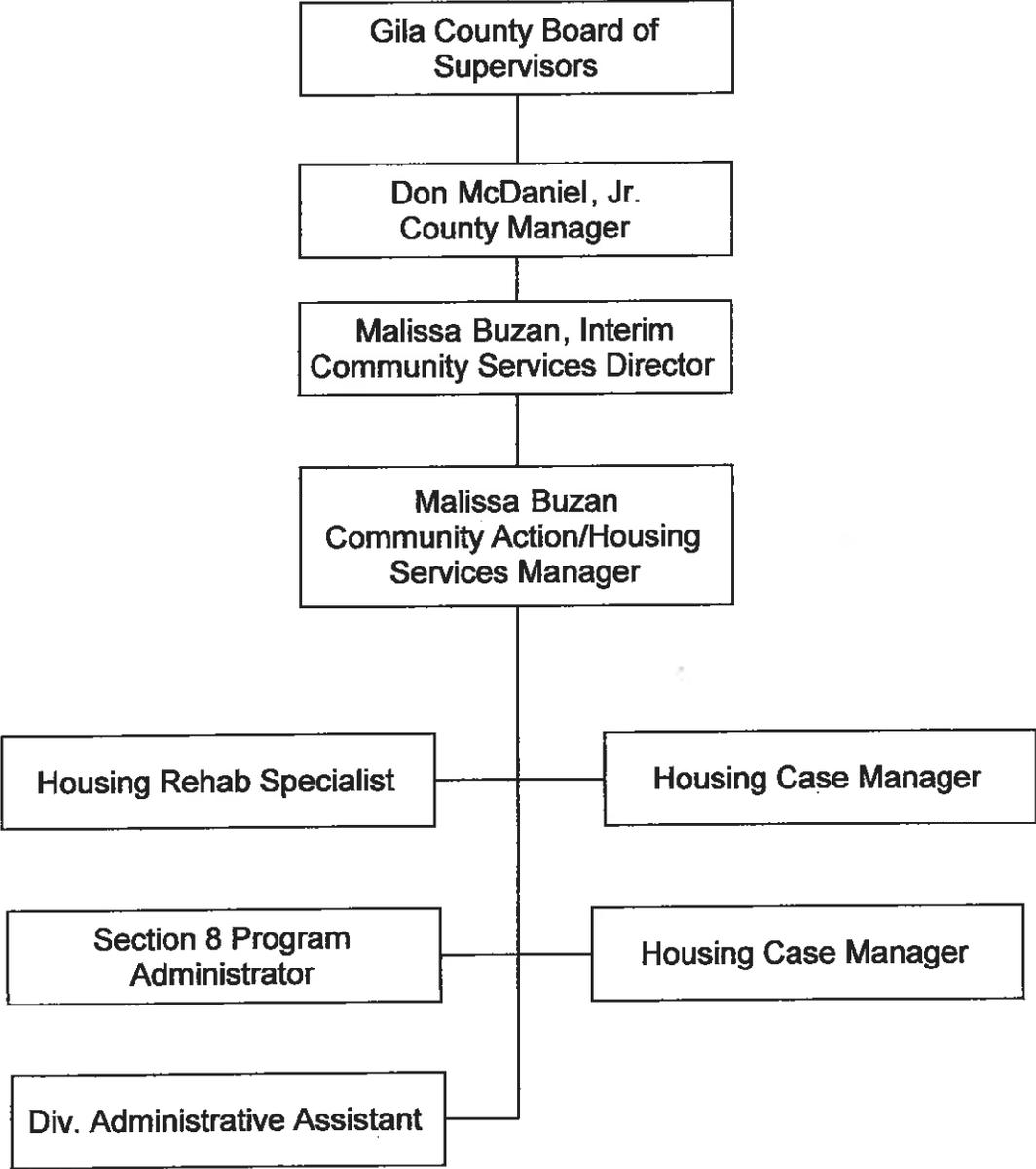
Gila County Community Services Division does have the funds to meet our financial needs as they occur. We incur debts that the Gila County Finance Department covers, and after receipt of reimbursement from PGCSC, they release the debt and deposit the money into the appropriate account.

Gila County Community Services Division

Organizational Chart
March 15, 2013



Community Action/Housing Services
Organizational Chart
May 1, 2012





No Emergency At This Time

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Email Print

Gila County Board Members

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[Tommie Martin - District 1](#)



[Michael Pastor - District 2](#)



[John Marcanti - District 3](#)

The Gila County Board of Supervisors is responsible for the financing and administration of County government, has final approval over County department budgets, governs tax rates and calculates all other rates.

The Board has final approval for all zoning and use permits in the unincorporated areas of the County.

If a special board meeting is called, a public notice at least 24-hours prior to the meeting an agenda is made available to the public.

The Board of Supervisors also acts as the board of directors for certain special districts within the County such as the Gila County Library District, Strawberry Hollow County Improvement District, and East Verde Estates Street Improvement District.

In addition, the board is responsible for appointing the directors of the 5 County divisions.

The Board also works with other governmental bodies such as the towns and cities within Gila County, United States Forest Service and other state and federal governmental agencies.

District 1
Office: Gila County Complex
 610 E HWY 260
 Payson, Arizona 85547
 Phone: (928) 474-2029

District 2
Office: Gila County Courthouse
 1400 E. Ash Street
 Globe, Arizona 85501
 Phone: (928) 402-8753

District 3
Office: Gila County Courthouse
 1400 E. Ash Street
 Globe, Arizona 85501
 Phone: (928) 402-8726

**Gila County Community Services Division
Company Contact List**

Address: 5515 S. Apache Avenue, Suite 200
Globe, Arizona 85501

Director Malissa Buzan, Interim Director
Phone: (928) 402-8693
Cell: 961-6349

Exec. Adm. Asst. Cecilia Bejarano
Phone: (928) 402-8803
Cell: (928) 701-1959

C.A.H.S. Manager Malissa Buzan
Phone: (928) 402-8693
Cell: (928) 961-6439

Housing Adm. Asst. Estelle Belarde
Phone: (928) 402-8685
Cell: (928) 200-0744

Housing Rehab Spec. Gabe Eylicio
Phone: (928) 402-8698
Cell: (928) 200-1258

RULE 4 – Discrimination in Employment

This policy covers all employees in the classified and unclassified service as defined in the Gila County Merit System Rules and Policies Manual without regard to regular, temporary, part-time, probationary or emergency status, although nothing in this policy waives the at will status of an unclassified employee.

- 4.1 **Statement of Policy:** Gila County shall not discriminate against an individual in violation of State or Federal law or regulation in terms of race, color, religion, sex, age, national origin, disability, or Vietnam or disabled veteran status.
- 4.2 **Discipline:** Any employee found to have subjected another employee to discrimination as defined by this Rule shall be subjected to disciplinary action up to and including dismissal in accordance with the provisions of these Rules.
- 4.3 **Reprisals:** An employee shall not take any disciplinary or punitive action against another employee which impedes or interferes with that employee's exercise of any right granted under the law or these Rules. Any employee or agency representative who is found to have acted in reprisal toward an employee as a result of the exercise of the employee's rights may be suspended without pay for a period not to exceed 30 days or dismissed.
- 4.4 **Sexual Harassment:** The purpose of this policy is to clearly establish Gila County's opposition to and disapproval of any unwanted actions and advances of a sexual nature arising out of the work place situation which adversely impacts an employee's ability to perform the duties of his/her position. This policy also provides a mechanism to employees for filing complaints of sexual harassment.
 - A. All employees of Gila County, regardless of sex, have a right to work in an environment free of unsolicited advances, innuendoes and actions of a sexual nature which create a hostile or offensive working environment or which otherwise impair their ability to perform their assigned duties.
 - B. Sexual harassment is defined as:
 1. Unwelcome or unwanted sexual advances including petting, pinching, brushing up against, hugging, cornering, kissing, fondling or any physical conduct considered unacceptable by another individual.
 2. Unwelcome or unwanted requests or demands for sexual favors, including subtle or blatant expectations, pressures, or requests for any type of sexual favor accompanied by implied or negative consequences concerning ones employment status.
 3. Verbal abuse, bantering or teasing that is sex oriented and is considered unacceptable by another individual. This includes innuendoes, jokes, sexual oriented comments that offend others.

4. Displaying an intimidating, hostile or offensive attitude because of rejected sexually oriented demands, requests, physical contact or attention.
 5. Interfering with a co-worker's performance by exchanging unwanted sexual attentions, or sexually oriented conduct that reduces personal productivity or safety on working time.
 6. Condoning a working environment that is not free of sexually oriented innuendoes, or any other actions of a sexual nature that could offend others.
- C. Reporting a Complaint.
1. Every employee of Gila County has an affirmative duty to maintain a work place free of harassment and intimidation. Complaints or reports of sexual harassment should be taken by an employee directly to the Personnel Director. Supervisors or department heads who receive complaints or reports of sexual harassment must immediately inform the Personnel Director of such complaints. The Personnel Director will expedite an investigation into the allegations. Confidentiality of all parties involved in a sexual harassment charge shall be respected, except to the extent that it does not interfere with the County's legal obligation to investigate allegations of misconduct and to take appropriate action.
 2. After investigation, the Personnel Director will issue a written finding. If a basis is found for the complaint, the Personnel Director shall make recommendations of disciplinary action up to and including dismissal of the offending party in accordance with the provisions of Gila County Merit System Rules and Policies.
 3. If no basis is found for the complaint, the complaining employee shall be notified in writing. Classified employees may file a grievance in accordance with Rule 22.1.A to the Personnel Commission within ten (10) days of receiving such notification. Any such review by the Personnel Commission shall be conducted according to time limits and other limitations imposed by the Gila County Merit System Rules and Policies. Unclassified employees have no grievance appeal rights.
- D. Discipline. Any employee found to have subjected another employee to sexual harassment as defined by this policy shall be subjected to disciplinary action up to and including dismissal in accordance with the provisions of the Gila County Merit System Rules and Policies.
- E. Responsibility.
1. It shall be the responsibility of employees who believe they have been subjected to sexual harassment, as defined by this policy, to bring such alleged harassment to the attention of the Personnel Director.
 2. Supervisors and Department Heads who become aware formally or informally of situations which could potentially involve sexual harassment must notify the Personnel Director immediately.

3. It shall be the responsibility of the Personnel Director to enforce the provisions of this policy and make such investigations as he/she deems appropriate.
4. Reprisals, in any form, by any employee or supervisor against any complaining employee or participating witness shall not be tolerated.
5. It shall be the responsibility of all Elected Officials and Department Heads to ensure compliance and enforcement of the provisions of this policy within their respected departments.

4.5 Other Harassment and Discrimination. This section is to clearly establish that Gila County adheres to all Federal and State laws prohibiting unlawful harassment and/or discrimination. It is the policy of Gila County to treat each employee equitably, to provide communication channels to resolve harassment and discrimination concerns, and thereby support a safe and productive work environment for all County employees.

- A. Gila County prohibits discrimination and harassment based upon race, sex, color, age, religion, disability, Vietnam or disabled veteran status, national origin and applicable state statutes.
- B. This policy shall extend its coverage to all employees in the classified and unclassified services as defined in the Gila County Merit System Rules and Policies without regard to status.
- C. The following lists identify some examples of potential harassment or discrimination covered by this policy. This list is not all inclusive and other situations not included here may also constitute harassment and/or discrimination.
 1. Discriminatory employment decisions – in the absence of a bona fide occupational qualification, or ability to reasonably accommodate, basing employment decisions such as hiring, promotions, terminations, transfers, reduction in force, etc., on non-job related criteria.
 2. Jokes, stories, comments, pictures, e-mail, publications, etc., portraying an individual or group of individuals in a negative light.
 3. Exclusion – in the absence of a bona fide occupational qualification, or ability to reasonably accommodate; excluding or ostracizing people from workplace or work related activities.
- D. The reporting, discipline and responsibility procedures for any alleged discrimination or harassment are the same as Rule 4.4.D.E. and F.

Lopez, Christine

From: Sheppard, Marian
Sent: Tuesday, February 05, 2013 4:33 PM
To: Aguilar, Vicky; Aguirre, Gloria; Alvarez, Jennifer; Baer, Jeff; Beauchamp, Bradley; Bejarano, Cecilia; Belarde, Estelle; Bell, Candy; Benedetto, Malinda; Bocardo, Juley; Boyer, Shannon; Brewer, Marilyn; Buzan, Malissa; Caldera, Dawn; Campos, Patricia; Cates, Celena; Chambers, Bryan; Chapman, Margie; Cook, Janice; Coons, Shannon; Dalrymple, Lorraine; DeNero, Berthan; Deroulhac, Darde; Dillon, Hazel; Dorame, Larry; Durbin, Jacque; Eastlick, Linda; Escobedo, Annie; Fisher, Pam; Florescue, June Ava; Garcia, Ray; Garrett, Jake; Goettelman, Gary; Gonzales, Martha; Gould, Robert; Grice, Sherry; Griffin, Darryl; Griffin, Jacque; Hawkins, Mary; Heatherly, Joseph; Heppler, Cheri; Hernandez, Sylvia; Holmes, Debra; Horn, Paula; Huffer, Larry; Hughes, Deborah; Jones, Diana; Keegan, Michelle; Kim, Teak-sun; King, Lisa; Kline, Laurie; Listiak, Sharon; Little, Dorothy; Lopez, Christine; Marcanti, John D.; Martin, Tommie; Mata, Liz; McDaniel, Don; Mendoza, Joe; Moya, Debra; Navarro, Mary; Nelson, John; Neumann, Nancy; ODell, Linda; O'Driscoll, Michael; Pastor, Eleanor; Pastor, Mike; Poarch, Tiffany; Powell, Terri; Price, Eloise; Puhara, Donna; Raymond, Erica; Rhyne, Kendall; Riggs, Kelly; Rios, Esther; Rocha, Christie; Rodriguez, Linda; Rogers, Dave; Russell, Diana; Rust, Kim; Sanchez, Victoria; Sanders, Steve; Sartain, JenDean; Savage, Debi; Savaglio, Lauren; Sgroi, Dana; Shepherd, Adam; Short, Laura; Solberg, Tyler; Stemm, Mary; Stevens, Coleen; Stratton, Kaycee; Stratton, Steve; Tomerlin, Sadie; Valencia, Barbara; Valenzuela, Beverly; Van Haren, Brenda; Velasquez, Margie; Warden, Mark; White, Colt; White, Sarah; Williams, Debra; Winters, Sharon; York, Breena
Subject: Names and Titles on Contracts, Agreements, Etc.

At the January 22, 2013, Board of Supervisors (BOS) meeting, Michael Pastor was appointed as Chairman and Tommie Martin was appointed as Vice-Chairman of the BOS.

Please ensure that any items you have submitted into AgendaQuick for future meetings contain the correct names and titles, as follows:

Michael A. Pastor, Chairman
Tommie C. Martin, Vice-Chairman
John D. Marcanti, Member
Bryan Chambers, Deputy Attorney Principal

I will be sending back any agenda items and original documents that don't contain the correct typed names and titles.

Thanks,
M

*Marian Sheppard, Chief Deputy Clerk
Gila County Board of Supervisors*

1400 E. Ash Street
Globe, AZ 85501
Phone: (928) 402-8757
Fax: (928) 402-8755



JOB DESCRIPTION

Job Title: Director Health and Community Services

Job Code: 2400

FLSA: Exempt

Effective Date: September 4, 2006

NATURE OF WORK:

Plans, organizes and directs Health and Community Services activities for Gila County and the Tribal REPAC Consortium.

DUTIES AND RESPONSIBILITIES:

- Provides leadership, direction, and guidance to County Health and Community Services including Epidemiology, Public Health Education and Promotion, Bio-terrorism, Public Health Nursing, Environmental Health, Nutrition Services, Re-employment Pre-layoff Assistance, Community Action Program, Housing Rehabilitation, Section 8 Housing, Gila Education and Special Training, Tobacco Education Program, and Divisional Finance Section.
- Develops, evaluates and implements department goals, objectives, policies and procedures; assures departmental activities are in compliance with all laws, policies, regulations, timelines and goals; evaluates and analyzes issues, and recommends and implements solutions to meet the needs of the community; anticipates problems and pursues solutions:
- Directs the managers and staff through appropriate delegation and work supervision; meets regularly with staff to discuss and resolve workload and technical issues; reviews work in progress in order to anticipate technical and management problems; recommends changes to improve the organization's functions and processes; interprets statutes and regulations; ensures compliance with departmental policies and procedures, State and other governmental regulations.
- Hires, supervises and monitors the performance of assigned staff; monitors and authorizes employee time sheets and leave requests; prioritizes and assigns tasks and projects; counsels, coaches, sees to the development of staff and evaluates staff performance; investigates and resolves administrative and operational issues.
- Coordinates Division activities with other County departments, State and Local public health agencies, and other outside agencies and organizations
- Serves as departmental advisor to citizen commissions and provides information on the status of programs; assists commissions in assessing community needs and establishing program priorities; develops and maintains effective inter-agency working relationships with governmental officials at Municipal, County, State, and Federal levels and executives of business, private agencies and community leaders.
- Prepares and presents staff reports; supervises the gathering of information, development of studies and writing of departmental reports.
- Coordinates with various committees and area councils to secure active participation in planning, providing services, and mobilizing community resources; consults with governmental officials, executives of business, private agencies and community leaders regarding health and community service matters.
- Evaluates social service and public health needs in the community; plans and recommends programs and develops funding proposals through the use of grants to meet those needs.
- Directs the development and implementation of partnerships to provide effective communicable disease prevention and controls.
- Develops and monitors department budget, approves budget expenditures; prepares special and recurring reports; prepares and reviews operational analyses of program costs, revenue streams, fees, and revenue enhancement opportunities.
- Plans and coordinates program and facility expansion; provides technical assistance to Program managers regarding planning and budgeting.
- Develops, implements and monitors contracts with service providers; oversees the evaluation of level of services.

This job description indicates in general the nature and levels of work, knowledge, skills, abilities and other essential functions (as covered under the Americans with Disabilities Act) expected of an incumbent. It is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities required of an incumbent. An incumbent may be asked to perform other duties as required.

- Responds to and resolves difficult and sensitive citizen inquiries and complaints.
- Plans, supports and advocates for continuous funding for service programs; researches and writes grant applications.
- Participates on a variety of boards and commissions; attends and participates in professional group meetings; stays abreast regarding new trends and innovations in the field.
- Attend seminars, conferences and meetings to keep up with trends in issues, legislative changes, and may continue education to keep current.

WORKING ENVIRONMENT:

Work is performed in an office environment where the physical demands require sitting for extended periods of time; frequent use of computers and standard office equipment; must be capable of traveling to and from various work locations on a frequent basis to attend meetings.

EMPLOYMENT STANDARDS:

Bachelor's Degree in Public Administration, Sociology or a related field and seven (7) years health and community services administration experience, including three (3) years supervisory/management experience; or equivalent combination of education, training and experience. Master's Degree is desirable.

A valid Arizona Driver's License; County Health Officer Certification; may be required to obtain other certifications.

KNOWLEDGE, SKILLS & ABILITIES REQUIRED:

Knowledge of: Principles and practices of public health and social service administration; methods and standards for delivering public health and community services; processes for planning and delivering health and social service programs; public health and community service issues and trends; grant programs and funding resources; regulations and standards governing health and community service operations and activities; processes for developing and administering budgets; supervisory/management principles, practices and methods.

Ability to: Define problems, collect data, analyze information, and make logical conclusions based on facts; administer public health and community service programs; develop and implement division goals and objectives; assess community needs and establish program priorities; respond to and resolve sensitive/difficult citizen inquiries and complaints; administer division budgets; speak in public and deliver presentations.

Skills in: Supervising, training and coordinating staff; assessing and prioritizing multiple tasks, projects and demands; working within deadlines to complete projects and assignments; understanding and applying program standards and procedures, applicable Federal rules and regulations, and County policies and procedures; assessing and prioritizing multiple tasks, projects and demands; interpreting laws and regulations while assuring compliance with department goals and objectives; interacting with people of different social, economic, and ethnic backgrounds; preparing clear, comprehensive, and accurate reports; effectively communicating in written and verbal forms.



J O B D E S C R I P T I O N

Job Title: Housing Services Assistant

Job Code: 2457

FLSA: Non-Exempt

Effective Date: September 4, 2006

NATURE OF WORK:

Coordinates and performs a variety of administrative tasks for Housing Services Department programs including maintaining program information, ensuring funding availability, interviewing and certifying prospective clients for eligibility and participation. Performs a variety of case management activities to assist low income individuals/families in need of emergency living assistance.

DUTIES AND RESPONSIBILITIES:

- Monitors various housing department funds to ensure availability; interviews and completes applications with clients, certifying participant eligibility; maintains and organizes waiting lists for grant programs; enters client data into database; notifies applicants of status and appointments.
 - Coordinates the housing rehab project; maintains waiting list; interviews and assists clients with the application process and their eligibility updating information as warranted; conducts file reviews for accuracy and information completion and ensures contractor files are maintained in accordance with policy; notarizes contracts between Gila County and Homeowners when a lien has been placed on home when work is being done; prepares proctor announcements for publication in newspapers
 - Coordinates monthly interagency meetings in Globe-Miami, and invites staff from other human services organizations to attend; organizes and coordinates guest speakers; distributes monthly interagency newsletter; compiles mailing list and email contact information and monitors for accuracy.
 - Performs Housing Quality Standards inspections for Section 8 Housing department; assists clients in absence of Manager.
 - Coordinates the Evaporative Cooler Program; takes applications; updates forms, issues and processes vouchers for payment, compiles reports and monitors activities.
 - Coordinates the bi-annual CARE Fair event; performs outreach to social service agencies, maintains participant list, correspondence, supplies and plans and monitors to insure event is successful and in accordance to plan.
 - Administers the Family Care Giver home modification grant program that helps the caregiver with installing ramps, handicap/disabled aids such as bars in bathrooms/showers and other funding for home repair related to utilities; ensures eligibility and appropriate funding for those in need.
 - Conducts client interviews; provides information regarding program services.
 - Prepares and processes case file documentation.
 - Inputs case data into departmental computer; ensures accuracy of client information.
 - Determines client eligibility in accordance with program funding source guidelines and policy.
 - Identifies appropriate funding sources available to clients.
 - Drafts budgets and goals for clients.
 - Schedules and coordinates client appointments; assesses client situation; advises clients regarding required documentation.
 - Prepares vendor vouchers for use by clients.
- Conducts follow up interviews with clients; monitors case progress.

WORKING ENVIRONMENT:

This job description indicates in general the nature and levels of work, knowledge, skills, abilities and other essential functions (as covered under the Americans with Disabilities Act) expected of an incumbent. It is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities required of an incumbent. An incumbent may be asked to perform other duties as required.



J O B D E S C R I P T I O N

Job Title: Housing Services Assistant

Job Code: 2457

FLSA: Non-Exempt

Effective Date: September 4, 2006

Work is performed in an office environment where the physical demands require sitting for extended periods of time; frequent use of computers and standard office equipment with occasional driving; may need to deal with emotional clients. Must be capable of traveling to and from various work locations on a frequent basis to attend meetings. Dealing with a variety of individuals from various socio-economic, ethnic and cultural backgrounds, often when they are distraught or in high-stress situations.

EMPLOYMENT STANDARDS:

High School Diploma or GED and two (2) years community service housing program experience; or equivalent combination of education, and one year Human Services experience; or equivalent combination of education, training and experience.

A valid Arizona Driver's License; Section 8 HCV Housing Quality Standards Specialist, CPR certification, FEMA weatherization training, notary public license.

KNOWLEDGE, SKILLS & ABILITIES REQUIRED:

Knowledge of:

Principles and practices in public sector housing services department; policies and procedures related to area of assignment; maintaining reliable and accurate recordkeeping and documentation for grant programs; office practices and procedures; standard office software applications.

Social services principles and practices; standards and regulations governing social service activities; emergency assistance programs; social service program eligibility requirements; principles and practices of case management; case file documentation; standard office software applications.

Job Title: Housing Services Assistant

Job Code: 2457

Ability to: Communicate effectively orally and in writing, coordinate several projects simultaneously. Provide emergency assistance to low income families and those in crisis; perform skilled case management activities; determine client eligibility; ensure compliance with program funding source guidelines and policy; maintain case file documentation; communicate effectively verbally and in writing.

Skills in: Coordinating County housing services programs and related activities; maintaining accurate and timely documentation and records; using organizational and planning skills with attention to detail and follow through; establishing and maintaining effective working relationships. Conducting a variety of skilled case management functions and providing emergency assistance to the local community.

This job description indicates in general the nature and levels of work, knowledge, skills, abilities and other essential functions (as covered under the Americans with Disabilities Act) expected of an incumbent. It is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities required of an incumbent. An incumbent may be asked to perform other duties as required.



JOB DESCRIPTION

Job Title: Housing Rehabilitation Specialist

Job Code: 2456

FLSA: Non-Exempt

Effective Date: September 4, 2006

NATURE OF WORK:

Coordinates and assesses housing repair, improvement, weatherization and rehabilitation for low income County homeowners; coordinates, awards and inspects the work of contractors.

DUTIES AND RESPONSIBILITIES:

- Performs initial inspections to identify housing problems and determine necessary repair/improvement requirements and assistance to be provided.
- Obtains and utilizes information gathered in the field during energy/safety audits and housing inspections to write a scope of work; ensures scope of work estimates are in line with available funding.
- Coordinates work to be done with contractors and subcontractors; inspects work in progress on job sites; ensures scope of work is maintained and in accordance with relevant codes and regulations; conducts final inspections and project close outs.
- Allocates appropriate funds to each phase of a job.
- Acts as a mediator between contractor and/or clients regarding concerns with work being performed.
- Also reports all concerns to Housing specialist II and documents concerns in case file.
- Completes Quality Control HQS inspections for Housing Choice Voucher program
- Prepares and maintains relevant documentation and records; assists in preparing reports in accordance with program reporting requirements.

WORKING ENVIRONMENT:

Work is performed in a standard office environment and in the field when performing housing inspections; may be exposed to variable weather conditions, mold, dust, rodent/animal feces, and insulation; must be able to crawl through attics and into crawl spaces when conducting housing inspections; standing, walking, bending, crouching, and lifting up to 50 pounds is involved; required to drive a motor vehicle/truck for inspections and visits to residences.

EMPLOYMENT STANDARDS:

High School Diploma or G.E.D. and three (3) years housing rehabilitation or construction trades experience in HVAC, electrical and plumbing; or equivalent combination of education, training and experience.

A Valid Arizona Driver's License; Residential Mechanical Inspectors License; Lead Based Paint Inspectors certification; Combustion Safety Certification; Advanced Air Diagnostics Certification; Section Eight Housing Quality Standards Certification.

KNOWLEDGE, SKILLS & ABILITIES REQUIRED:

Knowledge of: Principles and practices of housing rehabilitation; housing rehabilitation programs and services; housing inspection processes and standards; equipment and tools used in the inspection of housing; codes and regulations governing housing rehabilitation; housing construction and repair processes; HVAC, plumbing and electrical work relevant to housing; bid procedures and processes; housing program documentation and reporting requirements.

This job description indicates in general the nature and levels of work, knowledge, skills, abilities and other essential functions (as covered under the Americans with Disabilities Act) expected of an incumbent. It is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities required of an incumbent. An incumbent may be asked to perform other duties as required.

Job Title: Housing Rehabilitation Specialist

Job Code: 2456

Ability to: Conduct inspections to identify housing problems; determine housing repair/improvement requirements; write scopes of work; ensure work estimates are in line with funding available; allocate appropriate levels of funding for jobs; coordinate contractor/subcontractor work; inspect work in progress and conduct final inspections; ensure compliance with housing codes and safety regulations; mediate client/contractor concerns; review and award bids; prepare and maintain program documentation, records and reports; communicate effectively verbally and in writing.

Skills in: Coordinating housing rehabilitation for low income homeowners and conducting housing inspections.

5492 Pinal Canyon Rd.
Globe, AZ 85501

Tel: (928) 402-8693
Cell: (928) 200-0745

Malissa Buzan

Objective Housing Services all aspects

Experience 1994 to present Gila County Community Services
Division

**1994 – 2003 WAP Tech & Housing Repair
Coordinator**

- Responsible for the day to day field operation of the W.A.P., H.T.F. programs, including energy audits, specification writing for bids and awarding of bids. Responsible for all financial reporting and fund source allocation of each project. Insuring all jobs are done safely and to code compliance. Responsibility also includes supervising contractors on each job to a successful completion.

**▪ 2003-to present Housing Services
Manager**

- Responsible for multiple programs under a created Housing Services Department such as Alternative Septic Systems, Major Home Repair, Emergency Home Repair, Weatherization, Major Utility Weatherization, Medical Adaptations, Section Eight Housing Choice Voucher Program, Senior Cooler and Heating Tune-up Program.
- Funding Sources are Pinal-Gila Area Agency on Aging, Arizona Department of Housing, Department of Economic Security, Arizona Department of Environmental Quality, Arizona Public Service, SouthWest Gas, Salt River Project, Arizona Community Action Association, Housing and Urban Development, Arizona Department of Commerce; Department of Energy.

Education High School Graduate Miami High School

- Computer Skills
Microsoft Word, Excel, etc....
- Have received numerous Housing and Weatherization
- Certifications.

Interests Computers, Working with the Community, Singing, and
Dancing

ESTELLE BELARDE

OBJECTIVE

In the position of Weatherization Admin. Assistant I hope to continue to grow and expand in learning of the Housing Rehabilitation Services.

EXPERIENCE

2003–Present Gila County Housing Department Globe, AZ

Weatherization Admin. Assistant

- Interagency-Coordinates monthly Interagency Meetings in Globe-Miami, and invites staff from human services organizations from Hayden-Winkelamn, and Casa Grande areas to attend meetings. Organizes and coordinates guest speakers to present their program information. Also creates and distributes the Inter-agency newsletter on a monthly basis. Responsible for compiling the mailing list and e-mail's addresses and ensures it is kept current.
- Weatherization Assistance Program-assists the technician with various technical testing of homes. Responsible for taking applications and certifying eligibility of participants for all funding sources. Maintains the waiting list, including sending out correspondence to potential participants informing them of their eligibility status. Coordinates the Evaporative Cooler Program, including taking the applications, certifying eligibility, issuing vouchers, processing vouchers for payment, compiling reports and preparing for monitoring. Responsible for data entry of all client files. Maintain contractor files (performs periodic checks for licensing, insurance). Prepare proctor announcements and submit to local newspapers for publication.
- Housing Rehab (CDBG)-Maintain and organize the waiting list. Completes pre-screening forms to maintain the most current and up to date information on the clients. Assist clients with completing the forms when needed. Sent out all correspondence to the clients on the waiting list, regarding eligibility for the program. Contact clients when their name is up on the list to schedule an application for services. Maintain contractor files (perform periodic checks for licensing, and insurance). Prepare proctor announcements and submit to local newspapers for publication.
- Seciton #8 HCV Housing Quality Standards Specialist- Performs HQS inspections for Section 8 Housing Department. In the absence of the Seciton 8 Program Manager assists clientele.
- Applied for and received through training Notory Public Commission 236251.

2001–2003 Home Depot

Mesa, AZ

Cashier/Sales

- Count money in cash drawers at the beginning of shifts to ensure that amounts are correct and that there is adequate change.
- Issue receipts, refunds, credits, or change due to customers.
- Receive payment by cash, check, credit cards, vouchers, or automatic debits.
- Request information or assistance using paging system. Resolve customers complaints.

- Have an emphasis on department and product knowledge, provide information on product

EDUCATION

- 1989–1992 Eastern Arizona College Globe, AZ
- A.S.S., Business Administration
 - A.S.S., Elementary Education
 - Graduated-Miami High School 1988
 - Currently still taking college courses from Rio Salado in Tempe.

INTERESTS/STRENGTHS

My personal strengths are many. I am definitely a people person; I am very organized; I have a strong work ethic; I am very composed even in chaos; I am honest in every aspect of my life; I have a good sense of humor and enjoy life. I am currently going to school to become a Registered Nurse. I enjoy spending time with family and friends.

GABRIEL E. EYLICIO

OBJECTIVE

To continue and advance in the Housing Rehab field. To seek training and methods of operation that insures a successful completion of each project.

EXPERIENCE

2005 -- Present Gila County Housing Services Globe, Az.

- Housing Rehab Specialist and Weatherization Coordinator
- Responsible for the day to day field operation of the W.A.P., H.T.F. HOME, and CDBG programs, including energy audits, specification writing for bids and awarding of bids. Responsible for all financial reporting and fund source allocation of each project. Insuring all jobs are done safely and to code compliance. Responsibility also includes supervising contractors on each job to a successful completion.
- Have received numerous certifications and training in the Housing and Weatherization field.

1997 -- 2005 Gila county Facilities.

General Maintenance.

- Responsible for the daily building operation of all county facilities 52, including two jails within the county.
- Included all cafeteria and laundry equipment.
- Responsible for all Corporation Commission Gas Safety testing as well as back flow water regulators yearly.
- Did carpentry, welding, plumbing, electrical, insulating, roofing, locksmithing, landscaping excavating, electrical locksmithing, low voltage phones, and av system repairs as needed.

1992 -- 2001 Hospital maintenance Gila County, Az.

- Responsible for the daily operation in maintance.
- Rebuild maintained and repaired boilers, heat exchangers, and evap cooling systems.
- Did carpentry, welding, plumbing, electrical, insulating, roofing, locksmithing, landscaping excavating, electrical locksmithing, low voltage phones, and av system repairs as needed.
- Repaired and maintained elevators including OTIS elevator.

1985 -- 1996 Construction labor / electrician helper

- Did carpentry, plumbing, concert, framing, insulating, drywall, roofing, landscaping excavating, electrical, low voltage phones, door and window setting, and painting.
- Installed electrical meters panels and circuits for outlets lighting and appliances, 120 and 240 volts. Also did some solar electric systems.

EDUCATION

- 1987 -- 1990 Globe High School Globe Az.
- Completed maintenance commercial and residential training for plumbing doors and windows, with minor electrical in 1999
 - Received my certification and registration for locksmithing in 2003.
 - Received my Az. welding certification which has lapsed in 2005.
 - Received various weatherization courses with FASAL 2005.
 - Received my Rehabilitation Management certification 2006.
 - Received many Energy related certs. and combustion safety certification in 2006.
 - Received my BPI certification for Building Analyst 2008.

INTERESTS

Classic cars, motorcycling and outdoors.

BACKGROUND INFORMATION

1. When was your organization formed? Gila County Community Services Division

Indicate the type of entity submitting this offer:

- Government
- Corporation
- Individual
- Partnership
- Sole Proprietorship
- Private Non-Profit Corporation

Yes No Is your organization qualified as a charitable organization under Section 501c(3) of the Internal Revenue Code? Attach a copy of the notification letter from the IRS.

Other: _____

2. Yes No Have any federal or state agency ever made a finding of non-compliance with any civil rights requirements with respect to your service program? **If yes, explain.**
3. Yes No Have you or your organization gone through a bankruptcy, or are there any suits, judgments, tax deficiencies, or claims pending against your or your organization. **If yes, explain.**
4. Yes No Are there lawsuits, judgments, tax deficiencies, or claims pending against you or your organization? Are there judgments, tax deficiencies, or other debts owed to any state by you or your organization? **If yes, explain.**
5. Yes No Have any licenses/certificates held by the entity applying or its officers, directors, partners or key managers ever been denied, revoked, suspended or provisionally issued within the past five years? **If yes, explain.**
6. Yes No Have you or has your organization and/or any of its officers been the subject of criminal investigations or prosecutions? **If yes, were there any convictions?** Yes No **List the offense and the year of the conviction.**
7. Yes No Have you or has your organization terminated any contracts, had any contracts terminated, or been involved in contract lawsuits. **If, yes, explain.**

8. Yes No Do you, your staff, any of your relatives, or voting members of your Board of Directors maintain any ownerships, employments, public and private affiliations or relationships which may have substantial interest (as defined in A.R.S. §38-502) in any contract, sale, purchase or service involving the Department? **If yes, complete and submit a Disclosure of Substantial Interest Statement.**

9. Yes No Have you or any entity you have owned or managed been debarred from contracting.

10. Yes No Does your organization have an internal budget development and approval process. **If yes, please explain. (If needed, attach a separate sheet.)**

Budgets are developed by Program, Fiscal and Administrative Staff. Process begins with budgets developed at the department level, then departments meet with the Gila County Management Team to review proposed budgets. Budgets are then loaded into the financial database and forwarded on for approval by the Gila County Finance Director and then on to be adopted by the Board of Supervisors.

11. Yes No Does your organization track its ongoing financial status against the approved budget? **If yes, please explain. (If needed, attach a separate sheet.)**

Gila County tracks all ongoing financial transactions through its financial database called "New World". Budgets are monitored regularly as part of the monthly request for payment. Line item budgets are reviewed on a monthly basis, through the revenue and reports. Both GL and Project are reviewed and reconciled and tracked against approved budget.

12. Yes No Have steps been taken to assure use of bilingual public contact employees to permit effective participation by clients unable to speak or understand English? **Please explain.**

We currently have two staff members who can interpret and speak Spanish. They will be asked to assist with any person who is unable to speak or understand English.

14. Yes No Are services accessible to deaf and blind individuals? **Please explain.**
Gila County currently has a TTY system for communicating with deaf individuals.

16. List any other agencies, including DES, with which you or your organization has had written agreements, grants or contracts. Indicate services provided and years of service. *(If needed, attach a separate sheet.)*

Currently we have contracts with: Arizona Department of Housing for 15 + years; Arizona Department of Economic Security/Community Services for over 20 years; Arizona Community Action Association for over 20 years; Arizona Office of Energy Policy for over 20 years; Arizona Public Service Company for approximately 20 years; Salt River Project for at least 15 years.

17. Does your organization have the following manuals?

	YES	NO	DATE OF LAST REVISION
Program Policy & Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Oct. 2012 & as needed</u>
Personnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2012 and ongoing</u>
Accounting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2012 and ongoing</u>

18. On a separate sheet provide a summary of the organization to include the mission statement, signification organizational changes **within the past 2 years**, and describe previous organizational experience that qualifies the organization to deliver the services proposed. **(One page, 12 font, single space)**

Our mission is to "improve the quality of life for all residents, one life at a time." We have had very few organizational changes within the past 2 years. In October 2010, Gila County Community Services Division had a minor reorganization under the Directorship of David Fletcher, which resulted in one layer of upper management being eliminated. Mr. Fletcher retired in November 2012. Malissa Buzan has been appointed Interim Director of the Community Services Division, and will continue in the position until a new director is hired.

Gila County has had various contracted services from Pinal Gila Council for Senior Citizens for over 15 years and have always provided the best quality program that we could. Our residents know that if they have special needs that they can call our office and receive help, whether it be in the form of direct services or advocacy and referral, we ensure they find the help that they are looking for.

ATTACHMENT TO DES SPECIAL TERMS AND CONDITIONS

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Gila County Community Services Division

Name of Agency/Organization:

Michael A. Pastor, Chairman Gila County Board of Supervisors

Name and Title of Authorized Representative

Signature

Date

Certification Regarding:

Debarment, Suspension, Ineligibility and Voluntary Exclusion

Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549-Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participant's responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ ATTACHED INSTRUCTIONS WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)

- (1) The prospective recipient of federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a federal department or agency.
- (2) Where the prospective recipient of federal assistance funds is unable to certify any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Gila County Community Services Division
Name of Agency/Organization

Michael A. Pastor, Chairman Gila County Board of Supervisors
Name and Title of Authorized Representative

Signature

Date

Instructions for Certification

1. By signing and submitting this document, the prospective recipient of federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the DOL may pursue available remedies including suspension and/or debarment.

**Management Letter
And
Auditor's Opinion
2011**

**Gila County has not received the 2012 Audit
Report at this time.**

Gila County
Annual Financial Report
Year Ended June 30, 2011



CliftonLarsonAllen LLP
www.cliftonlarsonallen.com

Independent Auditors' Report

The Auditor General of the State of Arizona

The Board of Supervisors of
Gila County, Arizona

We have audited the accompanying financial statements of the governmental activities, business-type activities, each major fund, and the aggregate remaining fund information of Gila County (the County), as of and for the year ended June 30, 2011, which collectively comprise the County's basic financial statements as listed in the table of contents. These financial statements are the responsibility of the County's management. Our responsibility is to express opinions on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinions.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, business-type activities, each major fund, and the aggregate remaining fund information of Gila County, as of June 30, 2011, and the respective changes in financial position thereof for the year then ended in conformity with accounting principles generally accepted in the United States of America.

As described in Note 1, the County implemented the provisions of the Governmental Accounting Standards Board Statement No. 54, *Fund Balance Reporting and Governmental Fund Type Definitions* for the year ended June 30, 2011, which represents a change in accounting principle. In addition, as described in Note 10, the County reclassified the Landfill Fund, previously reported in the General Fund, as a proprietary enterprise fund, which represents an additional change in accounting principle.

In accordance with *Government Auditing Standards*, we have also issued our report dated March 14, 2012, on our consideration of the County's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

The management's discussion and analysis on pages 3 through 11, the Schedule of Agent Retirement Plans' Funding Progress on pages 51 and 52, and budgetary comparison information on pages 53 through 57, are not required parts of the basic financial statements, but are supplementary information required by the Governmental Accounting Standards Board. We have applied certain limited procedures, which consisted principally of inquires of management regarding the methods of measurement and presentation of the required supplementary information. However, we did not audit the information and express no opinion on it.



CliftonLarsonAllen LLP

Mesa, Arizona
March 14, 2012

Gila County
Management's Discussion and Analysis
June 30, 2011

As management of Gila County, we offer readers of the County's financial statements this narrative overview and analysis of the financial activities of the County for the fiscal year ended June 30, 2011. We encourage readers to consider the information presented here in conjunction with the financial statements.

Financial Highlights

- The assets of the County exceeded its liabilities at the close of the current fiscal year by \$70,839,971 (net assets). Of this amount, \$22,225,011 (unrestricted net assets) may be used to meet the government's ongoing obligations to citizens and creditors.
- As of the close of the current fiscal year, the County's governmental funds reported combined ending fund balances of \$40,286,990, a decrease of \$819,014 in comparison with the prior year's balance of \$41,106,004 (as restated).
- At the end of the current fiscal year, unassigned fund balance for the general fund was \$22,375,083 or 47% of total general fund expenditures.
- The County's total long-term liabilities decreased by a net of \$131,966 during the current fiscal year in comparison with the prior year's balance of \$11,924,376. The decrease was a result of regular scheduled principal and interest payments.
- The prior year financial statements were restated as a result of the implementation of GASB Statement Number 54. The restatement included moving Special Revenue Funds that did not have restricted, committed or assigned fund balances to the General Fund and moving the landfill from a governmental fund to an enterprise fund. See Note 10 in the notes to the financial statements for further disclosure related to the restatement.

Overview of the Financial Statements

This discussion and analysis is intended to serve as an introduction to the County's basic financial statements. The County's basic financial statements comprise three components: 1) government-wide financial statements, 2) fund financial statements, and 3) notes to the financial statements. Required supplementary information is included in addition to the basic financial statements.

Government-wide financial statements are designed to provide readers with a broad overview of the County's finances in a manner similar to a private sector business.

The *statement of net assets* presents information on all of the County's assets and liabilities, with the difference between the two reported as net assets. Over time, increases or decreases in net assets may serve as a useful indicator of whether the financial position of the County is improving or deteriorating.

Gila County
Management's Discussion and Analysis
June 30, 2011

The *statement of activities* presents information showing how net assets changed during the fiscal year. All changes in net assets are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows (full accrual accounting). Thus, revenues and expenses are reported in this statement for some items that will result in cash flows in future fiscal periods (e.g., uncollected taxes and earned but unused vacation leave). The statement of activities distinguishes functions of the County that are principally supported by taxes and intergovernmental revenues from other functions that are intended to recover all or part of their costs through user fees and charges.

The governmental activities of the County include general government; public safety; highways and streets; health; welfare; sanitation; culture and recreation; and education.

The government-wide financial statements not only include the County itself (known as the primary government), but also the legally separate Gila County Library District and Street Lighting Districts which function for all practical purposes as departments of the County, and therefore have been included as an integral part of the County. The business-type activities account for landfill operations.

The government-wide financial statements can be found on pages 13 through 14 of this report.

Fund financial statements are groupings of related accounts that are used to maintain control over resources that have been segregated for specific activities or objectives. The County, like other state and local governments, uses fund accounting to ensure and demonstrate finance-related legal compliance. All of the funds of the County can be divided into three categories: governmental funds, proprietary funds, and fiduciary funds.

Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, the governmental funds statements focus on near-term inflows and outflows of spendable resources as well as the balances of spendable resources available at the end of the fiscal year. Such information may be useful in evaluating the County's near-term financial position.

Because the focus of governmental funds statements is narrower than the government-wide statements, it is useful to compare the information presented for governmental funds with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the government's near term financing decisions. Both the governmental funds balance sheet and the governmental funds statement of revenues, expenditures, and changes in fund balances include a reconciliation to facilitate this comparison between *governmental funds* and *governmental activities*. The County maintains numerous individual governmental funds. Information is presented separately in the governmental funds balance sheet and in the governmental funds statement of revenues, expenditures, and changes in fund balances for three funds that are considered to be major funds, General, Public Works, and Housing Funds. Data from the other governmental funds is combined into a single, aggregated presentation.

The basic governmental fund financial statements can be found on pages 15 through 18 of this report.

Gila County
Management's Discussion and Analysis
June 30, 2011

Proprietary Funds are used to report the same functions presented as business-type activities in the government-wide financial statements. The County uses an enterprise fund to account for landfill operations. The proprietary fund financial statements can be found on pages 19 through 21 of this report.

Fiduciary Funds are used to account for resources held by the County for the benefit of parties outside the government. Fiduciary funds are not reflected in the government-wide financial statements because the resources of those funds are not available to support the County's own operations. The accounting used for fiduciary funds is much like that used for proprietary funds. The basic fiduciary funds financial statements can be found on pages 22 and 23 of this report.

Notes to the financial statements provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements can be found on pages 24 through 49 of this report.

Required supplementary information presents budgetary comparison schedules for the general and major special revenue funds. This section also includes certain information concerning the County's progress in funding its obligation to provide pension benefits to its employees. Required supplementary information can be found on pages 51 through 57 of this report.

Government-wide Financial Analysis

Statement of Net Assets

As noted earlier, net assets may serve over time as a useful indicator of a government's financial position. At the close of the fiscal year, the County's assets exceeded liabilities by \$70,839,971.

Condensed Statement of Net Assets
(in thousands)
June 30, 2011 and 2010

	Governmental Activities		Business-Type Activities		Total	
	2011	2010 (Restated)	2011	2010 (Restated)	2011	2010 (Restated)
Current and Other Assets	\$ 45,622	\$ 46,327	\$ 5,886	\$ 5,301	\$ 51,508	\$ 51,628
Capital Assets	31,166	25,830	3,975	4,029	35,141	29,859
Total Assets	76,788	72,157	9,861	9,330	86,649	81,487
Current Liabilities	3,954	3,995	63	55	4,017	4,050
Long-term Liabilities	9,003	9,296	2,789	2,628	11,792	11,924
Total Liabilities	12,957	13,291	2,852	2,683	15,809	15,974
Net Assets:						
Invested in Capital Assets, Net of Related Debt	24,776	23,058	3,918	4,029	28,694	27,087
Restricted	18,155	4,688	1,766	1,470	19,921	6,158
Unrestricted	20,900	31,120	1,325	1,148	22,225	32,268
Total Net Assets	\$ 63,831	\$ 58,866	\$ 7,009	\$ 6,647	\$ 70,840	\$ 65,513

Gila County
Management's Discussion and Analysis
June 30, 2011

The second largest portion of Gila County's net assets is unrestricted. Unrestricted net assets of \$22,225,011 or 31% may be used to meet Gila County's ongoing obligations to citizens and creditors. The largest portion is \$28,694,268 or 41% of the total net assets that reflects its investment in capital assets (e.g. land, buildings, equipment, vehicles and infrastructure); less accumulated depreciation and any related debt and used to acquire those assets that is still outstanding.

The County uses these capital assets to provide services to citizens; consequently, these assets are not available for future spending. Although the County's investment in its capital assets is reported net of related debt, it should be noted that the resources needed to repay this debt must be provided from other sources, since the capital assets themselves cannot be used to liquidate these liabilities.

At the end of the current fiscal year, the County is able to report positive balances in all three categories of net assets for the government as a whole.

Assets of the County increased by \$5.3 million. The most significant increase was the result of the acquisition of capital assets in the amount of \$7.6 million, net of \$2.3 million in depreciation and loss on disposal of capital assets. Capital asset additions consisted largely of the use of prior year bond proceeds to fund various County building and street projects. The increase in capital assets is discussed later in this discussion and analysis.

The County had a net change in net assets of \$5.0 million in the governmental activities. The decrease in the unrestricted net assets is largely due to the current year changes in revenues and expenses. A significant portion of the decrease was a reclassification of net assets from unrestricted to restricted based on restrictions placed on the net assets by parties outside the organization. The remaining changes in restricted and unrestricted net assets is discussed in the following section.

The 2010 statement of net assets and changes in net assets was restated to move the Landfill from a governmental fund to an enterprise fund, as described in Note 10 to the financial statements.

Statement of Activities

Already noted was the statement of activities purpose in presenting how the government's net assets changed during the current fiscal year. For the fiscal year, net assets increased by \$5,326,489. The basis of accounting used in the government-wide statement of activities excludes capital expenditures while its revenues include taxes that are used, in part, for the construction of those assets. The following table presents the change in net assets.

Gila County
Management's Discussion and Analysis
June 30, 2011

Changes in Net Assets
(in thousands)
Years Ended June 30, 2011 and 2010

	Governmental Activities		Business-Type Activities		Total	
	2011	2010 (Restated)	2011	2010 (Restated)	2011	2010 (Restated)
Revenues						
<i>Program Revenues</i>						
Charges for Services	\$ 4,800	\$ 5,430	\$ 1,572	\$ 1,580	\$ 6,372	\$ 7,010
Grants and Contributions	22,535	21,998	-	-	22,535	21,998
<i>General Revenues:</i>						
Property Taxes	25,343	23,779	-	-	25,343	23,779
County Sales Tax	5,457	5,489	-	-	5,457	5,489
Share of State Sales Tax	4,378	4,196	-	-	4,378	4,196
Vehicle License Tax	1,559	1,579	-	-	1,559	1,579
Payments in Lieu of Taxes	3,226	3,267	-	-	3,226	3,267
Miscellaneous	1,708	1,031	71	48	1,779	1,079
Total Revenues	69,006	66,769	1,643	1,628	70,649	68,397
Expenses						
General Government	20,331	21,068	-	-	20,331	21,068
Public Safety	16,902	16,339	-	-	16,902	16,339
Highways and Streets	8,059	6,564	-	-	8,059	6,564
Health	2,556	2,609	-	-	2,556	2,609
Welfare	9,718	10,156	-	-	9,718	10,156
Sanitation	98	21	1,184	1,027	1,282	1,048
Culture and Recreation	1,443	1,343	-	-	1,443	1,343
Education	4,689	2,782	-	-	4,689	2,782
Interest on Long-term Debt	342	298	-	-	342	298
Total Expenses	64,138	61,180	1,184	1,027	65,322	62,207
Change in Net Assets Before Transfers	4,868	5,589	459	601	5,326	6,190
Transfers	97	-	(97)	-	-	-
Change in Net Assets	4,965	5,589	362	601	5,326	6,190
Net Assets, Beginning of the Year (As Restated)	58,866	53,277	6,647	6,046	65,513	59,323
Net assets, End of the Year	\$ 63,831	\$ 58,866	\$ 7,009	\$ 6,647	\$ 70,840	\$ 65,513

Revenues

Governmental activities revenues totaled \$69,006,352 for fiscal year 2011 which was an increase of over 3% from the prior year. Grants and contributions and property taxes accounted for the most significant increases in revenue. The increase in grants and contributions was largely due to the recording of \$1.9 million in grants from the U.S. Department of Agriculture that were paid to subrecipients, which was offset by decreases in various other federal funding, including a reduction in the workforce improvement grant (\$475,000) and decreases in various state funding, including grants for the sheriff's office (\$305,000) and state funded health care grants (\$333,000). The increase in property taxes was due to increased property tax rates and an increase in the current year levy.

Charges for services, county sales tax, state sales tax, state vehicle license tax, payments in lieu of taxes, and miscellaneous revenues remained relatively stable as compared to the prior year.

Business-type activities' revenues did not change significantly over the prior year. A majority of the revenue generated by the business-type activities is done through contracts with other political subdivisions for use of the landfill.

Gila County
Management's Discussion and Analysis
June 30, 2011

Expenses

Governmental activities expenses totaled \$64,139,319 for fiscal year 2011, which represents an increase of 4% over the prior year's total expenses. Increases were the result of increased salaries and related costs, as well as increased costs to run the departments. In addition, as a result of increased funding through grants, expenses increased in an amount equal to the revenues for reimbursable type grants.

The most significant changes in expenses were recorded in highways and streets, welfare, and education. Highways and streets increased \$1.5 million largely due to a \$1.4 million highway planning grant and approximately \$100,000 from the department of agriculture grant for road improvements. These grants were combined and the roadway projects were completed and administered by the Arizona Department of Transportation. The roadway was on federal land and therefore was not capitalized by the County. Roadway projects included the Young Road Project, the Ice House Bridge and the Tonto Creek Bridge.

The decrease in the welfare expenses was due to a reduction in the workforce improvement grant of \$475,000 and services provided.

The increase in the education expense was due to \$1.9 million of forest fee revenues received by the County and recorded as an expense for distribution to school districts who are subrecipients of the grant.

Business-type activities' expenses slightly increased due to salary increases and salary related costs, as well as an increase in depreciation expense.

Financial Analysis of the Government's Funds

As noted earlier, the County uses fund accounting to ensure and demonstrate finance-related legal compliance.

Governmental funds

The focus of the County's governmental funds is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the County's financing requirements. In particular, unreserved fund balance may serve as a useful measure of a government's net resources available for spending at the end of the fiscal year.

As of the end of the current fiscal year, the County's governmental funds reported combined ending fund balances of \$40,286,990, a decrease of \$819,014 in comparison with the prior year's balance of \$41,106,004 (as restated).

The general fund is the chief operating fund of the County. At the end of the current fiscal year, fund balance of the general fund was \$24,610,525, a decrease of 6% over the prior year's balance of \$26,208,491 (as restated). The decrease was largely due to the use of prior year bond proceeds recorded in the General Fund for various County facilities. The County reported more than \$5.8 million in capital expenditures related to these projects and other capital purchases. The \$5.8 million in capital expenditures were offset by increased property tax revenues and other intergovernmental revenues. Expenditures of the General Fund increased over the prior year in most departments due to increased salary and related costs and increased costs in operations of the departments. A portion of the increase in expenditures was offset by grants recorded in the General Fund, causing a zero net effect on fund balance.

Gila County
Management's Discussion and Analysis
June 30, 2011

The public works fund reported an increase in fund balance of approximately \$0.8 million. Overall, actual public works fund expenditures were under budget by \$6,857,689. This increase was relatively equal to the prior year increase in public works, before transfers. The public works revenues and expenditures did not significantly change from the prior year. The carryover will be used for future street and roadway capital and maintenance projects.

The Housing Fund reported an increase in fund balance of \$48,779. Generally, expenditures of the Housing Fund are funded 100 percent by grants and donations. The increase was due to unspent grant funds that will be carried forward to cover future costs.

Other Governmental Funds reported a decrease in fund balance of \$105,193. The decrease was largely due to the use of carryover grant funds that do not operate on a reimbursable basis.

Proprietary Fund

The Landfill didn't have a significant change in fund net assets for the fiscal year 2011.

General Fund Budgetary Highlights

The general fund had budgeted expenditures before other financing sources and uses of \$57,897,594. Overall, actual general fund expenditures were under budget by \$10,778,768. The County had budgeted \$9,600,000 for reserves and contingencies, none of which was spent during the current fiscal year, accounting for more than 89 percent of expenditures under budget. The Education department had budgeted expenditures of \$402,148 while actual expenditures were over budget by \$1,589,874 due to a change in recording federal grants passed through to subrecipients. Grants passed through to subrecipients were recognized as revenues and corresponding expenditure. The most significant grant affecting this line item was for the Secure Payments for State and Counties Containing Federal Lands Grant. This also accounted for much of the favorable variance in intergovernmental revenues, along with a favorable variance for auto lieu (\$50,000), state shared sales tax (\$177,000) and payments in lieu of taxes (federal grant-\$25,000). Property taxes exceeded budget by \$1,070,000 due collections of delinquent property taxes. The County had budgeted for property taxes according to the current year levy.

The significant County departments and other budgeted line items over budget are the Education-\$1,589,874, County Attorney \$292,570 and Probation-\$222,588. The County will strive to improve its budgeting procedures and control in the future.

Capital Asset and Debt Administration

Capital Assets

The County's investment in capital assets for its governmental activities as of June 30, 2011, amounts to \$31,165,650 (net of accumulated depreciation), a net increase of 20.7% from the prior year. Capital assets for the business-type activities as of June 30, 2011 amount to \$3,975,371. This investment in capital assets includes land, construction in progress, buildings, machinery and equipment and infrastructure assets (roads, highways, bridges, etc).

Gila County
Management's Discussion and Analysis
June 30, 2011

Major capital asset activity during the fiscal year included:

Governmental Activities:

- \$3.4 million in additions to construction in progress for the public works complex and administrative building improvements.
- \$837,754 in additions to construction in progress for the Tonto Creek Bridge.
- \$615,514 in additions to construction in progress for the woman's jail dormitory.
- \$515,081 in additions to construction in progress for the cafeteria remodel.
- Completion of the disabled access improvements, including \$227,694 in current year costs.
- \$500,285 in the acquisition of twenty-two vehicles.

Business-type Activities:

- \$75,525 lease-purchase of a caterpillar wheel loader.

The following table provides a breakdown of the County's capital assets as of June 30, 2011 and 2010.

Capital Assets at Year-End
(Net of Accumulated Depreciation)
(in thousands)
June 30, 2011 and 2010

	Governmental Activities		Business-Type Activities		Total	
	2011	2010 (Restated)	2011	2010 (Restated)	2011	2010 (Restated)
Land	\$ 1,178	\$ 1,100	\$ 3,000	\$ 3,000	\$ 4,178	\$ 4,100
Construction in Progress	8,682	3,635	-	-	8,682	3,635
Buildings	7,300	7,396	-	-	7,300	7,396
Improvements Other than Buildings	760	719	-	-	760	719
Machinery and Equipment	5,806	5,392	920	973	6,726	6,365
Infrastructure	7,440	7,588	55	56	7,495	7,644
Total Capital Assets, Net	\$ 31,166	\$ 25,830	\$ 3,975	\$ 4,029	\$ 35,141	\$ 29,859

Additional information on the County's capital assets can be found in Note 5 on pages 33 through 34 of this report.

Long-term Debt

At the end of the current fiscal year, the County had total bonded debt outstanding of \$7,510,000 (excluding the premium on the bonds). This outstanding balance consists of series 2009 pledged revenue refunding obligations of \$1,070,000 (bond premium of \$31,324) to refund the outstanding 1999 series certificates of participation and series 2009 pledged revenue obligations of \$6,440,000 (bond premium of \$177,047) to finance construction costs for several County buildings. The County had long-term capital leases of \$27,059 for machinery and computer equipment which were paid off during the current fiscal year.

Business-type long term liabilities consist of the landfill closure and post-closure care costs of \$2,706,670 and an equipment lease in the amount of \$57,380.

Gila County
Management's Discussion and Analysis
June 30, 2011

State statutes limit the amount of general obligation debt a county may issue to 6 percent of its total assessed valuation. The current debt limitation for the County is \$36,567,597. Since the County has no general obligation debt, this amount equals the debt capacity. Additional information on long-term debt can be found in Note 7 on pages 35 through 38 of this report.

Economic Factors and Next Year's Budgets and Rates

The unemployment rate for Gila County was 10.9 percent at June 30, 2011 and has dropped to 10.0% in December 2011, which is a decrease from a rate of 11.1 percent a year ago. This compares unfavorably to the state's average unemployment rate of 9.5 to 9.6 percent. These economic factors were considered in preparing the County's budget for the fiscal year 2010-11. The unassigned ending fund balance in the general fund of \$22,375,083 was appropriated for spending in the fiscal year 2011-12 budget.

Requests for Information

This financial report is designed to provide a greater overview of Gila County's finances for all those with an interest in the government's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed as follows:

Finance Director
Gila County
1400 Street
Globe, Arizona 85501-1483



State of Arizona Substitute W-9 & Vendor Authorization Form

Purpose: Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

Instructions: Complete form if

1. You are a U.S. person (including a resident alien);
2. You are a vendor that provides goods or services to an Arizona state agency; **AND**
3. You will receive payment from the State of Arizona.

Return completed form to the state agency with whom you do business, for review and authorization.

See instructions below or refer to the IRS instructions at www.irs.gov for details on completing this form.

Type of Request (Must select at least ONE)

New Request New Location (Additional Mail Code) Change (Select the type(s) of change from the following:

Tax ID Legal Name Entity Type Minority Business Indicator
 Main Address Remittance Address Contact Information

Taxpayer Identification Number (TIN) (Provide ONE Only)

Social Security Number (SSN) [] - [] - [] OR Federal Employer Identification Number (FEIN) 86 - 6000444

Entity Name Must Provide Legal Name (*Must match SSN or FEIN given. If Individual or Sole Proprietorship enter First, Middle, Last Name.)

Legal Name* Gila County Courthouse

Entity Type Must Select One of the Following (Coding (X#) is for Internal Purposes Only)

Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (6I) State of Arizona employee (1E) STATE HRIS EIN []

Corporation NOT providing health care, medical or legal services (5A) LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)

Corporation providing health care, medical or legal services (5M) LLC, PLLC organized as corporation providing health care, medical or legal services (5M)

Partnership, LLP or Partnership organized as LLC or PLLC (5C) A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)

An international organization or any of its agencies/instrumentalities (5U) Other: Tax Reportable Entity (5P) Description []

The US or any of its political subdivisions or instrumentalities (2G) Other: Tax Exempt Entity (5H)

Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only)

Small Business (01) Small, Woman Owned Business- Hispanic (31) Minority Owned Business- African American (04)

Small Business- African American (23) Small, Woman Owned Business- Native American (33) Minority Owned Business- Asian (32)

Small Business- Asian (24) Small, Woman Owned Business- Other Minority (11) Minority Owned Business- Hispanic (74)

Small Business - Hispanic (25) Woman Owned Business (03) Minority Owned Business- Native American (15)

Small Business- Native American (27) Woman Owned Business- African American (17) Minority Owned Business- Other Minority (02)

Small Business- Other Minority (05) Woman Owned Business- Asian (18) Non-Profit, IRC §501(c) (88)

Small, Woman Owned Business (06) Woman Owned Business- Hispanic (19) Non-Small, Non-Minority or Non-Woman Owned Business (00)

Small, Woman Owned Business- African American (29) Woman Owned Business- Native American (21)

Small, Woman Owned Business- Asian (30) Woman Owned Business- Other Minority (08) Individual, Non-Business (00)

Main Address Where tax information and general correspondence is to be mailed **Remittance Address** Where payment is to be mailed Same as Main

DBA\Branch\Location [] DBA\Branch\Location []

Address 1400 East Ash Street Address 5515 South Apache Ave., Suite 200

City Globe State AZ-ARIZONA Zip code 85501 City Globe State AZ-ARIZONA Zip code 85501

Vendor Contact Information

Name Malissa Buzan Title Interim Director

Phone # (928) 402-8693 Ext. [] Fax (928) 425-9468 Email mbuzan@co.gila.az.us

Certification Exempt from backup withholding

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
3. I am a U.S. person (including U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature *Malissa Buzan* Title Interim Director Date 2-25-13

STATE OF ARIZONA AGENCY USE ONLY - AGENCY AUTHORIZATION VENDOR: DO NOT WRITE BELOW THIS LINE

State HRIS EIN [] Print Name [] Signature []

AGY [] Title [] Phone # [] Email [] Date []

STATE OF ARIZONA GAO USE ONLY VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

IRS TIN Matching Corporation Commission Vendor Number [] Processed by [] Date Processed []

HRIS GAO-03 Other

Instructions for the State of Arizona Substitute W-9 & Vendor Authorization Form

General instructions:

1. Form GAO-W-9 should be completed by computer (electronically).
2. Vendor must type or legibly print all 'Required' fields and submit to the State of Arizona agency they do business with for their review and authorization of the form.

Specific instructions:

Type of Request

Select the type of request being made. Select only one, the choices are: 1) New Request, 2) New Location or 3) Change. If selecting Change, please identify what fields have changed since the previous submission. Check all changes that apply: Tax ID, Legal Name, Entity Type, Minority Business Indicator, Main Address, Remittance Address or Contact Information.

Taxpayer Identification Number (TIN)

Social Security Number (SSN) OR Federal Employer Identification Number (FEIN)

Required. Enter your 9 digit Social Security Number (SSN) OR Federal Employer Identification Number (FEIN). This is your Taxpayer Identification Number (TIN) as assigned by the Internal Revenue Service (IRS) or Social Security Administration (SSA).

Entity Name

Legal Name

Required. Enter the name corresponding to the TIN given. Name must be the same as registered with the Internal Revenue Service (IRS) or Social Security Administration (SSA).

- **Individuals:** Enter First Name, Middle Name, Last Name
- **Sole Proprietorships:** Enter First Name, Middle Name, Last Name
- **ALL Others:** Enter Legal Name of the Business.

Entity Type

Required. Check only ONE entity type for the TIN given. If State of Arizona employee is selected, you must provide your State of Arizona Human Resources Information Solution (HRIS) Employee Identification Number (EIN). Board Members should select State of Arizona employee only if they have a State of Arizona HRIS EIN, otherwise select Individual/Sole Proprietor. If "Other" is selected, please provide a Description for your business.

Minority Business Indicator

Required. Select the most detailed description for your business. Only one selection can be made. If none apply, select the second from last description of Non-small, Non-Minority or Non-Women Owned Business (00). For non-businesses, please select the last option of Individual, Non-Business (00).

To be classified as a Small, Minority, Women-owned, or Disadvantaged Business Enterprises, a company must meet all qualifying standards and be at least 51 percent owned, operated, and controlled by the qualifying person or persons. For additional information and definitions, refer to the following web site:

<http://www.azcommerce.com/BusAsst/SmallBiz/SBS/K1/Home.htm>

Main Address-Required and Remittance Address-Optional Check 'Same as Main' if the Remit to Address is the same as the Main Address entered.

Doing Business As (DBA)\Branch\Location

Optional. For the remittance address, enter a DBA, branch name or location, if applicable. Also enter any continuation of the Name or Business Name if needed.

Instructions for the State of Arizona Substitute W-9 & Vendor Authorization Form

Main Address cont.-Required and Remittance Address-Optional Check 'Same as Main' if the Remit to Address is the same as the Main Address entered.

Address

Required. Enter under the 'Main Address' an address where tax information and general correspondence is to be mailed. Enter under Remittance Address an address where payments should be made. Foreign addresses should enter full address here.

City

Required. Enter your city.

State

Required. Select your state from the drop-down list. If you are using an address outside of the U.S., select XX- Foreign address.

Zip code

Required. Enter your 5 digit zip code. A 4 digit add on is optional. If completing online, do not enter a dash. If foreign address, do not complete field and enter full address in the address line.

Contact Information-Required

Name

Required. Enter contact name. The person indicated will be contacted for payment related questions or issues.

Title

Optional. If the form is completed on behalf of a business, please enter your title.

Phone#

Required. Enter the contact's phone number including area code. If competing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

EXT

Optional. Enter the contact's phone number extension, if applicable.

email

Optional. Enter the contact's email address. Must be in the format: email@address.com.

Fax

Optional. Enter the contact's fax number. If completing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

Certification

Exempt from backup withholding

Optional. Check box if you are exempt from backup withholding (Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments). Refer to IRS W-9 instructions for additional information.

Signature

Required. Signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

Title

Required. Enter the title of the person who signed/certified the form.

Current Date

Required. This field will default to the current date if form is completed electronically.

Do not complete any remaining fields; they are reserved for use by the State of Arizona.

Additional Information

For additional information concerning certification requirements for the substitute W-9 form, refer to the instructions for the Internal Revenue Service form W-9 at: www.irs.gov.

ITEMIZED SERVICE BUDGET

FOR CONTRACT SERVICE: Minor Home Repair
PROVIDER NAME: Gila County Division of Health and Community Services
Contract Period: 7/01/2013 to 6/30/2014

I. PERSONNEL

Number of Positions	FTE Level	Position Title	Salary for Contract Period	% Allocated to Service	Service Cost
1	1	Housing Services Manager	\$-0-	\$ 0	-0-
1	1	Davis Bacon Clerk	\$-0-	\$0	-0-
1	1	Admin. Assistant	\$-0-	\$0	-0-
1	1	Housing Rehab Spec.	\$-0-	\$0	-0-
TOTAL PERSONNEL COST:					<u>\$-0-</u>

II. EMPLOYEE RELATED EXPENSES

Item	Basis	Service Cost
TOTAL EMPLOYEE RELATED EXPENSES		<u>\$-0-</u>

III. PROFESSIONAL AND OUTSIDE SERVICES

Item	Basis	Service Cost
N/A		
TOTAL PROFESSIONAL & OUTSIDE SERVICES		<u>-0-</u>

IV. TRAVEL

Item	Basis	Service Cost
TOTAL TRAVEL:		<u>\$-0-</u>

V. SPACE

Item	Basis	Service Cost
N/A		
TOTAL SPACE EXPENSES		<u>-0-</u>

VI. EQUIPMENT

<u>Item</u>	<u>Basis</u>	<u>Service Cost</u>
N/A		
	TOTAL EQUIPMENT EXPENSES	<u>-0-</u>

VII. MATERIALS AND SUPPLIES

<u>Item</u>	<u>Basis</u>	<u>Service Cost</u>
General Office Supplies	\$26.65/mo x 12 mo = \$320.00	\$ 320.00
Postage		
	TOTAL MATERIALS AND SUPPLIES:	<u>\$ 320.00</u>

VIII. OPERATING SERVICES

<u>Item</u>	<u>Basis</u>	<u>Service Cost</u>
N/A		
	TOTAL OPERATING SERVICES	<u>-0-</u>

IX. INDIRECT COSTS

<u>Item</u>	<u>Basis</u>	<u>Service Cost</u>
	TOTAL INDIRECT COSTS	<u>\$-0-</u>

X. DIRECT SERVICES

<u>Item</u>	<u>Basis</u>	<u>Service Cost</u>
Home Repair and Renovation	24 clients @ \$250.00 each	\$6,000.00
	TOTAL DIRECT SERVICES COSTS	<u>\$6,000.00</u>

Fund Sources:

Pinal-Gila Council for Senior Citizens	\$6,320.00
--	------------

6. Non-Federal and Other Resources

Identify in the space provided the various Non-Federal and any other resources that will be reported as revenues for each service proposed.

SERVICE: Minor Home Repair			
Non Federal Resources (identify by resource name, such as United Way, fund raiser, County, City, etc.)			
Name	Cash	In-Kind	Amount
Utility Repair, Replacement & Deposit Assistance	x		22,000.00
Southwest Gas Corp	x		7,000.00
Arizona Public Service Co.	x		90,000.00
Other Resources (identify by resource name, such as FIMA, Title V etc.)			
Name	Cash	In-Kind	Amount

PINAL-GILA COUNCI FOR SENIOR CITIZENS
CONTRACT OPERATING BUDGET

Agency Name: Gila County Community Services Division		Contract Number:		FOR PERIOD From: July 1, 2013 To: June 30, 2014			Prepared by: Malissa Buzan		Date: Feb. 15, 2013	
Services		Minor Home Repair							GRAND TOTAL	
Totals		6,320		0			0		6,320	
AREA AGENCY CEILING		6,320							6,320	
TITLE V									0	
U.S.D.A.									0	
ALTCS									0	
OTHER CEILING									0	
OTHER CEILING									0	
OTHER CEILING									0	
REIMBURSEMENT CEILING		6,320		0			0		6,320	
VOLUNTARY CONTRIBUTION									0	
COST SHARE									0	
NON-FEDERAL INKIND									0	
NON-FEDERAL CASH									0	
OTHER NON-FEDERAL CASH									0	
TITLE V									0	
OTHER FEDERAL									0	
Budget Categories		EXPENSES								
Personnel									0	
ERE									0	
Professional/Outside		6,000							6,000	
Travel									0	
Space									0	
Equipment									0	
Material/Supplies		320							320	
Operating Svcs.									0	
Allocated Indirect										
SUBTOTAL/Direct Svcs.									6,320	
SUBTOTAL/Purchased Svcs.		6,320		0			0		0	
SERVICE TOTAL		6,320		0			0		6,320	
No. of Units Direct										
No. of Units Purchased		24								
Unit Rate/Direct		250.00								
Unit Rate/Purchased		263.3333333		#DIV/0!		#DIV/0!		#DIV/0!		
Unit Rate/Contract										

COST ALLOCATION PLAN

FY 2012-2013

Cost

Minor Home Repair

Allocation

24 clients assisted with \$250 per unit
x 100% charged to Pinal Gila Council for
Senior Citizens funding.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/21/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 1-800-955-8700
Arthur J. Gallagher & Co. Insurance Brokers
of California, Inc.
15 Enterprise, Ste 200
Aliso Viejo, CA 92656

CONTACT NAME:
PHONE (A/C No. Ext): 480-845-6209 **FAX (A/C No):** 602-244-2242
E-MAIL ADDRESS: rose.unruh@ajg.com

INSURER(S) AFFORDING COVERAGE **NAIC #**
INSURER A: Arizona Counties Insurance Pool
INSURER B: Arizona Counties Workers Comp Pool
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED
Gila County
Attn: Birdie DeNero
1400 E. Ash Street
Globe, AZ 85501

COVERAGES **CERTIFICATE NUMBER: 27768240** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Public Officials' E&O <input checked="" type="checkbox"/> Misc Medical Mal E&O GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		ACIP070112	07/01/12	07/01/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ Errors & Omissions \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		ACIP070112	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp Ded/Coll Ded: \$ 1,500/\$1,500
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N/A	CRLA2WC070112	07/01/12	07/01/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is Additional Insured solely as respects General Liability coverage regarding contract #2006-0444 with Gila County.

CERTIFICATE HOLDER

Pinal/Gila Council for Senior Citizens
Attn: Ana Medina
8969 W. McCartnay Road
Casa Grande, AZ 85194-7432
USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE
J. Ac...

Current License

n/a

Gila County Community Action/Housing Services is a governmental agency operating under the Policies and Procedures of the Gila County Board of Supervisors

Inventory

n/a

Gila County Community Action/Housing Services does not purchase equipment with PGCSC Funding.

Attachments

Attachment A

**GILA COUNTY INFLUENZA
PANDEMIC RESPONSE PLAN
July 2007**

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Gila County Pandemic Influenza Response Plan

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Gila County Pandemic Influenza Response Plan

Introduction

World wide pandemics of influenza occur when a novel or new virus emerges to which the population has little immunity. During the previous century, there were three such pandemics, the most notable of which was the 1918 Spanish influenza which was responsible for 20 million deaths throughout the world. Public health experts are currently concerned about the risk of another pandemic, arising from the current epidemic of avian influenza that has been affecting domestic and wild birds in Asia and spreading rapidly to the other parts of the world. When such strains of avian influenza interact with the common strains of human influenza, a mutation may occur leading to a virus capable of human-to-human transmission and initiating a pandemic strain of influenza.

An influenza pandemic would cause a global spread of infection with outbreaks throughout the world. In Arizona, communities would be simultaneously impacted, leading to an overwhelming burden of sick people requiring hospitalization or outpatient medical care, shortages and delays in the availability of vaccines and antiviral drugs, and the disruption of state and local infrastructure including transportation, commerce, utilities, and public safety.

The Gila County Pandemic Influenza Response Plan is a pro-active measure designed to lessen the impact of a pandemic influenza virus on the residents of Gila County by providing a guide for the Gila County Division of Health and Community Services (GCDHCS) to work with local health care providers for detection and response to an influenza outbreak.

Situations and Assumptions

The following situations and assumptions have been considered in the drafting of this response plan:

- An influenza pandemic is inevitable and theoretically overdue.
- A novel influenza virus strain will likely emerge in a foreign country; however, a novel strain could first emerge in the United States, thus shortening response time to the point where the number of people who are being exposed and infected could increase drastically. Although there may be isolated pockets of relative protection, the pandemic would affect all geographic areas of the county.
- With the appearance of a novel strain, it is probable that all persons will require two doses of vaccine to attain maximum antibody response. However, when the pandemic occurs, needed vaccines and medications may exist in inadequate supplies and will need to be allocated on a priority basis.

Gila County Pandemic Influenza Response Plan

- The federal government has assumed responsibility for devising a liability program for vaccine manufacturers and persons administering the vaccine (in case of large-scale adverse reactions, etc.). See Appendix C—Legal authority.
- According to Centers for Disease Control and Prevention (CDC) guidelines, the total vaccine supply will be under the control of the federal government, with Arizona receiving an allotment. Consequently, Gila County will receive a vaccine allocation based on the county's population.
- Gila County's variable population (such as part-time residents, seasonal workers, college students, tourists, and transients) may create a potential vaccination target population with numbers over that of the permanent resident population.
- Emergency response activities will require the significant interaction of agencies beyond health departments, including other county departments, municipalities, and the private sector.
- Response to the demand for health services may require non-standard approaches such as -
 - Discharge of all but critically ill hospital patients
 - Expansion of hospital 'surge capacity' by using all available space and beds considered to be less than 'code compliant' (like gurneys, cots, stretchers). See Appendix C—Legal Authority
 - Increase of patient-to-hospital staff ratio beyond standard levels
 - Recruitment of volunteers who can provide satisfactory custodial care for patients under the supervision of medical/behavioral healthcare workers
 - Relaxation of practitioner licensure requirements as deemed appropriate in a 'mass casualty-like' situation
 - Utilization of pre-identified sites as temporary health facilities
 - Innovative approaches to post-mortem care and services due to the estimated high death rate most likely to occur. This will affect mortuary agencies and forensic case loads.
- The federal government will be developing tools such as fact sheets, triage and treatment protocols, and guidelines for the distribution and use of antiviral agents. Until these are developed and available, the Arizona Department of Health Services (ADHS) has the responsibility to develop such guidelines for its citizens. These documents will then be made available to Gila County and may be further modified, if necessary, for local needs.
- Secondary bacterial infections following influenza illness may stress or overwhelm Gila County's local antibiotic supplies. If further antibiotics are needed, collaboration with ADHS will be key in obtaining more medication supplies.

Gila County Pandemic Influenza Response Plan

Organization of the Plan

This plan is an Annex (Annex D) to the Gila County Division of Emergency Operations Plan. It correlates with the Gila County Department of Health and Community Services (GCDHCS) All Hazards Plan. The Response activities will be carried out in collaboration with the ADHS, Gila County Emergency Management (GCEM), and Gila County Sheriff's Office (GCSO).

National pandemic planning is divided into six phases, from early identification of a novel virus to resolution of the pandemic. These phases which are defined by Centers for Disease Control and Prevention (CDC) in collaboration with the World Health Organization (WHO) are:

Pandemic Phases	Public Health Goals
Inter-Pandemic Period	
Phase 1: No new influenza virus subtype detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infections or disease is considered low.	Strengthen Influenza pandemic preparedness at all levels.
Phase 2— No new influenza virus detected in humans. However, a circulating animal influenza virus subtype poses substantial risk of human disease.	Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.
Alert Period	
Phase 3— Human infections are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.
Phase 4— Small clusters of human infection with limited human to human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.	Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.
Phase 5— Larger clusters of human infection but human-to human spread is localized suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (Substantial pandemic risk).	Maximize efforts to contain or delay spread to possibly avert a pandemic and to gain time to implement response measures.
Pandemic Period	

Gila County Pandemic Influenza Response Plan

Phase 6 —pandemic is declared. Increased and sustained transmission in the general population.	Minimize the impact of the pandemic
---	-------------------------------------

This plan, like the Arizona State Plan follows the same phase guidelines, prescribing necessary activities and identifying responsible parties by pandemic phase. Seven essential components of a pandemic response are defined in the CDC's Influenza Pandemic Guidance Document and include:

- **Surveillance and Epidemiology**
- **Health Care Response**
- **Vaccine and Antiviral Delivery**
- **Community Disease Control**
- **Assessing Travel Related Risk**
- **Public Information/Communications**
- **Workforce Support/Psychosocial**

Surveillance and Epidemiology

Pandemic influenza surveillance includes surveillance for influenza viruses (laboratory surveillance) and surveillance for influenza-associated illness and deaths (disease surveillance). The goals of laboratory surveillance for pandemic influenza are to:

- Rapidly detect the introduction and early cases of a pandemic influenza virus in the United States, and the specific introduction into Arizona.
- Track the virus' introduction into local areas

Monitor changes in the pandemic virus, including developments of antiviral resistance.

The goals of disease surveillance are to:

- Serve as an early warning system to detect increases in influenza-like illness (ILI) in the community.
- Monitor the pandemic's impact on health (e.g., by tracking outpatient visits, hospitalizations, and deaths.)
- Track trends in influenza disease activity and identify populations that are severely affected.

Surveillance data can help decision makers identify effective control strategies and re-evaluate recommended priority groups for vaccination and antiviral therapy.

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Healthcare Response

Arizona Department of Health Services (ADHS), county and tribal health departments, hospitals, other healthcare facilities, healthcare providers, emergency responders, law enforcement and many others in the community should prepare and respond collaboratively if a local epidemic is to be detected and managed in a timely and effective manner. Planning is a key factor in preparation for Gila County's response to a pandemic. Lessons learned from past influenza pandemics demonstrate that planning must take into account staffing, hospital surge capacities, mass prophylaxis and/or vaccination and disposition of remains.

During a pandemic, there will be an increased burden affecting the entire healthcare system. Facilities must be able to respond to day-to-day emergencies and care of their patients.

Vaccine and Antiviral Delivery

The initial response to an influenza pandemic will include medical care, community containment and personal protective measures, and targeted use of antiviral drugs. Before a vaccine containing the circulating pandemic virus strain becomes available, pre-pandemic vaccine from stockpiles may be considered in designated priority groups. Once a vaccine against the circulating pandemic virus strain becomes available, its distribution and delivery will be a major focus of pandemic response efforts.

Community Disease Control

The initial response to the emergence of a novel influenza subtype that spreads between people will focus on containing the virus at its source, if feasible and preventing a pandemic. Once spread beyond the initial focus occurs and with the introduction of the virus into the United States, the foci of containment activities will be public health and individual measures that attempt to slow and limit viral transmission. Containment strategies aimed at controlling and slowing the spread of the virus might include measures that affect individuals (e.g. Isolation and/or quarantine of patients and monitoring their contacts) as well as measures that affect groups or entire communities (e.g., Cancellation of public gatherings, implementation of community wide "stay at home days").

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Travel Risks

The 2003 pandemic of severe acute respiratory syndrome (SARS) demonstrated how quickly human respiratory viruses can spread, especially in the world of modern air travel. Disease spread will likely be even faster during an influenza pandemic because a typical influenza virus has a shorter average incubation period typically 2 days vs. 7-10 days for SARS. If an influenza pandemic begins outside the United States, public health authorities might screen inbound travelers from affected areas to decrease disease importation into the United States. If a pandemic begins in or spreads to the United States, health authorities might screen outbound passengers to decrease exportation of disease or implement domestic travel-related measures to slow disease spread within the United States. Furthermore, local travel may be limited.

Public Information

Strategic communications activities based on scientifically derived risk communications principles are an integral part of a comprehensive public health response before, during and after an influenza pandemic. Effective communication guides the public, the news media, health care providers, and other groups in responding appropriately to outbreak situations and complying with public health measures.

The goals of this component are to:

- Provide timely, accurate, consistent, and appropriate information about pandemic influenza public health interventions.
- Emphasize the rationale and importance of adherence to public health measures that some people may consider intrusive (e.g. quarantine).
- Help set realistic expectations of public health and health care systems.
- Promptly address rumors, inaccuracies, and misperceptions.
- Minimize stigmatization that may occur during a pandemic
- Adapt materials for special needs populations (e.g. non-English speaking populations, difficult-to-reach communities, and persons living in institutional settings) and disseminate appropriate information.
- Acknowledge the anxiety, distress, and grief that people experience during long-term, major public health events such as pandemics.

Workforce Support –Psychosocial

The response to an influenza pandemic will pose substantial physical, personal, social, and emotional challenges to health care providers, public health officials, other emergency responders and essential service workers. Critical stress levels may reach varying degrees of severity among health care providers and emergency responders through the duration of the response as well as the recovery phases of a pandemic. These critical stress levels may persist for more than a year. Experience with disaster relief efforts suggests that enhanced workforce support activities can help responders remain effective and proactive during emergencies.

Medical and public health responders and their families will be at personal risk for as long as the pandemic continues in their communities. Special planning is therefore needed to ensure that hospitals, public health agencies, first-responder organizations and employers of essential service workers are prepared to help employees maximize personal resilience and professional performance. An essential part of this planning effort involves the creation of alliances with governmental, community-based organizations, and nongovernmental organizations with expertise in and resources for psychosocial support services and training.

COORDINATED RESPONSIBILITIES FOR PREPAREDNESS AND RESPONSE

Federal Guidance and Direction

As the pandemic develops, the World Health Organization (WHO) will notify the Centers for Disease Control and Prevention (CDC) and other national health agencies on the progress of the pandemic. CDC will communicate with ADHS and other state and territorial health departments about pandemic status, information about the virus, vaccine availability, recommendations for prioritizing vaccine and antiviral/antibiotics, national response coordination and other recommended strategies for pandemic detection, control and response. ADHS serves as the main conduit for communications with the CDC for all statewide parties.

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Public Health Incident Management System

The ADHS incident management structure used in the Department is the “Public Health Incident Management System” (PHIMS), as described in the ADHS Emergency Response Plan for All Hazards. This structure is compliant with the National Incident Management System (NIMS) which is currently the system used by the GCDHCS. NIMS is in place but inactivated during normal day to day operations. In the event of an emergency or when activities become overwhelming, the Health Director will assign an Incident Commander within Gila County Health Services to coordinate the Department’s activities and report to the command staff. The command staff and the Incident command work together to keep the Director well informed. For more information on NIMS see Appendix G.

Statewide Emergency Response

If the Governor declares a State of Emergency, the State’s emergency management structure is put into place. According to the Pandemic Influenza Incident Annex of the State Emergency Response and Recovery Plan (SERRP), the ADHS is listed as the primary agency and will provide the Incident Command to oversee all of the statewide activities. The Arizona Department of Emergency Management (ADEM) will operate the State Emergency Operations Center (SEOC) and provide other logistical support. ADHS and ADEM will work together, in conjunction with local health departments, local emergency management, and other partners and stakeholders. The responsibilities of agencies will increase with each successive stage of the pandemic.

In addition to the SERRP, which is designed to provide support to the state’s counties and cities, each state agency has written a Business Continuity Plan (BCP). The goal of the BCP is to assist each state agency to prepare for, mitigate, respond to, and recover from an emergency event capable of either causing significant injuries to employees, the public, disrupting normal business operations or damaging the environment. The highly infectious characteristics of an influenza pandemic represent an incident that could limit the available workforce and have a substantial effect on these services.

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Businesses

Local businesses, in order to protect their businesses; viability, employees, clients and customers during a pandemic, should plan for a continuity of operations in the event that infrastructure and other services are disrupted. Disruption of services and supplies may be due to high absenteeism among employees and customers, or high absenteeism in outside partners and services.

Business plans should address how to continue to function due to a lack of utilities, supplies, deliveries and staff. Two important aspects to address include providing essential products to the public (food, water, utilities, medications, etc), and planning for the potential suspension of business services that involve public assembly (meetings, entertainment, restaurants, motels, etc).

Local businesses will play a key role in protecting the health and safety of their employees and customers by instituting protocols to limit the spread of disease in the workplace. ("No work while sick" and other infection control methods)

Arizona Department of Health Services

ADHS will assist in coordinating planning and preparedness efforts, surveillance activities and disease containment strategies at the state level, and across all 15 counties within the region.

Additionally ADHS is responsible for operating the State Lab, coordinating the receipt and distribution of pandemic information, distributing antiviral medications and vaccines from the Strategic National Stockpile (SNS) to county health departments and informing the public on the course of the pandemic and preventive measures that can be taken.

Centers of Disease Control and Prevention

The CDC is responsible for national and international disease surveillance communicating direction and information from the federal government to the state and local public health agencies, investigating pandemic outbreaks and overall monitoring the impact of a pandemic. The CDC acts as the national liaison to the WHO.

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Town/Tribal Governments

Town/Tribal governments should have continuity of operation plans that consider the likelihood of a flu pandemic, to take steps to limit the spread of influenza within their jurisdictions, and to cooperate with the GCDHCS to provide resources for the pandemic flu response.

Community-based and Faith-based Organizations

Community-based and faith based organizations will be responsible for their own continuity of operations planning in the event of an influenza pandemic. However, these organizations play a key role in providing support services to individuals, neighborhoods, and their customer/client base during a pandemic. Many of these organizations may provide volunteers that may assist at shelters, vaccination clinics, hospitals, etc.

Emergency Management

Emergency Services Management will be responsible for implementing the Gila County Mass Fatality Plan.

County Government

The Gila County Government will have various important roles. The County will need to develop a continuity of government operations plan which will ensure the continuous running of government offices, as well as protect the health and safety of its employees and customers, as well as minimize disruption for its delivery of services.

Gila County government also plays a leadership role in the pandemic as one of the lead players in the Emergency Operations Center (EOC).

In addition, Gila County will become involved in working with Arizona State government officials, and assisting the Health Department's Chief Health Officer in establishing procedures to ensure the general health of the public. County government agencies develop plans that address roads, travel, social services, jail services, etc. It is the responsibility of the County to take steps necessary to limit the spread of flu within its workplace (e.g., "no work when sick", personal hygiene practices), and to work with the Health Department to provide resources for the pandemic flu response.

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County employees may be called upon to serve as disaster service workers during the pandemic, at the discretion of the Board of Supervisors (BOS).

Emergency Medical Services (EMS/ Pre-Hospital Responders)

EMS will be responsible for prioritizing and providing patient transport, planning for surge capacity needs due to increased demand for service, which could be combined with increased employee absenteeism, and preparing responders for effective infection control. EMS agencies need to plan for continuity of operations, train personnel in proper personal protective equipment (PPE) and other disease and infection control measures. Because a majority of the ambulance services are part of the fire departments it is expected patient transports will overwhelm the ability to effectively transport patients to a medical facility.

Environmental Health

Environmental Health will need to support the delivery of risk communication messages, especially with regards to food establishments and other food service organizations.

Fire Service

As first responders, Fire Departments will need to plan for increases in employee absenteeism due to the pandemic flu, as well as prepare for an increase in services. Fire Departments will need to plan for and train personnel in PPE and other disease and infection control measures. Like other agencies, fire departments will need to plan for continuity of operations, as well as to take the initiative to stake steps to limit the spread of flu within their jurisdictions, and to cooperate with the Gila County Health Department to provide resources for the pandemic flu response.

Individual residents

Individuals and families, in order to protect themselves and limit the spread of the disease, will need to take responsibility for keeping informed about the risk for pandemic flu and will need to take common-sense actions such as practicing good hygiene and preparing their own pandemic flu emergency kits (see CDC web site for more information). Individuals and families should become familiar with isolation, quarantine and social distancing measures that may be

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required during a pandemic. Each household should make contingency plans for scenarios such as closure of daycare and school facilities.

County Attorney/Court System

The Gila County Attorney is responsible, in coordination with the Health Officer, for developing and refining Public Health orders for a Declaration of Emergency, Health Officer Orders and other related disease containment orders.

The Court System ensures that citizens are afforded their due process as they are asked to comply with such orders.

The County Attorney's Office and the Court system may assist in reviewing and resolving any legal issues that arise related to workplace, occupational health and labor relations.

Law Enforcement

The main responsibilities of law enforcement will be to provide security and assist in the enforcement of the Health Officer's orders as necessary. Security issues will be likely at hospitals, other influenza care centers, public health clinics, GCDHCS, closures of any venues, etc.

Law Enforcement will need to plan for and train their personnel in PPE and other disease and infection control measures. Law Enforcement agencies should have a continuity of business plan that considers the likelihood of a flu pandemic, take steps within their workplaces to limit the spread of flu, participate in the pandemic flu task force, and to cooperate with the GCDHCS.

Local Healthcare System Partners (Hospitals, Clinics, Providers)

Healthcare partners will be instrumental in detecting influenza, limiting the spread of disease and providing treatment to affected individuals.

Local healthcare partners should:

1. Develop a pandemic flu plan that details surge capacity addressing staffing, bed capacity, and stockpiling of food, water, fuel and patient care equipment and supplies.
2. In the event of a pandemic, conduct enhanced surveillance among patients, staff and visitors.

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3. Comply with public health requests for detecting, preventing and reporting cases of pandemic flu.
4. Implement appropriate infection control measures.
5. Develop and provide education and training to healthcare staff on recommended aspects of pandemic influenza.
6. Comply with admission and triage guidelines as provided by the CDC or local hospitals.
7. Comply with Occupational Health Guidelines provided by the CDC for healthcare staff.
8. Cooperate with the Gila County Division of health and Community Services by providing estimates of quantities of vaccine for healthcare staff and patients. Develop a vaccination plan for your facility.
9. Plan for additional security for your facility
10. Develop a mass fatality plan in conjunction with the Gila County Mass Fatality Plan.
11. Participate in the on-going Gila County Pandemic Flu Task Force.

Specific responsibilities of the Pandemic Flu Task Force include:

- a. Identify and prioritize response issues affecting the county-wide health system during a pandemic
- b. Develop mechanisms to efficiently share information and resources between health system partners.
- c. Identify and communicate policy level recommendations regarding the operations of the local health system to the Local Health Officer.

Mental Health

Mental health professionals have a key role in planning for psychosocial services for responders and the community at large. During a pandemic, mental health professionals will likely experience high levels of service demand, coupled with high employee absenteeism. This will require planning for maintaining essential workers and increasing staffing capacity as necessary. (See Special Populations pg. 18)

News Media

The news media may have a primary role in providing public education during the alert period, as well as timely and accurate public information throughout the pandemic period. Gila County currently has 6 local radio stations (3 FM in Globe and 2 FM and 1 AM in Payson) and 5 weekly newspapers. All public information will be directed and or cleared through the Gila County designated PIO.

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Gila County Division of Health and Community Services

The Gila County Division of Health and Community Services has a lead role in mobilizing partners in the county to prepare for and respond to pandemic influenza.

The GCDHCS is responsible for:

1. Facilitating countywide pandemic planning and preparedness efforts.
2. Coordinating the county's emergency public health response.
3. Educating the public and health care providers, response partners, businesses, and community –based organizations and elected leaders about influenza and preventive measures.
4. Conducting county-wide surveillance to track the spread of the disease and its impact on the community.
5. Proposing a declaration of a Health Emergency when appropriate.
6. Implement disease containment strategies and authorities as required or requested from CDC and/or ADHS.
7. Working with the healthcare providers in planning efforts for medical surge capacity, including mass casualty and mass fatality planning.
8. Directing mass vaccination efforts. Plan for antiviral dispensing.
9. Providing effective communications to the public, the media, elected officials, health care providers, first responders, as well as business and community leaders throughout the public health emergency.
10. Monitoring and report on the state of readiness of critical partners.

Schools

All school districts will need to be given direction to take steps to limit the spread of flu within the school (no work while sick, etc) with regards to both employees and students. Schools will need to emphasize personal hygiene such as covering your cough and hand washing. Schools should have contingency plans should schools close as part of social distancing strategies. It is possible that schools may be closed for several months.

Special Populations

Preparing for pandemic influenza requires specific attention to special populations to ensure effective outreach and education. The definition of special populations extends beyond the notion of preparing to meet the culturally and linguistically diverse populations in Gila County, and Arizona as a whole. The GCDHCS and its partner agencies have a common practice to

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provide multilingual and culturally competent services. Such practices will be integrated into pandemic influenza preparedness and response efforts. This refers to:

1. Members of our community with little or no ability to successfully address implement or be fully responsible for their own emergency preparedness, response and recovery.
2. People whose life circumstances leave them unable or unwilling to follow emergency instructions, as well as anyone unable or unwilling to fully access use of traditional disaster preparedness and response services.

Several categories of special populations have been proposed and are defined below. Although these categories provide a basis for planning, it should not be assumed that every person within the broad categories will require an adapted response.

1. Physically disabled. Ranges from minor disabilities causing restriction of some motions of activities to totally disabled, requiring full-time attendant care for feeding, toileting, medications and personal care.
2. Mentally disabled. Ranges from minor disabilities where independence and ability to function in most circumstances is retained, to no ability to safely survive independently. This would include people whose mental illness makes them a danger to themselves or others.
3. Visually impaired. Includes the range of visual challenges and impairments-low vision, night blindness, color blindness, depth perception challenges, situational loss of site, etc.
4. Hearing impaired. Includes late-deafened, hearing impaired, hard of hearing and the range of hearing challenges and impairments such as situational loss of hearing, limited range hearing, etc.
5. Medically dependent/fragile. Includes people dependent on life sustaining medications, such as with HIV/AIDS, diabetes, or dependent on medications to control conditions and maintain quality of life, such as pain or seizure control medications, etc.
6. Medically compromised. Includes people with multiple chemical sensitivities or weakened immune systems, and those who cannot be in or use public accommodations for a variety of reasons.
7. Seniors: Includes frail elderly, aged, elder citizens, older persons and the range of people whose needs are often determined by their age and age related considerations.
8. Clients of the criminal justice system. Includes inmates, parolees, people under house arrest, registered sex offenders, etc.
9. Limited or Non-English speaking. Includes monolingual individuals as well as those with limited ability to speak, read, write or fully understand English. The main Non-English language spoken in Gila County is Spanish. There are a small number of Native Americans who speak their native language.

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10. Homeless or shelter-dependent. Includes those marginally or temporarily housed or in shelters.
11. Culturally isolated. Includes people with little or no interaction or involvement outside their immediate community. Could include religious, ethnic, sexual orientation, etc.
12. Chemically dependent. Includes substance abusers and others who would experience withdrawal, sickness or other symptoms due to lack of access, such as methamphetamine users.
13. Children. Includes babies, infants, unattended minors, runaways and latchkey kids.
14. Economically disadvantaged. Includes extremely low-income, without resources, without political voice, limited access to services and limited ability to address their own needs.
15. Geographically isolated. No access to services or information, limited access to escape routes, limited knowledge of the county.
16. Persons distrusting authority. Includes people without documentation, political dissidents, and others who will not avail themselves of government.
17. Animal owners. Includes owners of pets, companion animals or livestock, especially those who will make life and death decisions based on animals, such as refusing to evacuate or go to a shelter if it means separating from an animal.
18. Emergent special needs. Includes those developing a special need because of the disaster, such as spontaneous anxiety/stress disorders, or recurrence of a dormant health condition.
19. Transient special needs. Includes people temporarily classified as special needs, due to a temporary condition or status, such as migrant workers and seasonal visitors.

Tiered Response Levels

Inter-Pandemic – Phase 1-2

Definition phase 1: *No new influenza virus sub-type detected in humans. An influenza subtype that has caused human infection may be present in animals. If present in animals, the risk of human infections or disease is considered low.*

Public Health Goals: *Strengthen Influenza pandemic preparedness at all levels*

Definition phase 2: *No new influenza virus detected in humans. However, a circulating animal influenza virus sub-type poses substantial risk of human disease.*

Public Health Goals: *Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.*

Surveillance and Epidemiology

- Reporting of influenza-like illness (ILI) at sentinel care facilities.
- Sentinel Sites for Gila County are established at Payson Regional Medical Center (PRMC), Cobre Valley Community Hospital (CVCH), and at San Carlos Indian Health Services (I.H.S.).
- Gila County will report to U.S. Influenza Sentinel Provider Surveillance System via Internet, telephone, fax or through ADHS.
- I.H.S. may report directly to ADHS.
- Weekly reports of statewide influenza activity are submitted to ADHS.
- Respiratory Specimens submitted to the state laboratory are tested and isolates are sometimes sub-typed; a sample of reference isolates is also sent by clinical laboratories for sub-typing.
- Laboratories submit reports of all positive influenza tests to ADHS. Data are monitored and analyzed by ADHS.
- Specimen collection and submission kits are available to providers through the Gila County Laboratory. Providers may send selected specimens for testing at no charge for shipping. Gila County supplies kits via the state.
- Develop a protocol for investigating institutional outbreaks; work with ADHS to design and implement the protocol. Investigations will include basic

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epidemiology of outbreak, vaccine history of cases and staff, and specimen collection.

- Continue and maintain regular internal communications between ADHS and Immunization/nursing regarding epidemiological and virological surveillance.

Health Care Response

- Build close relationships with the hospital administrators to ensure closer coordination and in conjunction with ADHS for monitoring.
- GCDHCS EOP is in place but not activated during normal day-to-day operations. Appoint scribe/historian and finance/administration personnel and begin training.
- Maintain current NIMS compliance training.
- Encourage hospitals, nursing homes, pharmacies, urgent care, and physicians to develop contingency plans.

Vaccine and Antiviral Delivery

- GCDHCS administers their own vaccines
- GCDHCS participates in the Vaccines for Children Program (VFC). VFC vaccine is regulated through ADHS.
- Vaccine manufacturers/distributors ship vaccine directly to GCDHCS.
- Private sector accounts for a majority of the adult delivered vaccine. In times of vaccine shortage, GCDHCS will query county physicians on vaccine supply and type.
- Obtain latest ADHS recommendations for priority groups for vaccine allocation and modify as necessary based on current surveillance data and vaccine availability projections.

Community Disease Control

- Identify and engage traditional partners (e.g. health care workers) and non traditional community partners (e.g. transportation workers) in preparedness planning and in pandemic influenza containment exercises.
- Infection control practitioners, infectious disease doctors, medical examiners or other relevant groups may be requested by Gila County Epidemiologist to

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provide reports of activity level or unusual events as warranted by the influenza season.

- Schools, long term care facilities, or other institutions are encouraged to report influenza or ILI outbreaks to GCDHCS.

Assessing Travel Related Risk

- Ensure readiness to implement travel-related disease containment measures.
- Engage appropriate community partners and develop and exercise appropriate plans.

Public Information

- PIO will develop press releases and handle influenza-related media inquiries.
- Health Alert Network (HAN) will receive information from the office of Infectious Disease Services electronically and via telephone.
- Develop and maintain up-to-date communications contacts.
- Assure testing of communication systems.
- Participate in tabletop exercises and other collaborative preparedness to assess readiness.
- Maintain internal communication between Epidemiologist, nursing/immunization, and emergency management.
- Monitor information from ADHS /CDC communication offices to determine national response and recommended messages regarding vaccine supply, antiviral use, low tech prevention methods, and maintenance of essential services.
- Maintain communication of information to Health officer, BOS, County Manager, County Attorney, Emergency Management, GCSO, Tribal liaisons, local hospitals, physicians and other stakeholders as deemed necessary.
- Implement or obtain from CDC or ADHS, a satellite broadcast script for training/ refresher on vaccine administration techniques for persons who do not normally administer vaccines but will be enlisted to do so in a pandemic.
- Maintain internal communications between division offices, County Manager, County Departments, BOS, and key partners.

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Workforce Support

- Develop internal staff through regular training sessions to include topics such as staff training, NIMS compliance, stress management, and the ACDONA plan.

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Pandemic Alert – Phase 3

Definition phase 3: *Human infections are occurring with a new sub-type, but no human-to-human spread, or at most rare instances of spread to a close contact.*

Public Health Goals: *Ensure rapid characterization of the new virus sub-type and early detection, notification and response to additional cases.*

All activities from Inter-pandemic period will continue and the following activities will be implemented:

Surveillance and epidemiology

- If outside of influenza surveillance season notify ILI surveillance sites to be prepared to send reports.
- Investigate initial reports of potential human influenza infections due to a novel influenza strain in respective jurisdiction utilizing local rapid response teams (RRT). These response activities include completing investigations and forms, obtaining specimens for testing, and monitoring close contacts for ILI.
- Monitor surveillance reports from CDC, WHO, ADHS, and be prepared to enact recommendations from ADHS.
- Request that providers enhance surveillance for specific epidemiological factors (e.g. travel to affected areas) among persons with influenza or ILI
- Encourage timely and comprehensive reporting of ILI from sentinel sites.

Health Care Response

- Upon activation of ADHS PHIMS, GCDHCS will recommend activating HD EOP and appoint incident commander.
- Depending on geographic area affected GCDHCS and GCEM will begin to assign key personnel roles in the NIMS and EOC
- Notify partners, involve communications to identify barriers and develop possible solutions.

Vaccine and Antiviral Delivery

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- Continue to develop and implement plans, systems and capacities to receive, distribute, and administer vaccine to population of jurisdiction.
- Continue to identify and train public health volunteer workforce to staff and administer mass vaccination clinics.
- Review SNS protocol, conduct necessary activities as prescribed by protocol.

Community Disease control

- Educate county attorney, County Manager, GCSO, and BOS on rights and regulations of quarantine and isolation.
- Educate GCDHCS staff on rights and regulations in regards to quarantine and isolation.

Assessing Travel Related Risk

- Provide public health information to travelers who visit areas where avian or animal influenza strains that can infect humans (e.g. avian influenza A H5N1) or human strains with pandemic potential.

Public Information

- In addition to distributing information to media, write press releases in pdf format and send to web administrator attached to service ticket.
- Determine scope of bilingual assistance needed and secure translator for writing messages, public speaking and translating for the hearing impaired.

Workforce Support

- Continue to develop internal staff through table top exercises and developing policies and procedures.
- Strive to provide the best service possible within the scope and limitations of the current situation.

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Pandemic Alert – Phase 4

Definition phase 4: *Small clusters of human infections with limited human to human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.*

Public Health Goals: *Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.*

All activities from Inter-pandemic period and phase 3 will continue and the following activities will be implemented:

Surveillance and Epidemiology

- Request that sentinel providers activate ILI surveillance system, if not already operating.
- Request that surveillance partners increase specimen collection. ADHS will alert state laboratory to expect an increased number of specimens.
- Enhance surveillance, including obtaining demographic data on clusters, travelers, or unusual cases.
- Obtain ADHS/CDC guidelines/statements and distribute to partners.
- Encourage influenza laboratory testing for persons with compatible clinical syndromes at emergency departments or among hospitalized cases
- Investigate any influenza outbreaks and increases in ILI utilizing enhanced infection control procedures.
- Institute active surveillance (e.g. school absenteeism, number of patients on ventilators; number of deaths due to respiratory illness; contacting hospitals, emergency departments, clinics, and labs that test for influenza.)
- Disseminate surveillance data to local providers, hospitals, and tribal health departments.

Health Care Response

- Educate all first responders in the importance of using personal protective equipment.
- Educate community in regards to influenza protection.
- Medical community education—sponsor informational meetings

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- Enlist hospitals to distribute information to providers.
- Identify at risk and home bound populations

Vaccine and Antiviral Delivery

- GCDHCS maintains close contact with CDC and FDA for information on plans for vaccine manufacture.
- Prepare to implement plan for storing and delivering vaccine as it becomes available to GCDHCS and ADHS.
- Review elements of plan for vaccine delivery with partners and stakeholders. Monitor vaccination supplies with tribal agencies.
- Ensure that human resources, equipments, and plans for mass immunization clinics are in place. See ACDONA plan
- Meet with pharmacists and physicians to discuss potential need to increase antiviral and antimicrobial supplies; also discuss how to increase role of pharmacists and other approved personnel in vaccine delivery.
- The PIO working with the Division health director or designee, depending on volume and nature of the calls, will decide how to work with the media. The department will identify an English speaking, Apache-speaking, and Spanish-speaking spokesperson for communication with the press.
- Distribute fact sheets detailing response to questions from the media and the public. Assess need for press release to disseminate information.
- Alert community based organizations through media of impending pandemic and educate on steps to slow the spread of disease.
- If available, consider first responders as a priority group for vaccination.
 - First responders may include: fire department personnel, law enforcement personnel, funeral director/morticians, emergency room personnel, medical examiner.
 - Phase 2—First Responders may include: Public health workers, clinicians/physicians, critical infrastructure support personnel.
- Consider administration of pneumococcal vaccine as per guidelines.

Community Disease Control

- Request BOS to issue request to GCSO for special security law enforcement duties.

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- Review quarantine and educate law enforcement on quarantine issues.

Assessing Travel Related Risk

- Continue to provide public health information to travelers who visit areas where avian or animal influenza strains that can infect humans (e.g. avian influenza A H5N1) or human strains with pandemic potential have been reported.
- Evaluate and determine appropriate disposition of arriving ill travelers who might be infected with avian or animal influenza strains or human strains with pandemic potential.

Public Information

- Continue to disseminate messages and materials to increase the knowledge and understanding of the public, health care professionals, policy makers, media, and others about unique aspects of pandemic influenza that distinguish it from seasonal influenza and generally what to expect during different phases of an influenza pandemic.
- Address rumors and false reports regarding pandemic influenza threats.
- If EOC is activated, reassign current PIO and assign new PIO.
- Disseminate bilingual information as appropriate and available.

Workforce Support

- Create an internal Family Support Plan. Examine the possibilities of alternative works schedules.

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Pandemic Alert – Phase 5

Definition: *Large cluster(s) but human-to human spread is still localized, suggesting the virus is becoming increasingly better adapted to humans but may not be fully transmissible (substantial pandemic risk).*

Public Health Goals: *Maximize efforts to contain or delay spread to possibly avert a pandemic and to gain time to implement response measures.*

All activities from Inter-pandemic period and stage 3 will continue and the following activities will be implemented:

Surveillance and Epidemiology

Surveillance operations listed above will continue but will be coordinated under the surveillance Group in the ADHS PHIMS structure as PHIMS will be activated.

- Continue to collect and analyze information while developing steps to contain an outbreak.

Health Care Response

- Remind Clinicians and hospitals to have strategies for dealing with the “worried well.”
- Use opportunity to educate “worried well” about flu prevention.

Vaccine and Antiviral Delivery

- Continue to stay engaged with pharmacists and physicians concerning vaccine availability and administration.
- If vaccine delivery date is predicted by CDC/ADHS, GCDHCS will internally provide expected date and review distribution plan when new information is available.
- Purchase vaccines and/or antiviral agents as they become available if not provided by the federal government. Get approval from BOS.
- If vaccine is available, fully activate the immunization/vaccination program. See ACDONA manual.

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- Monitor vaccine side effects of adverse effects of vaccine. Complete surveillance of reactions and follow ups on patients with adverse reactions.
- Regularly monitor inventory data on antiviral and antimicrobial supplies from local pharmacists.
- Review with nursing staff issues regarding vaccine safety and storage using the ADHS 24-hour information line, department website and possibly the internal ADHS call center.
- Obtain standing order for medication prescriptions

Community Disease Control

- Alert need for security at immunization sites
- Activate GCDHCS EOP and request activation of county EOC
- Review Mass Fatality plan and enhance capacity for disposition of dead bodies.

Assessing Travel Related Risk

- Continue to provide public health information to travelers who visit countries where influenza strains infect humans or human strains with pandemic potential have been reported.
- Evaluate and manage arriving ill travelers who might be infected with avian or animal influenza strains or human strains with pandemic potential.

Public Information

- Continue to disseminate messages and materials to increase the knowledge and understanding of the public, health care professionals, policy makers, media, and others about unique aspects of pandemic influenza that distinguish it from seasonal influenza and generally what to expect during different phases of an influenza pandemic.
- Notify the Health Director, County Manager, BOS, Emergency Management, County Attorney, and Sheriff of Pandemic Phase 5.
- Consider establishing a Joint Information Center (JIC) to act as a focal point of communication. Request for JIC should be made to Emergency Management
- Continue information flow to other stakeholders via our updated information line, press releases, fact sheets, and other correspondence.
- Update documents, fact sheets, website and information line with current surveillance information. Ensure all information is translated into Spanish in a timely manner.

Gila County Pandemic Influenza Response Plan

- If requested by EM, provide press briefings and issue press releases as outlined in Pandemic Alert Stage. Communications group will work with epidemiology and nursing staff to develop talking points for primary spokesperson.
- Ensure necessary technical communications are in place to support current phase and be prepared to support phase 6.
- Step up education campaign for influenza including the following:
 - Sign/symptoms of influenza
 - importance of hand-washing
 - Avoiding infection, quarantine, checking on family members/neighbors living alone
 - Vaccination clinic locations

Workforce Support

- Implement alternative work schedules as needed.

Gila County Pandemic Influenza Response Plan

Pandemic Period – Phase 6

Definition of phase 6: *Pandemic is declared. There is increased and sustained transmission in the general population.*

Public Health Goals: *Minimize the impact of the pandemic*

All activities from Inter-pandemic period and previous stages will continue and the following activities will be implemented:

Surveillance and Epidemiology

- Surveillance systems will likely be overwhelmed. Surveillance activities described above will continue to the extent possible while diverting personnel to the highest priority activities.
- Continue to monitor data received and use data to establish or reassess vaccine priority groups
- Continue to monitor CDC and WHO reports for guidance and surveillance information.
- Divert any quarantine personnel to higher priority activities.
- Reporting of ILI at sentinel health care facilities.
- Testing of respiratory specimens submitted to the state laboratory for influenza testing and strain sub-typing of isolates. Arrange for transportation if appropriate.
- Informal calls made to hospitals throughout the county.
- Submission of county information of ILI activity to ADHS/CDC
- Active Surveillance of influenza or ILI outbreaks by schools, long term care facilities, or other institutions.

Health Care Response

- Request additional health care workers from the community and other institutions to help with ill patients and work with GCDHCS.
- Perform man power analysis with potential reduction of essential services.

Vaccine and Antiviral Delivery

- Vaccine may or may not be available for a sizable proportion of the State's population.
- Respond to individuals with adverse reactions to vaccine. See VAERS manual.

Gila County Pandemic Influenza Response Plan

- Modify recommendations on priority groups for receiving the vaccine and anti-virals if available to reflect vaccine availability.
- Distribute vaccine and/or antiviral agents as they become available. Use current GCDHCS vaccine management system.
- Continue immunization efforts in lower risk groups as vaccine becomes available.
- Assess antiviral/antibiotic/vaccine needs, conduct necessary activities as prescribed in SNS protocol. See SNS plan.
 - Have refrigerated repository up and running
 - Security for repository
 - Transport of Vaccines (cold chain) and security
 - Clinic site cold storage and security
- Conduct necessary activities as prescribed in SNS protocol.
- Update recommendations and plans for allocation of antiviral and antimicrobial supplies.
- Evaluate pros and cons of continuing all vaccines including seasonal flu shots.
- Ensure updated and appropriate standing orders for vaccine and anti-viral distribution

Community Disease Control

- Provide assessment to EM, Health Department Director, BOS, County Manager, County Attorney, Sheriff, and other stakeholders.
- Request closure of public assembly as appropriate.

Assessing Travel Related Risk

- Make travel restriction recommendations based on current outbreaks.

Public Information

- Continue information flow to tribal health departments and other stakeholders.
- Update documents, fact sheets, Gila County website, Arizona 2-1-1 online, Department Information line with current surveillance information. Ensure all appropriate information is translated into Spanish and Apache in a timely manner.
- Provide press briefings and issue press releases as previously outlined.
- Continue health education campaign to keep ill persons at home, providing translations into Spanish. Engage Apache speakers in information dissemination.
- Disseminate written briefings to media of state and local efforts.

Gila County Pandemic Influenza Response Plan

- All communications equipment operational.
- Response from "worried well" could be overwhelming. Continue education efforts to help ease the fears and concerns of the "worried well."
- Via Emergency Management establish a JIC to act as a focal point of communication.

Workforce Support

- GCHD EOP is in full operation
 - All vacations/leaves are cancelled
 - ICS roles manned by personnel from whole Division of Health and Community Services.
 - Volunteer manager scheduling personnel for various clinic sites.

Gila County Pandemic Influenza Response Plan

Post Pandemic Period

Definition: *Confirmation that the pandemic has ended. Recovery efforts begin.*

Surveillance

- Surveillance will return to inter-pandemic activities to the extent possible.

Health Care Response

- GCDHCS will have an after action meeting with stakeholders to discuss individual response plans and learn from mistakes made,
- Once influenza pandemic has been declared over, staff will participate in after action reviews as necessary.
- Incident Manager will conduct the after action review and produce the report so that lessons learned and potential weakness in response may be identified.
- Step-down from Plan – This plan remains in effect until the Health Director determines it is time to step down (i.e. de-activate EOP)
- Mental health debriefing of the staff

Vaccine and Antiviral Delivery

- Analyze information collected during pandemic.
- Input patient data.
- Restock supplies
- Recoup funds and other resources.
- Activities will return to inter-pandemic activities to the extent possible.

Community Disease Control

- Go back to activities in phases 1 & 2
- Reverse any possible restrictions that were in place during pandemic.

Gila County Pandemic Influenza Response Plan

Assessing Travel Related Risk

- Reverse any travel restrictions that are in place.

Public Information

- Communicate to the media and public that the pandemic is over
- Communicate to mental health support the importance of debriefing all volunteer workers.

Workforce Support

Clean Up Efforts

- Hire personnel for data entry and other necessary positions
- Take inventory and restock
- Reproduce Supplies
- Return of equipment
- Perform cost analysis for cost reimbursement report

APPENDIX A

Acronyms

Acronym	Acronym meaning
ACDONA	Arizona County Director of Nursing Association
ADEM	Arizona Division of Emergency Management
ADES	Arizona Department of Economic Security
ADHS	Arizona Department of Health Services
AIPO	Arizona Immunization Program Office
ARS	Arizona Revised Statutes
BCP	Business Continuity Plan
BOS	Board of Supervisors
CDC	Centers for Disease Control and Prevention
CEOC	County Emergency Operations Center
CVCH	Cobre Valley Community Hospital
DHHS	Department of Health and Human Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
GCEM	Gila County Emergency Management
GCDHCS	Gila County Department of Health and Community Services
GCSO	Gila County Sheriff Office
HAN	Health Alert Network
HSPD	Homeland Security Presidential Directive
IAP	Incident Action Plan
ICS	Incident Command System
IHS	Indian Health Services

Gila County Pandemic Influenza Response Plan

ILI	Influenza Like Illness
IND	Investigational New Drug
JIC	Joint Information Center
MEDSIS	Medical Electronic Disease Surveillance
NIMS	National Incident Management System
PHIMS	Public Health Incident Management System
PIO	Public Information Officer
PPE	Personal Protective Equipment
PRMC	Payson Regional Medical Center
Q & A	Questions and Answers (s)
RRT	Rapid Response Team
SARS	Severe Acute Respiratory Syndrome
SCAT	San Carlos Apache Tribe
SEOC	State Emergency Operations Center
SERRP	State Emergency Response and Recovery Plan
SIREN	Secure Integrated Response Electronic Notification
SNS	Strategic National Stockpile
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WHO	World Health Organization
WMAT	White Mountain Apache Tribe

APPENDIX B

Continuous Improvement Plan

Surveillance and Epidemiology

- ✓ Develop sampling scheme for virologic surveillance during pandemic
- ✓ Explore options for increasing specimen collection from sentinel sites, outbreaks, unusual cases, etc.
- ✓ Assess ability to transport specimens to the state laboratory quickly; explore feasibility and need for courier service or other options.
- ✓ Educate health care providers on disease-based surveillance.
- ✓ Identify sites for active surveillance and guidelines for when to activate active surveillance.
- ✓ Explore animal surveillance to supplement surveillance information
- ✓ Explore additional surveillance systems to enhance influenza surveillance (hospital admissions data,, hospital discharge data, prison/jail etc.)
- ✓ Establish and maintain contacts with influenza and immunization coordinators in neighboring counties and regions.
- ✓ Encourage each tribal health department to have a plan in place for surveillance and response during an influenza pandemic. The county/tribal plans should include the same components as the state.
- ✓ Create a plan to disseminate influenza surveillance information to ADHS and to partners/stakeholders.

Health Care Response

- ✓ Develop plan for monitoring hospital emergency department and community health center capacity. Include I.H.S. facilities and Tribal health departments.
- ✓ Develop methods to rapidly process timely influenza mortality data from funeral directors/hospitals. Establish routine surveillance to identify influenza associated deaths.
- ✓ Review and update plans regularly by the GCDHCS
- ✓ Training of specific ICS roles is ongoing.
- ✓ Develop plans to obtain necessary equipment, supplies, human resources, and sites.

Gila County Pandemic Influenza Response Plan

- ✓ Develop contingency plans for providing food, medical, and other essential life support needs for persons confined to their homes.
- ✓ Establish financial/logistical mechanisms for obtaining and distributing necessary medical supplies.

Vaccine and Antiviral Delivery

- ✓ Develop distribution plan for vaccine, antibiotics and antivirals, specifically addressing the possibility of limited supplies and the need for security. Identify strategies to effectively distribute antiviral medication to potential priority groups.
- ✓ Establish priorities for target groups based on prophylaxis versus therapy.
- ✓ Per CDC guidelines, address possibility of adverse reactions and liability issues. See Appendix O & P
- ✓ Conduct inventory of critical equipment, including but not limited to, county availability of antiviral and antibiotic pharmaceuticals, refrigerated depots for vaccines, transport of delivery of vaccines. Store vaccines following manufacturers' recommendations.
- ✓ Develop consultation and training guidelines for the handling and administration of pharmaceuticals for temporary workers. See SNS plan.
- ✓ Review SNS protocol for requesting supplies of antivirals/ antibiotics/vaccine in the event that state/local supplies become exhausted.
- ✓ Develop supply list and establish agreement with commercial companies to obtain those supplies on short notice. See ACDONA plan.
- ✓ Develop prioritization plan for distribution of vaccines as supplies are likely to be insufficient to meet demand during a pandemic situation.
- ✓ Establish a plan to secure and utilize refrigerated depots for vaccine storage and other influenza related pharmaceuticals, as well as vehicles for their distribution to selected sites for administration.

Community Disease Control

- ✓ Estimate Gila County morbidity and mortality resulting from potential flu pandemics using Flu-Surge. www.flusurge.com
- ✓ Coordinate pandemic planning with disaster planning.
- ✓ Coordinate activities with bordering jurisdictions. Tribal partners must be included. Utilize regional approach to population densities.

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- ✓ Evaluate adequacy of existing infrastructure, identify methods to address shortcomings (including but not limited to number of hospital beds, ICU beds, ventilators, oxygen, antivirals and antibiotics, medical staff including physicians, nurses, PA's, respiratory therapists, radiology techs, nursing, contingency medical care facilities, funeral homes/burial services, social /behavioral health services, law enforcement, fire departments, and schools).
- ✓ Collaborate with County Attorney and GCSO in developing procedures for isolation and quarantine.
- ✓ Develop plans to reach certain high-risk groups (e.g. low income, homeless, or undocumented workers) to facilitate access to prophylaxis and treatment.

Assessing Travel Related Risk

Public Information

- ✓ Establish 24-hour information line for use during pandemic. This is available through Arizona Department of Administration. It is available in English and Spanish and translation services are also available.
- ✓ Assure and update internal review process for key influenza messages. The current method of internal review: messages are drafted by appropriate personnel, reviewed by Epidemiologist, the Director of Public Health, and the PIO.
- ✓ Develop and conduct local training exercises
- ✓ Establish a GCDHCS plan for resource allocation in case of an influenza pandemic.

Workforce Support

- ✓ Create a plan for continuity of operations in case of increased workload or staff losses during a pandemic.

**APPENDIX C
LEGAL AUTHORITY**

STATUTORY AUTHORITY		
I. STATUTE	AGENCY	AUTHORITY
U.S. Public Law 93-288	Federal Government	<ul style="list-style-type: none"> • Provides authority to respond to emergencies and provide assistance to protect public health; implemented by Federal Emergency Management Act
USC Title 42-264	Federal Government	<ul style="list-style-type: none"> • Provides the U.S. Surgeon General the authority to apprehend and examine any individual(s) reasonably believed to be infected with a communicable disease for purposes of preventing the introduction, transmission, or spread of such communicable disease only: <ol style="list-style-type: none"> 1. if the person(s) is moving or about to move from state to state. 2. if the person, upon examination, is found to be infected, he may be detained for such time and in such manner as may be reasonably necessary.
USC Title 42-139 Sec. 14503	Federal Government	<ul style="list-style-type: none"> • Liability protection for volunteers – No volunteer of a non-profit organization or governmental entity shall be liable for harm caused by an act of omission of the volunteer on behalf of the organization or entity.
ARS § 36-782	Governor	<ul style="list-style-type: none"> • In consultation with the Director of ADHS, may issue an enhanced surveillance advisory.

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ARS § 26-303	Governor	<ul style="list-style-type: none"> • Gives Governor authority over state agencies and the right to exercise police power. • Allows Governor to delegate authority to adjutant general.
ARS § 26-310	Division of Emergency Management	<ul style="list-style-type: none"> • Allows any person holding any license, certificate, or other permit issued by any other state to render aid to meet the emergency as fully as if such license had been issued in this state.
ARS § 26-314 (26-353)	Division of Emergency Management	<ul style="list-style-type: none"> • Protects state employees, volunteers, and employees from other states against liability claims while performing duty's during a state of emergency.
ARS § 36-136	Arizona Department of Health Services	<ul style="list-style-type: none"> • Allows Director to institute isolation or quarantine.
ARS § 36-787(A)(6)	Arizona Department of Health Services	<ul style="list-style-type: none"> • Establishes in conjunction with applicable licensing boards a process for temporary waiver of the professional licensure requirements to address the state of emergency or state of war emergency.
ARS § 787(A)(7)	Arizona Department of Health Services	<ul style="list-style-type: none"> • Grants temporary waivers of health care institution licensure requirements to address the state of emergency or state of war emergency.
ARS § 36-624	County Health Departments	<ul style="list-style-type: none"> • Allows county health departments to adopt quarantine and sanitary measures to prevent the spread of the disease.
ARS § 36-627	County Health Departments	<ul style="list-style-type: none"> • Allows county health departments to assume control of hospitals and other places where infectious or contagious disease exists. • Allows county health department to provide temporary hospitals or places of reception for persons with infectious or contagious diseases.

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ARS § 36-628	County Health Departments	<ul style="list-style-type: none">• Allows county health departments to employ physicians and others they deem necessary to provide care for persons afflicted with contagious or infectious diseases.
ARS § 26-311	Local Governments	<ul style="list-style-type: none">• Allows mayors or chairmen of the board of supervisors to declare a local emergency
AAC R9-6-204	Arizona Department of Health Services	<ul style="list-style-type: none">• Allows for collection of patient specific information for positive laboratory reports of influenza

APPENDIX D ISOLATION AND QUARANTINE

Isolation and Quarantine

Isolation refers to the separation of an individual or individuals, infected with influenza from non-infected individuals. Quarantine refers to the separation of an individual, or individuals, exposed to influenza from non-infected and non-exposed individuals.

There are three sources of authority and direction for Isolation and Quarantine:

1. ARS § 36-624

Gives the counties the authority to conduct isolation and quarantine measures. Must be consistent with the due process requirements that are specified under ARS 36-788 and 36-789 (see below). Some counties may have established their own procedures for isolation and quarantine under this authority, however many counties may not be prepared in this area.

2. ARS § 36-787 through 36-789

Gives the isolation and quarantine authority to the State during a state of emergency or state of war emergency.

3. AAC R9-6-388

These rules give the local health agency a process from which to issue isolation and/or quarantine orders that are congruent with ARS 36-624, ARS 36-788 and ARS 36-789 (see flowcharts below).

During a Governor-declared state of war or state of emergency, the Department (ADHS) must follow the process below to issue an order for isolation or quarantine:

State of Declared Emergency or State of Declared War Emergency	There are forms for the Governor to sign and are under development
	10 Days for Department to file order)
Petition for a Court Order	Person is notified of court date within

Gila County Pandemic Influenza Response Plan

W/ Sworn Affidavit	24 hours after filing petition.
Notification to person(s) identified in Petition	The Department formally asks for a court hearing to enforce the directive.
Court Hearing	Hearing takes place within 5 days, under extraordinary circumstances, 10 days
Court Order	The court order is effective for up to 30 days. If needed, the Department can extend another 30 days.

The local health agency must follow the process below to issue an order for isolation or quarantine:

Written Order to Individual or Group	The Order is issued to an individual/group and specifies the I & Q requirements that must be followed
Petition for a Court Order W/ Sworn Affidavit	Within 10 days, the LHD formally asks for a court hearing to enforce the order.
Notification to person(s) identified in Petition	Person is notified of court date within 24 hours after filing petition
Court Hearing	Hearing takes place within 5 days, under extraordinary circumstances, 10 days.
Court Order	The court order is effective for up to 30 days. If needed, the LHD can extend another 30 days

Gila County Pandemic Influenza Response Plan

Division of Public Health Services

Office of the Assistant Director

Public Health Preparedness Services

150 N. 18th
Avenue, Suite 140
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85007

(602) 364-4564

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Fax

JANET NAPOLITANO,
GOVERNOR
SUSAN GERARD,
DIRECTOR

Gila County Pandemic Influenza Response Plan

SAMPLE QUARANTINE ORDER

Under Arizona Revised Statutes, (ARS) §36-787, the Governor, by declaring a state of emergency, has given the authority to the Arizona Department of Health Services to issue this QUARANTINE ORDER.

This QUARANTINE ORDER in accordance with ARS §36-789 (A) (1), hereby states that _____ residing at the location of _____
(Name or names of individuals) (State location)
is subject to quarantine beginning on _____ at _____ a.m./p.m.
As a quarantine measure, the recipient(s) of this QUARANTINE ORDER must remain at _____ until _____ at a.m./p.m. This infectious disease control measure is needed to prevent the spread of _____.
name of infectious disease

You may petition the Arizona Superior Court for review of the restriction of your freedom of movement contained in this QUARANTINE ORDER pursuant to ARS §36-789 (J).

Signature of Director, Arizona Department of Health Services

Issued by:

Name, Title, Date

I have received an original copy of this order:

Patient Signature Date

**APPENDIX E
STANDING ORDERS**

Standing orders for the administration of vaccines are covered under yearly standing orders signed by Dr. Michael Durham, MD.

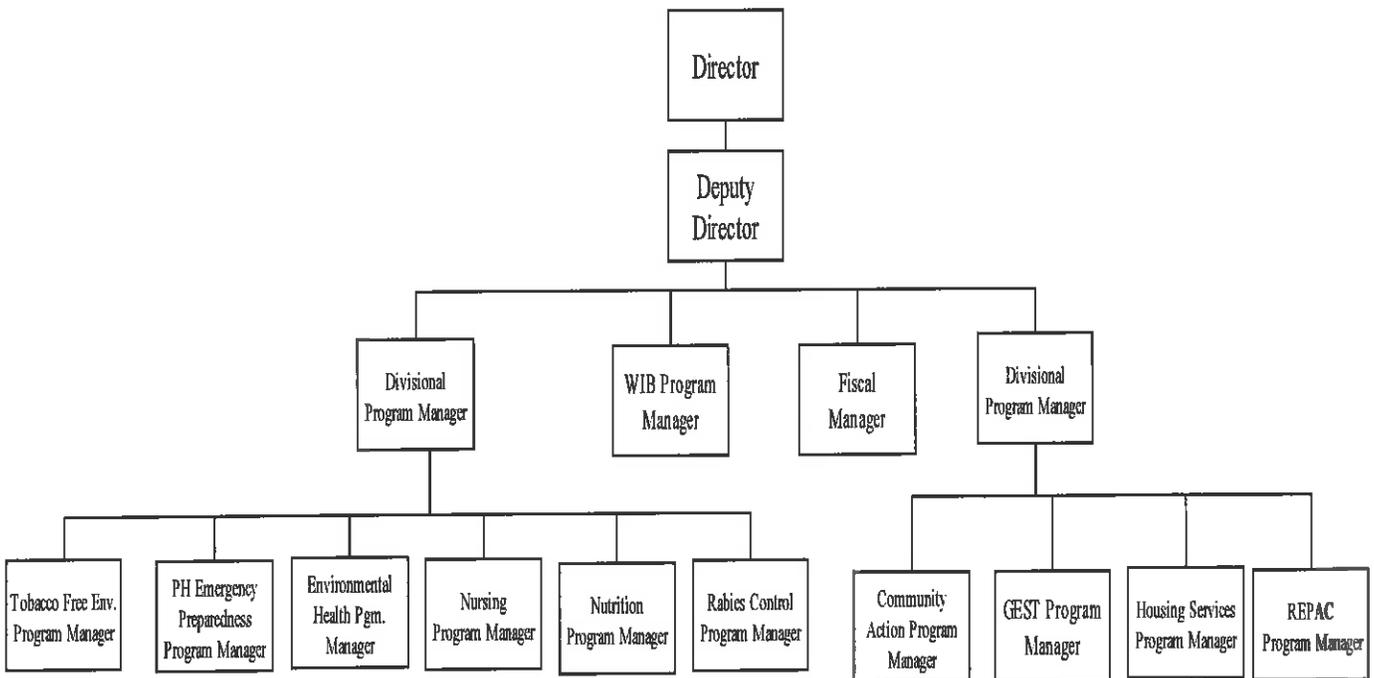
Special orders may be required for certain antivirals and IND (Investigational New Drug) drugs not yet mentioned.

The Nursing staff is able to do traveling vaccination clinics under the present orders. This should cover the eventuality of a mass vaccination clinic.

There may have to be orders written to cover the utilization of other staff to perform administration of vaccinations.

**Appendix F
Organization Chart**

Chain of Command



APPENDIX G

NIMS – National Incident Management System

Since the September 11, 2001, attacks on the World Trade Center and the Pentagon, much has been done to improve prevention, preparedness, response, recovery, and mitigation capabilities and coordination processes across the country. A comprehensive national approach to incident management, applicable at all jurisdictional levels and across functional disciplines, would further improve the effectiveness of emergency response providers and incident management organizations across a full spectrum of potential incidents and hazard scenarios. Such an approach would also improve coordination and cooperation between public and private entities in a variety of domestic incident management activities. For purposes of this document, incidents can include acts of terrorism, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, typhoons, war-related disasters, etc.

On February 28, 2003, the President issued Homeland Security Presidential Directive (HSPD)-5, which directs the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS). According to HSPD-5: This system will provide a consistent nationwide approach for Federal, State, and local governments to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among Federal, State, and local capabilities, the NIMS will include a core set of concepts, principles, terminology, and technologies covering the incident command system; multi-agency coordination systems; unified command; training; identification and management of resources (including systems for classifying types of resources); qualifications and certification; and the collection, tracking, and reporting of incident information and incident resources.

CONCEPTS AND PRINCIPLES.

To provide this framework for interoperability and compatibility, the NIMS is based on an appropriate balance of flexibility and standardization.

1. Flexibility.

The NIMS provides a consistent, flexible, and adjustable national framework within which government and private entities at all levels can work together to manage domestic incidents, regardless of their cause, size, location, or complexity. This flexibility applies across all phases of incident management: prevention, preparedness, response, recovery, and mitigation.

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2. Standardization.

The NIMS provides a set of standardized organizational structures—such as the Incident Command System (ICS), multi-agency coordination systems, and public information systems—as well as requirements for processes, procedures, and systems designed to improve interoperability among jurisdictions and disciplines in various areas, including: training; resource management; personnel qualification and certification; equipment certification; communications and information management; technology support; and continuous system improvement.

OVERVIEW

The NIMS integrates existing best practices into a consistent, nationwide approach to domestic incident management that is applicable at all jurisdictional levels and across functional disciplines in an all-hazards context. Six major components make up this systems approach. Each is addressed in a separate chapter of this document. Of these components, the concepts and practices for Command and Management (Chapter II) and Preparedness (Chapter III) are the most fully developed, reflecting their regular use by many jurisdictional levels and agencies responsible for incident management across the country. Chapters IV-VII, which cover Resource Management, Communications and Information Management, Supporting Technologies, and Ongoing Management and Maintenance, introduce many concepts and requirements that are also integral to the NIMS but that will require further collaborative development and refinement over time.

1. NIMS Components

The following discussion provides a synopsis of each major component of the NIMS, as well as how these components work together as a system to provide the national framework for preparing for, preventing, responding to, and recovering from domestic incidents, regardless of cause, size, or complexity. A more detailed discussion of each component is included in subsequent chapters of this document.

a. Command and Management.

NIMS standard incident command structures are based on ~~three~~ key organizational systems: the ICS, the multi-agency coordination systems, and the Public information systems.

The ICS

The ICS defines the operating characteristics, interactive management components, and structure of incident management and emergency response organizations engaged throughout the life cycle of an incident;

Gila County Pandemic Influenza Response Plan

Multi-agency Coordination Systems

These define the operating characteristics, interactive management components, and organizational structure of supporting incident management entities engaged at the Federal, State, local, tribal, and regional levels through mutual-aid agreements and other assistance arrangements.

Public Information Systems

These refer to processes, procedures, and systems for communicating timely and accurate information to the public during crisis or emergency situations.

Preparedness

Effective incident management begins with a host of preparedness activities conducted on a “steady-state” basis, well in advance of any potential incident. Preparedness involves an integrated combination of planning, training, exercises, personnel qualification and certification standards, equipment acquisition and certification standards, and publication management processes and activities.

Planning

Plans describe how personnel, equipment, and other resources are used to support incident management and emergency response activities. Plans provide mechanisms and systems for setting priorities, integrating multiple entities and functions, and ensuring that communications and other systems are available and integrated in support of a full spectrum of incident management requirements.

Training

Training includes standard courses on multi-agency incident command and management, organizational structure, and operational procedures; discipline-specific and agency-specific incident management courses; and courses on the integration and use of supporting technologies.

Exercises

Incident management organizations and personnel must participate in realistic exercises—including multidisciplinary, multi-jurisdictional, and multi-sector interaction—to improve integration and interoperability and optimize resource utilization during incident operations.

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Personnel Qualification and Certification

Qualification and certification activities are undertaken to identify and publish national-level standards and measure performance against these standards to ensure that incident management and emergency responder personnel are appropriately qualified and officially certified to perform NIMS-related functions.

Equipment Acquisition and Certification

Incident management organizations and emergency responders at all levels rely on various types of equipment to perform mission essential tasks. A critical component of operational preparedness is the acquisition of equipment that will perform to certain standards, including the capability to be interoperable with similar equipment used by other jurisdictions.

Mutual Aid

Mutual-aid agreements are the means for one jurisdiction to provide resources, facilities, services, and other required support to another jurisdiction during an incident. Each jurisdiction should be party to a mutual-aid agreement with appropriate jurisdictions from which they expect to receive or to which they expect to provide assistance during an incident.

Publications Management

Publications management refers to forms and forms standardization, developing publication materials, administering publications—including establishing naming and numbering conventions, managing the publication and promulgation of documents, and exercising control over sensitive documents — and revising publications when necessary.

Resource Management

The NIMS defines standardized mechanisms and establishes requirements for processes to describe, inventory, mobilize, dispatch, track, and recover resources over the life cycle of an incident.

Communications and Information Management

The NIMS identifies the requirement for a standardized framework for communications, information management (collection, analysis, and dissemination), and information-sharing at all levels of incident management. These elements are briefly described as follows:

(1) Incident Management Communications.

Incident management organizations must ensure that effective, interoperable communications processes, procedures, and systems exist to support a wide variety of incident management activities across agencies and jurisdictions.

Gila County Pandemic Influenza Response Plan

(2) Information Management.

Information management processes, procedures, and systems help ensure that information, including communications and data, flows efficiently through a commonly accepted architecture supporting numerous agencies and jurisdictions responsible for managing or directing domestic incidents, those impacted by the incident, and those contributing resources to the incident management effort. Effective information management enhances incident management and response and helps insure that crisis decision- making is better informed.

Supporting Technologies

Technology and technological systems provide supporting capabilities essential to implementing and continuously refining the NIMS. These include voice and data communications systems, information management systems (i.e., record keeping and resource tracking), and data display systems. Also included are specialized technologies that facilitate ongoing operations and incident management activities in situations that call for unique technology-based capabilities.

Ongoing Management and Maintenance

This component establishes an activity to provide strategic direction for and oversight of the NIMS, supporting both routine review and the continuous refinement of the system and its components over the long term.

Appendices

The appendices to this document provide additional system details regarding the ICS and resource typing.

Reference:

NIMS Online. www.nimsonline.com. Oct. 1, 2004. Retrieved on July 15, 2006.

APPENDIX H
RISK COMMUNICATIONS FORMS
Boiler plate type documents

GILA COUNTY DIVISION of HEALTH and COMMUNITY SERVICES
Location: 5515 S. Apache Ave. Suite 300 Globe, AZ 85501
Phone: (928) 425-3231 ext 8811 or 8812 or 425- 3189 Fax: (928) 425-0794
www.gilacountyaz.gov
Countywide TTY (928) 425-0839

Mass Immunization Clinic Locations
Announced

The Arizona Department of Health Services today released details of statewide _____ vaccination clinic locations. Gila County Division of Health and Community Services likewise releases details of Gila County vaccination clinic locations.

IN GILA COUNTY

(__##) clinics are operational and fully staffed with public health nurses, physicians, screeners, mental health counselors, and support staff.

To find a clinic in their area, residents should contact the State Public Health Hotline at (800)314-9243 statewide OR the Gila County website: www.gilacountyaz.gov . Clinic locations are also listed on the ADHS Web site at www.azdhs.gov. Most area clinics will operate in mobile, ~16-hour a day basis, while some rural areas may offer more limited hours due to population demand.

The Department has issued the following guidelines for individuals and their families prior to clinic arrival:

1. To expedite your immunization visit, complete your screening forms prior to clinic arrival. Pick up and fill out a pre-screening form for _____ vaccination for each member of your family. These forms are available in multiple languages at Globe or Payson Health Offices or online at www.gilacountyaz.gov (health department page).
2. Some people are at greater risk for serious side effects from the _____ vaccine.
3. Wear loose-fitting, long sleeved clothing, if possible. Vaccinations generally take place on the upper arm, and are covered with a semi-permeable bandage. After the vaccine is given, you will receive post

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vaccine care and instructions and a hotline number to call if you have any questions or concerns.

4. Lines may be long at clinic sites. Wear comfortable shoes, loose-fitting clothing, sunscreen, and bring bottled water.
5. Clinic staff and volunteers have been trained to help you receive your vaccine in the safest, most efficient manner.

To speak with a live person about any questions related to the immunization clinics or the _____ vaccine, call _____. To speak with a mental health counselor, contact _____.

Appendix I
Flu Vaccination: Communication Checklist

Audience: General Public

- Listing of clinic locations, hours, and special services offered
- Notice of contraindications and who should NOT receive flu vaccine
- General instructions on what to bring with you to the clinic
- What to expect when you arrive at the clinic
- Post vaccination information to be provided.
- What to do in case of adverse reaction after receiving vaccine

Audience: Volunteers

- Where to report
- Instructions for self/family inoculation procedures
- What to bring with you to your clinic location/assignment
- Calming patient anxiety
- Length and type of your assignment

Audience: Health care providers

- How to pre-screen patients for influenza vaccine/contraindications
- How to assess and treat adverse reactions
- Calming patient anxiety

Appendix J

Infection Control and Investigation of Influenza in Institutional Outbreaks

Introduction

Influenza is a cause of respiratory illness that may require outpatient health-care visits or hospitalization. During the influenza season, outbreaks of health-care-associated influenza affect both patients and personnel in long-term care facilities and hospitals. Influenza vaccination of both health-care personnel and patients can help prevent outbreaks. This document provides general guidance for controlling and investigating influenza outbreaks in institutional settings.

County Policy during Influenza Outbreaks in Institutions

During Influenza outbreaks in Institutions the Gila County Office of Health will:

- Educate and ensure implementation of the following prevention and control measures.
- Coordinate with the facility and the Arizona Department of Health Services Lab on the collection, delivery and testing of all influenza tests done at the institution.
- Maintain a list, to be provided by the institution, of residents and employees with their immunization status. All new or possible influenza cases will be reported daily to the Office of Health by a designated individual at the institution.
- Report to ADHS /Epidemiology the number of new/possible cases reported by the institution.

Prevention and Control Measures

Strategies for the prevention and control of influenza in institutions include the following: annual influenza vaccination of all residents and health-care personnel, implementation of Standard and Droplet Precautions for infected individuals, active surveillance and influenza testing for new illness cases, restriction of ill visitors and personnel, administration of prophylactic antiviral medications, and other prevention strategies, such as Respiratory Hygiene/Cough Etiquette.

Vaccination

Health-care personnel and persons at high risk for complications of influenza should be encouraged to receive annual influenza vaccination. Vaccination is the primary measure to

Gila County Pandemic Influenza Response Plan

prevent infection or development of illness from influenza, and thereby limits transmission of influenza, and prevents complications from influenza.

Infection Control Measures

In addition to influenza vaccination, the following infection control measures are recommended to prevent person-to-person transmission of influenza and to control influenza outbreaks:

1. Surveillance

Conduct surveillance for respiratory illness and use influenza testing to identify outbreaks early so that infection control measures can be promptly initiated to prevent the spread of influenza in the facility.

2. Education

Educate personnel about the signs and symptoms of influenza, control measures, and indications for obtaining influenza testing.

- Restrict staff movement from areas of the facility having outbreaks.
- Administer the current season's influenza vaccine to unvaccinated patients, residents, and health-care personnel. Follow current vaccination recommendations for the use of nasal and intramuscular influenza vaccines.

3. Influenza Testing

Perform rapid influenza virus testing of patients with recent onset of symptoms suggestive of influenza. In addition, obtain viral cultures from a subset of patients to determine the infecting virus type and subtype. When clusters of respiratory illness occur or when an influenza outbreak is suspected in an institution a plan will be established between the ADHS lab and the Gila County Office of Health for collecting respiratory specimens and performing influenza testing (e.g., rapid diagnostic test, immunofluorescence) and viral cultures for influenza.

4. Respiratory Hygiene/Cough Etiquette

Respiratory hygiene/cough etiquette should be implemented at the first point of contact with a potentially infected person to prevent the transmission of all respiratory tract infections in acute-care settings. Respiratory Hygiene/Cough Etiquette include:

- Posting visual alerts instructing patients and persons who accompany them to inform health-care personnel if they have symptoms of respiratory infection

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- Providing tissues or masks to patients and visitors who are coughing or sneezing so that they can cover their nose and mouth
- Ensuring that supplies for hand washing are available where sinks are located; providing dispensers of alcohol-based hand rubs in other locations

5. Standard Precautions

During the care of any patient with symptoms of a respiratory infection advise health-care personnel at the institution that they should adhere to Standard Precautions:

- Wear gloves if hand contact with respiratory secretions or potentially contaminated surfaces is anticipated.
- Wear a gown if soiling of clothes with a patient's respiratory secretions is anticipated.
- Change gloves and gowns after each patient encounter and perform hand hygiene.
- Decontaminate hands before and after touching the patient and after touching the patient's environment or the patient's respiratory secretions, whether or not gloves are worn.
- When hands are visibly soiled or contaminated with respiratory secretions, wash hands with soap (either plain or antimicrobial) and water.
- If hands are not visibly soiled, use an alcohol-based hand rub.

6. Droplet Precautions

- In addition to Standard Precautions, health-care workers should adhere to Droplet Precautions during the care of a patient with suspected or confirmed influenza for 5 days after the onset of illness.
- Separate suspected or confirmed influenza patients from asymptomatic patients. Place patient in a private room. If a private room is not available, place (cohort) suspected influenza patients with other patients suspected of having influenza; cohort confirmed influenza patients with other patients confirmed to have influenza.
- Wear a surgical or procedure mask when entering the patient's room or when working with the patient. Remove the mask when leaving the patient's room and dispose of the mask in a waste container.
- If patient movement or transport is necessary, have the patient wear a surgical or procedure mask, if possible.

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Antiviral Prophylaxis

- Antiviral prophylaxis may be recommended to be given to patients and health-care personnel. Using antiviral drugs for treatment and prophylaxis of influenza is a key component of influenza outbreak control in institutions.
- Administer influenza antiviral prophylaxis and treatment to patients and health-care personnel according to current recommendations.
- Consider antiviral prophylaxis for all health-care personnel, regardless of their vaccination status, if the outbreak is caused by a variant of influenza virus that is not well matched by the vaccine.

When confirmed or suspected outbreaks of influenza occur in institutions that house persons at high risk, chemoprophylaxis should be started as early as possible to reduce the spread of the virus. In these situations, having pre-approved orders from physicians or plans to obtain orders for antiviral medications on short notice can substantially expedite administration of antiviral medications.

When outbreaks occur in institutions, chemoprophylaxis should be administered to all residents, regardless of whether they received influenza vaccinations during the previous fall, and should continue for a minimum of 2 weeks. If surveillance indicates that new cases continue to occur, chemoprophylaxis should be continued until approximately 1 week after the end of the outbreak. The dosage for each resident should be determined individually. Chemoprophylaxis also can be offered to unvaccinated staff who provide care to persons at high risk. Prophylaxis should be considered for all employees, regardless of their vaccination status, if the outbreak is caused by a variant strain of influenza that is not well-matched by the vaccine.

In addition to nursing homes, chemoprophylaxis also can be considered for controlling influenza outbreaks in other closed or semi-closed settings (e.g., dormitories or other settings where persons live in close proximity).

To limit the potential transmission of drug-resistant virus during outbreaks in institutions, whether in chronic or acute-care settings or other closed settings, measures should be taken to reduce contact as much as possible between persons taking antiviral drugs for treatment and other persons, including those taking chemoprophylaxis (see Antiviral Drug-Resistant Strains of Influenza).

8. Restrictions for Ill Visitors and Ill Health-care Personnel

If there is no or only sporadic influenza activity occurring in the surrounding community:

Gila County Pandemic Influenza Response Plan

- Discourage persons with symptoms of a respiratory infection from visiting patients. Post notices to inform the public about visitation restrictions.

Monitor health-care personnel for influenza-like symptoms and consider removing them from duties that involve direct patient contact, especially those who work in specific patient-care areas (e.g., intensive care units [ICUs], nurseries, organ-transplant units). If excluded from duty, they should not provide patient care for 5 days after the onset of symptoms.

If widespread influenza activity is in the surrounding community:

- Notify visitors (e.g., via posted notices) that adults with respiratory symptoms should not visit the facility for 5 days and children with symptoms should not visit for 10 days following the onset of illness.

Evaluate unvaccinated health-care personnel, especially those in high-risk areas (e.g., ICUs, nurseries, and organ-transplant units) for symptoms of respiratory infection. Perform rapid influenza tests to confirm that the causative agent is influenza and to determine whether they should be removed from duties that involve direct patient contact. If excluded, they should not provide patient care for 5 days following the onset of symptoms.

Control of Influenza Outbreaks in Acute-care Settings

When influenza outbreaks occur in acute-care settings, the following measures should also be taken to limit transmission:

- Curtail or eliminate elective medical and surgical admissions and restrict cardiovascular and pulmonary surgery to emergency cases only during influenza outbreaks, especially those characterized by high attack rates and severe illness, in the community or acute-care facility.

Reference:

Arizona Department of Health Services: *Infectious Disease Manual*. Appendix 5 – Patient Isolation Precautions. December 2003.

Appendix K
Sample Provider Information Statements

Sample Provider Information Statement – Novel Virus Alert

Novel Virus Alert

As you are aware, one or more human cases of a novel virus, for which there is no immunity in the general population, has been detected in _____. This could potentially, but not inevitably, be a precursor to a pandemic.

Gila County Public Health is working closely with the State Health Department and Centers for Disease Control to monitor reports of disease progression and surveillance to detect the arrival of disease caused by the novel virus in _____. Currently there have been no reported cases in Gila County.

The CDC has issued recommendations for enhanced influenza surveillance for state health departments. The purpose of these recommendations is to enhance the capacity to rapidly identify an importation of this virus. Current recommendations are at www.cdc.gov or www.pandemicflu.gov.

We will continue to provide you with updates on influenza activity and will distribute recommendations on any additional surveillance activities that may become necessary.

If you have any questions please call Gila County Division of Health and Community Services at 402-8811.

Sample Provider Information Statement – Pandemic Imminent

Pandemic Imminent

The _____ novel virus_____ is causing unusually high rates of morbidity and mortality in widespread geographic areas. Travel advisories remain in effect for the following areas:

If your patient is ill with influenza like illness and has recently traveled to these areas, or is a close contact to someone who has traveled to these areas the following recommendations should be considered:

- 1) Advise patients to remain at home.
- 2) Prescribe antivirals for household contacts
- 3) Self-monitoring of symptoms
- 4) File report with Gila County Division of Health and Community Services

Updates can be obtained at the state web site www.adhs.gov. or at www.cdc.gov.

Gila County continues to work closely with the State and CDC regarding influenza vaccine. We do not have a manufacturer's release date at this time but continue to review plans for distribution.

Providers are encouraged to use antivirals for household contacts of confirmed or strongly suspected cases of influenza.

Enforcement of respiratory hygiene is essential. Continue to implement respiratory programs in your area of practice:

- At entry, triage, or registration, ask all patients with symptoms of respiratory illness to wear a surgical mask, and provide instructions on their proper use and disposal.
- Offer masks to all other persons who enter the facility to use voluntarily for their own protection.
- For patients who cannot wear a surgical mask, provide tissues to cover the nose and mouth when coughing or sneezing and a small bag for mask and tissue disposal.
- Encourage and provide access to hand washing or a waterless hand hygiene product and instruct patients to decontaminate their hands after handling respiratory secretions and before and after their contact with a healthcare worker.
- Separate patients with respiratory illness from other patients by either placing them into a cubicle, examination room, or some physical separation.

Sample Provider Information Statement – Pandemic Alert Declaration

Pandemic Alert Declaration

A formal declaration was made today by the CDC regarding the influenza pandemic. Further spread with involvement of multiple continents has been reported.

The United States reported _____ hospitalizations or deaths to the CDC with _____ being from Arizona.

Gila County has had _____ related to complications from influenza.

Manufacturers of flu vaccine report a release date of _____. Gila County continues to make plans for mass vaccination/prophylaxis. Current supply of antivirals remains low.

Up-to-date summaries of influenza activity are available at www.azdhs.gov

_____.

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Sample Provider Information Statement – Pandemic Alert Case Information

Pandemic Alert Case Information

The novel virus _____ has demonstrated sustained person-to-person transmission and multiple cases in the same geographic area.

Confirmed case definition:

Probable case definition:

The number of confirmed cases is _____. Number of deaths are _____.

The CDC and State Department of Health Services has released a travel advisory

For _____.

Updates can be obtained at the state web site www.azdhs.gov _____ or at www.cdc.gov.

Gila County has reported _____ number of confirmed/ probable case (s) of influenza A _____. _____ deaths have been reported.

Antivirals are recommended for household contacts of confirmed cases and strongly suspected cases of influenza. Recommendations for asymptomatic household contacts can be downloaded from the following website:

www._____.

Sample Provider Information Statement – Pandemic Second Wave

Pandemic Second Wave

Typically in a pandemic, the number of new cases of influenza peaks and then declines. This gives the impression that the pandemic is over. Health care providers need to remain vigilant for the return of the epidemic activity. Health care providers must make use of the interim period to prepare for a resurgence of disease.

Gila County continues to urge providers to keep a respiratory hygiene program in place. Maintain an accurate inventory and order supplies that may be necessary for disease resurgence. Continue to vaccinate (if applicable).

Log onto the Center for Disease Control website at www.cdc.gov for more information.

Gila County Pandemic Influenza Response Plan

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GILA COUNTY DIVISION of HEALTH and COMMUNITY SERVICES

5515 S. Apache Ave. Suite 300 Globe, AZ 85501
(928) 425-3189

"Improving the Quality of Life for all Residents"

FOR IMMEDIATE RELEASE

DATE:

Contact:

Title:

Influenza Alert for Public Release

The Gila County Division of Health and Community Services would like to alert residents to take precautions in minimizing the spread of the influenza virus. There is a new strain of influenza virus circulating. Most people have little or no natural immunity to protect against it. Officials with the Center for Disease Control and Prevention are developing a vaccine at this time. Residents will be notified when vaccine supplies are available. Preventing the infection and spread of this virus is critical in protecting the residents of Gila County.

Symptoms of the flu include, abrupt onset of chills and fever, headache, muscle aches, sore throat, and cough. Those who develop flu symptoms should notify their health care provider, by telephone if possible.

Influenza virus is contagious from person-to-person. The virus spreads when droplets from a cough or sneeze of an infected person reach the mucous membranes of another person's mouth, nose, or eyes. This virus can also be spread by a contaminated surface or object.

The risk of becoming ill can be reduced by frequent hand washing and keeping your hands away from your eyes, nose, and mouth. Also, try to avoid contact with people who have respiratory illnesses.

Those who become ill should contact their health care provider and stay at home if possible, avoiding any group activities. Isolating oneself is crucial to preventing the spread of this disease to others, including co-workers and those in public places.

For more information, visit the Gila County website
www.co.gila.az.us

Public Health Preparedness	Community Action	Environmental Health	GEST
Housing Rehabilitation	Nursing Services	Nutrition Services	Public Fiduciary
Rabies Control	REPAC	Section 8 Housing	Weatherization Program
Workforce Investment Act	Tobacco Free Environment		

Reasonable accommodations for persons with disabilities may be requested.

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APPENDIX L MEDIA INFORMATION AND FORMS

Information for the Media

Overview of Influenza Pandemic

- Pandemics result from the emergence of influenza A virus that is novel for the human population.
- The hallmark of pandemic influenza is excess mortality --- the number of deaths observed during an epidemic of influenza-like illness in excess of the number expected.
- During this century, pandemics occurred in 1918, 1957, and 1968.
- 1918-19 "Spanish flu" A caused the highest known influenza-related mortality: at least 500,000 deaths in the United States, and 20 million worldwide.
- 1957-58 "Asian flu" A: 70,000 deaths in the United States.
- 1968-69 "Hong Kong flu" A: 34,000 deaths in the United States.
- Although mortality rates associated with the pandemics of 1957 and 1968 were confined primarily to the elderly and chronically ill, both pandemics were associated with high rates of illness and social disruption, with combined economic losses of approximately \$32 billion (in 1995 dollars).
- The potential impact of an influenza virus in humans depends on its virulence (ability to cause severe illness or death) and on whether there is protective immunity in the population. Protective immunity will inhibit the virus' ability to be passed from person-to-person and will decrease the severity of illness.
- Influenza viruses undergo two kinds of change. One is a series of mutations over time that causes a gradual evolution of the virus, known as antigenic drift. The other is an abrupt change in the surface antigen proteins, known as antigenic shift, thus suddenly creating a new subtype of the virus.
- When antigenic shift occurs, the population does not have antibody protection against the virus.
- Birds are the primary reservoir for influenza viruses. All 15 recognized influenza A subtypes have been found in birds.

Gila County Pandemic Influenza Response Plan

- In most years in the United States, influenza is responsible for 10,000-40,000 excess deaths, 50,000-300,000 hospitalizations, and approximately \$1-3 billion in direct costs for medical care.

Influenza: Background Information

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity, and for which there is no vaccine. The disease spreads easily person-to-person, causes serious illness, and can sweep across the country and around the world in very short time.

It is difficult to predict when the next influenza pandemic will occur or how **severe** it will be. Wherever and whenever a pandemic starts, everyone around the world is at risk. Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus, but cannot stop it.

Health professionals are concerned that the continued spread of a highly pathogenic avian H5N1 virus across eastern Asia and other countries represents a significant threat to human health. The H5N1 virus has raised concerns about a potential human pandemic because:

- It is especially virulent
- It is being spread by migratory birds
- It can be transmitted from birds to mammals and in some limited circumstances to humans, and
- Like other influenza viruses, it continues to evolve.

Since 2003, a growing number of human H5N1 cases have been reported in Azerbaijan, Cambodia, China, Djibouti, Egypt, Indonesia, Iraq, Thailand, Turkey, and Vietnam. More than half of the people infected with the H5N1 virus have died. Most of these cases are all believed to have been caused by exposure to infected poultry. There has been no sustained human-to-human transmission of the disease, but the concern is that H5N1 will evolve into a virus capable of human-to-human transmission.

Avian Influenza Viruses

Avian (bird) flu is caused by influenza A viruses that occur naturally among birds. There are different subtypes of these viruses because of changes in certain proteins (hemagglutinin [HA]

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and neuraminidase [NA]) on the surface of the influenza A virus and the way the proteins combine.

Each combination represents a different subtype. All known subtypes of influenza A viruses can be found in birds. The avian flu currently of concern is the H5N1 subtype.

Avian Influenza in Birds

Wild birds worldwide carry avian influenza viruses in their intestines, but usually do not get sick from them. Avian influenza is very contagious among birds and can make some domesticated birds, including chickens, ducks, and turkeys, very sick and kill them.

Infected birds shed influenza virus in their saliva, nasal secretions, and feces. Domesticated birds may become infected with avian influenza virus through direct contact with infected waterfowl or other infected poultry, or through contact with surfaces (such as dirt or cages) or materials (such as water or feed) that have been contaminated with the virus.

Avian influenza infection in domestic poultry causes two main forms of disease that are distinguished by low and high extremes of virulence. The "low pathogenic" form may go undetected and usually causes only mild symptoms (such as ruffled feathers and a drop in egg production). However, the highly pathogenic form spreads more rapidly through flocks of poultry. This form may cause disease that affects multiple internal organs and has a mortality rate that can reach 90-100%, often within 48 hours. The H5N1 virus is highly pathogenic.

Human Infection with Avian Influenza Viruses

"Human influenza virus" usually refers to those subtypes that spread widely among humans. There are only three known A subtypes of influenza viruses (H1N1, H1N2, and H3N2) currently circulating among humans. It is likely that some genetic parts of current human influenza A viruses originally came from birds. Influenza A viruses are constantly changing, and other strains might adapt over time to infect and spread among humans.

The risk from avian influenza is generally low to most people, because the viruses do not usually infect humans. H5N1 is one of the few avian influenza viruses to have crossed the species barrier to infect humans, and it is the most deadly of those that have crossed the barrier.

Most cases of H5N1 influenza infection in humans have resulted from contact with infected poultry (e.g., domesticated chicken, ducks, and turkeys) or surfaces contaminated with secretion/excretions from infected birds.

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So far, the spread of H5N1 virus from person to person has been limited and has not continued beyond one person. Nonetheless, because all influenza viruses have the ability to change, scientists are concerned that H5N1 virus one day could be able to infect humans and spread easily from one person to another.

In the current outbreaks in Asia, Europe, and Africa, more than half of those infected with the H5N1 virus have died. Most cases have occurred in previously healthy children and young adults. However, it is possible that the only cases currently being reported are those in the most severely ill people, and that the full range of illness caused by the H5N1 virus has not yet been defined.

Symptoms of avian influenza in humans have ranged from typical human influenza-like symptoms (e.g., fever, cough, sore throat, and muscle aches) to eye infections, pneumonia, severe respiratory diseases (such as acute respiratory distress), and other severe and life-threatening complications. The symptoms of avian influenza may depend on which virus caused the infection.

Because these viruses do not commonly infect humans, there is little or no immune protection against them in the human population. If H5N1 virus were to gain the capacity to spread easily from person to person, a pandemic (worldwide outbreak of disease) could begin. No one can predict when a pandemic might occur. However, experts from around the world are watching the H5N1 situation very closely and are preparing for the possibility that the virus may begin to spread more easily and widely from person to person.

For the most current information about avian influenza and cumulative case numbers, see the map on the Centers for Disease Control and Prevention's website at www.cdc.gov.

This information was provided by the Centers for Disease Control and Prevention. For more information about human infection, see <http://www.cdc.gov/flu/avian/gen-info/avian-flu-humans.htm>

**APPENDIX M
CHECKLISTS**

Checklists will be developed later as needed

**APPENDIX N
PNEUMONIA VACCINE**

Information of pneumonia vaccine will be supplied when it becomes available

APPENDIX O
VACCINE INFORMATION STATEMENT

Vaccine Information Statement will be supplied later when it becomes available.

APPENDIX P VAERS INFORMATION

What is VAERS?

The Vaccine Adverse Event Reporting System (VAERS) is a national program that monitors the safety of vaccines after they are licensed. VAERS is managed by the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA).

VAERS is part of a larger system that makes sure that vaccines are safe and work as intended. Steps to make sure that vaccines are safe begin before a vaccine is licensed. The FDA requires that it go through extensive safety testing. After a vaccine is licensed, VAERS is used to watch for any problems, or “adverse events” that happen after vaccination. Even though careful and complete studies are done before a vaccine is licensed, rare side effects may not be found until a vaccine is given to millions of people with different backgrounds and medical histories. VAERS helps to make sure that the benefits of vaccines continue to be far greater than the risks.

There are things that VAERS cannot do. VAERS cannot prove that a vaccine either did cause or did not cause a problem. In fact, vaccines are not the cause of many of the problems reported to VAERS. Sometimes people who get vaccinated coincidentally will get sick from some other cause—they get a stomachache, cold, or flu—and it has nothing to do with the vaccine. Rarely, people who have been vaccinated will get unexpected reactions that are serious and should be reported to VAERS. Even though VAERS cannot prove that a vaccine caused a problem, it can give the FDA and the CDC important information that might signal a problem. If it looks as though a vaccine might be causing a problem, the FDA and CDC will investigate further.

Does VAERS Provide Medical Advice?

VAERS does not provide medical advice. For medical advice, please contact your health care provider or state health department.

Who Can Report to VAERS?

Anyone can report to VAERS. The FDA and the CDC encourage patients, parents, and others to report any significant problems experienced after a vaccination, even if they are not

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certain that a vaccine caused them. To report possible problems after vaccination visit the VAERS website at: www.vaers.hhs.gov

Why Should I Report to VAERS?

Better reporting helps keep vaccines safe for you and your family, and for everyone who receives vaccinations. Each VAERS report provides valuable information that helps the FDA and the CDC make sure that vaccines are safe. The more accurate and complete the VAERS report, the better the system works. Remember, no vaccine or any medicine is completely free of risk and some side effects are possible.

What Types of Events Should Be Reported?

You should report any serious problem that happens after getting a vaccine, even if you are not sure that the vaccine caused the problem. It is especially important to report any problem that resulted in hospitalization, disability, or death. Health care providers are required by law to report certain problems. To get a list of these, please call 800-822-7967 or go to www.vaers.hhs.gov . If you are not sure that a certain type of problem should be reported to VAERS, talk with your health care provider.

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WEBSITE: www.vaers.hhs.gov E-MAIL: info@vaers.org FAX: 1-877-721-0366

 VACCINE ADVERSE EVENT REPORTING SYSTEM 24 Hour Toll-Free Information 1-800-822-7967 P.O. Box 1100, Rockville, MD 20849-1100 PATIENT IDENTITY KEPT CONFIDENTIAL		For CDC/FDA Use Only VAERS Number _____ Date Received _____						
		Patient Name: _____ Last First M.I. Address _____ _____ _____ City State Zip Telephone no. (____) _____		Vaccine administered by (Name): _____ Responsible Physician _____ Facility Name/Address _____ _____ _____ City State Zip Telephone no. (____) _____		Form completed by (Name): _____ Relation <input type="checkbox"/> Vaccine Provider <input type="checkbox"/> Patient/Parent to Patient <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other Address (if different from patient or provider) _____ _____ _____ City State Zip Telephone no. (____) _____		
1. State	2. County where administered	3. Date of birth mm / dd / yy	4. Patient age	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Date form completed mm / dd / yy			
7. Describe adverse event(s) (symptoms, signs, time course) and treatment, if any				8. Check all appropriate: <input type="checkbox"/> Patient died (date mm / dd / yy) <input type="checkbox"/> Life threatening illness <input type="checkbox"/> Required emergency room/doctor visit <input type="checkbox"/> Required hospitalization (____ days) <input type="checkbox"/> Resulted in prolongation of hospitalization <input type="checkbox"/> Resulted in permanent disability <input type="checkbox"/> None of the above				
9. Patient recovered <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				10. Date of vaccination mm / dd / yy AM/PM		11. Adverse event onset mm / dd / yy AM/PM		
12. Relevant diagnostic tests/laboratory data								
13. Enter all vaccines given on date listed in no. 10								
Vaccine (type)		Manufacturer		Lot number		Route/Site	No. Previous Doses	
a. _____		_____		_____		_____	_____	
b. _____		_____		_____		_____	_____	
c. _____		_____		_____		_____	_____	
d. _____		_____		_____		_____	_____	
14. Any other vaccinations within 4 weeks prior to the date listed in no. 10								
Vaccine (type)		Manufacturer		Lot number		Route/Site	No. Previous doses	Date given
a. _____		_____		_____		_____	_____	_____
b. _____		_____		_____		_____	_____	_____
15. Vaccinated at: <input type="checkbox"/> Private doctor's office/hospital <input type="checkbox"/> Public health clinic/hospital			<input type="checkbox"/> Military clinic/hospital <input type="checkbox"/> Other/unknown		16. Vaccine purchased with: <input type="checkbox"/> Private funds <input type="checkbox"/> Military funds <input type="checkbox"/> Public funds <input type="checkbox"/> Other/unknown		17. Other medications	
18. Illness at time of vaccination (specify)			19. Pre-existing physician-diagnosed allergies, birth defects, medical conditions (specify)					
20. Have you reported this adverse event previously? <input type="checkbox"/> No <input type="checkbox"/> To health department <input type="checkbox"/> To doctor <input type="checkbox"/> To manufacturer		Only for children 5 and under 22. Birth weight _____ lb. _____ oz. 23. No. of brothers and sisters _____						
21. Adverse event following prior vaccination (check all applicable, specify) Adverse Event Onset Age Type Vaccine Dose no. in series <input type="checkbox"/> In patient _____ <input type="checkbox"/> In brother or sister _____		Only for reports submitted by manufacturer/immunization project 24. Mfr./Imm. proj. report no. _____ 25. Date received by mfr./imm. proj. _____ 26. 15 day report? <input type="checkbox"/> Yes <input type="checkbox"/> No 27. Report type <input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up						
Health care providers and manufacturers are required by law (42 USC 300aa-26) to report reactions to vaccine listed in the Table of Reportable Events Following Immunization. Reports for reactions to other vaccines are voluntary except when required as a condition of immunization grant awards.								

Form VAERS-1 (rev)

Gila County Pandemic Influenza Response Plan

Appendix Q

Resources

Strategic National Stockpile (SNS) Plan
Arizona County Director of Nursing Association (ACDONA)
Gila County Emergency Operations Plan
Arizona Department of Health Services: Infectious Disease Manual

Websites

Department of Health and Human Services: The Centers for Disease Control and Prevention.
www.cdc.gov/flu/professionals/infectioncontrol/institutions.htm. Dec. 23, 2003. Retrieved on July 1, 2006.

NIMS Online. www.nimsonline.com. Oct. 1, 2004. Retrieved on July 15, 2006.

The World Health Organization. www.who.int. Information retrieved on June 15, 2006.

Gila County Pandemic Influenza Response Plan

Gila County
Community Services Division
 Organizational Chart
 January 31, 2013

Attachment B

