

**REPORT  
ON THE  
LIMITED AUDIT**

**FRESNO COUNTY PUBLIC HEALTH DEPARTMENT  
FRESNO, CALIFORNIA**

**HOSPITAL PREPAREDNESS PROGRAM  
HPP FUNDING GRANT AGREEMENT  
FISCAL PERIOD  
SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006  
EXTENDED THROUGH AUGUST 31, 2007**

**Audits Section—Fresno  
Financial Audits Branch  
Audits and Investigations  
Department of Health Care Services**

**Section Chief: Michael Harrold  
Auditor: Jaskaranjit Bal**



DAVID MAXWELL-JOLLY  
*Director*

State of California—Health and Human Services Agency  
Department of Health Care Services



ARNOLD SCHWARZENEGGER  
*Governor*

January 14, 2009

Edward L. Moreno, M.D., M.P.H.  
Director-Health Officer  
County of Fresno  
Department of Public Health  
1221 Fulton Mall  
P.O. Box 11867  
Fresno, CA 93775

Dear Mr. Moreno:

The claims for expenditures for services provided by Fresno County, under the Public Health Emergency Preparedness Program, Hospital Preparedness Program contract for the fiscal period of September 1, 2005 through August 31, 2006 have been audited by the Financial Audits Branch of the Department of Health Care Services. In addition, a review was made of the program's management and operational procedures.

Except as set forth in the following paragraph, our audit was made in accordance with generally accepted government auditing standards as promulgated by the Comptroller General of the United States. Accordingly, our audit included such tests of the accounting records and other audit procedures, as we considered necessary under the circumstances.

The financial statements of Fresno County for the fiscal year ended June 30, 2006, were examined by other auditors whose report dated December 22, 2006, expressed an unqualified opinion on those statements.

The scope of our review was limited to specific contract or program requirements relating to financial compliance and did not include sufficient work to determine whether the financial statements present fairly the financial position and the results of the financial operations. We have not duplicated the work performed by the other auditors.

As noted in the preceding paragraph, the scope of our work was not sufficient to enable us to express, and we do not express, an opinion on the financial position referred above. Consequently, no financial statements are presented.

The program audit was conducted during the months of June through September, 2008. The exit conference was held on October 27, 2008 at which time the results of the engagement were discussed.

This Audit Report includes the:

1. Executive Summary of Findings
2. Contract Compliance
3. Line Item Budget
4. Financial Schedules

The report concludes that no additional amount is due the State or Contractor.

Emergency Preparedness Office may require a corrective action plan in response to the findings in this report. If so, please develop and submit a corrective action plan within ninety (90) days of receipt of this letter to:

Diane Leung  
Contract Manager  
Planning and Policy Unit  
Emergency Preparedness Office  
California Department of Public Health  
1615 Capitol Avenue, Suite 73.373  
P. O. Box 997413, MS 7002  
Sacramento, CA 95899-7413

If you disagree with the decision of the Department, you may appeal by writing to:

Chief  
Office of Administrative Appeals and Hearings  
1029 J Street, Suite 200  
Sacramento, CA 95814  
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

Edward L. Moreno, M.D., M.P.H.  
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**United States Postal Service (USPS)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
PO Box 997413  
Sacramento, CA 95899-7413

**Courier (UPS, FedEx, etc.)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
1501 Capitol Avenue, Suite 71.5001  
Sacramento, CA 95814-5005  
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

If you should have any further question, please contact Diane Leung, Contract Manager, at (916) 319-8192.

Original Signed By

Michael A. Harrold, Chief  
Audits Section – Fresno  
Financial Audits Branch

Certified

cc: Betsey Lyman  
Deputy Director  
Emergency Preparedness Office  
California Department of Public Health  
1615 Capitol Avenue, Suite 73.373  
P. O. Box 997413, MS 7002  
Sacramento, CA 95899-7413

Susan Fanelli  
Assistant Deputy Director  
Emergency Preparedness Office  
California Department of Public Health  
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Edward L. Moreno, M.D., M.P.H.  
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cc: Diane Leung  
Contract Manager  
Planning and Policy Unit  
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California Department of Public Health  
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HOSPITAL PREPAREDNESS PROGRAM  
HPP FUNDING GRANT AGREEMENT  
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006  
EXTENDED THROUGH AUGUST 31, 2007**

**I. EXECUTIVE SUMMARY OF FINDINGS**

The following information is a summary of our findings:

**CONTRACT COMPLIANCE**

1. The HPP approved an extension to the California Department of Public Health (CDPH) for the HPP Year 4 award budget year end date to August 31, 2007. This was done to allow the counties to complete emergency response activities approved by EPO. (See Section IV.A)
2. The County requested a total of \$687,933 of federal funds to implement HPP critical benchmarks. (See Section IV.B)
3. The total HPP grant budget of \$687,933 approved by EPO exceeded the federal program funds awarded allocation of \$610,771 by \$77,162. (See Section IV.B)
4. The County had proper approvals from EPO for redirection of funds from and to critical benchmarks and line items and for increase/decrease in budgeted amounts. (See Section IV.C)
5. No situations were detected during the course of our review, in which funds from this agreement were used to fund other pre-existing programs or other new programs. (See Section IV.E)
6. Not all equipment and supplies purchased by CDPH through the state vendor Grainger was confirmed by the assigned facilities. (See Section V)

**LINE ITEM BUDGET**

1. The County fully expended the HPP grant funds approved for fiscal period 2005-2006 within the specified time frame with the exception of pharmaceutical supplies which were to be directly purchased by CDPH on behalf of the County. (See Section IV.D) Our review of the grant line item budget expenditures did not disclose any material exceptions. (See Section V)

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**II. INTRODUCTION**

**A. DESCRIPTION OF PROGRAM**

The Hospital Preparedness Program (HPP [formerly HRSA]) is funded by the U.S. Department of Health and Human Services under the authority of section 2802(b) of the Public Health Services (PHS) Act, as amended by the Pandemic and All-Hazards Preparedness Act (P.L. 109-417). The purpose of this program is to enable award recipients to improve surge capacity and enhance community and hospital preparedness for public health emergencies. Funds from HPP are used to build medical surge capability through planning, personnel, equipment, training and exercise capability at the State and local levels. These efforts are intended to support the National Preparedness Goal established by the Department of Homeland Security in 2005 and the goals outlined in Section 319C-2 of the PHS Act.

**B. DESCRIPTION OF AGENCY**

The Fresno County Public Health Department is a local governmental agency, which is a part of the County of Fresno government.

The Public Health Department integrates the services of Community Health, Children's Medical Services, Correctional Health, Emergency Medical Services, Environmental Health, Office of Policy, Planning and Communication, Public Health Laboratory Services, and Public Health Nursing.

The Fresno County Public Health Department promotes, preserves, and protects the community's health through identifying community health needs, assuring the availability of quality health services and providing effective leadership in developing public health policies.

The Fresno County Public Health Department has a Hospital Preparedness Program grant agreement with the California Department of Public Health (CDPH), to receive HPP funding.

**C. SITE LOCATIONS**

Fresno County Public Health Department is located at 1221 Fulton Mall, Fresno, CA 93775.

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**D. FUNDING SOURCES**

The following is a summary of the County of Fresno's expenditures of federal awards for the fiscal year ended June 30, 2006.

	<u>Expenditures</u>
U.S. Department of Health and Human Services	\$448,096,669
U.S. Department of Agriculture	153,553,067
U.S. Department of Housing and Urban Development	12,108,108
U.S. Department of Justice	10,740,754
U.S. Department of Federal Voter Assistance Commission	947,302
U.S. Department of Transportation	514,802
U.S. Department of Emergency Management	103,195
U.S. Department of Defense	6,836
Total Expenditures of Federal Awards	\$626,070,733

**Hospital Preparedness Program Grant Funding**

Hospital Preparedness Program (HPP) local funding awarded for the budget period, September 1, 2005 through August 31, 2006, totaled \$610,771 to implement the HPP Critical Benchmarks which was extended to August 31, 2007. HPP expenditures are included as part of U.S. Department of Health and Human Services expenditures line in the above schedule.

**E. CONTRACT GOALS AND OBJECTIVES**

The Hospital Preparedness Program (HPP) has developed Critical Benchmarks (CB) designed to measure activities to assist hospitals and supporting health care systems to deliver coordinated and effective care to victims of terrorism and other public health emergencies.

A Cooperative Agreement between the federal, state, and local entities was used to support HPP program collaboration. The purpose of the HPP Cooperative Agreement is to build upon the planning, infrastructure development, and implementation that began in fiscal year 2002. The HPP requires the State and local entities to address critical benchmarks within priority areas.

Through the grant agreement, the funds are to implement the HPP Critical Benchmarks in accordance with the funding application, plan, and budget as approved by CDPH. The grant agreement's HPP priority areas and critical benchmarks parallel the Federal HPP priority areas and critical benchmarks. Refer to Schedule 2 of this audit report for the Glossary of HPP Priorities and Critical Benchmarks.

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County of Fresno was contracted to address the following priority areas and critical benchmarks:

Priority Area #2: Regional Surge Capacity for the Care of Adult and Pediatric Victims of Terrorism and Other Public Health Emergencies

- Critical Benchmark #2-1: Surge Capacity – Hospital Bed Capacity
- Critical Benchmark #2-2: Surge Capacity – Isolation Capacity
- Critical Benchmark #2-5: Surge Capacity – Pharmaceutical Caches
- Critical Benchmark #2-6: Surge Capacity – Personal Protective Equipment
- Critical Benchmark #2-7: Surge Capacity – Decontamination
- Critical Benchmark #2-10: Surge Capacity – Communication and Information Technology

Priority Area #5: Education and Preparedness Training

- Critical Benchmark #5: Education and Preparedness Training

Priority Area #6: Terrorism Preparedness Exercises

- Critical Benchmark #6: Terrorism Preparedness Exercises

F. REGULATIONS

This program is governed by the following regulations:

- Public Health Service Act, Section 319C (42 USC 247 d-3)
- 45 CFR Part 92 (Under the Public Welfare section) (Under the Grant requirements for State, Local and Tribal Governments)
- OMB Circular A-133 (Audits of States, Local Governments, and Non-Profit Organizations)
- California Health and Safety Code, Sections 101315 to 101320

G. ABBREVIATIONS IN THIS REPORT

CB	Critical Benchmark
CDPH	California Department of Public Health
CFR	Code of Federal Regulations
EPO	Emergency Preparedness Office (California Department of Public Health Program Office)

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HPP	Hospital Preparedness Program
HRSA	Health Resources and Services Administration
OMB	U.S. Office of Management and Budget

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**III. SCOPE OF AUDIT**

The Financial Audits Section's review of the County of Fresno (herein referred to as the County) was restricted to the Hospital Preparedness Program.

The audit consisted of the review of the financial records to ensure the existence of proper documentation and the propriety of claims submitted to the State for reimbursement. This review included substantive testing:

- To determine that recorded and reported program funds awarded are expended in accordance with terms of the grant agreement with the CDPH;
- To determine that payments are for actual costs and reflect amounts billed to the State;
- To determine that payments are for services rendered;
- To determine that grant funds did not supplant existing levels of State and local funding for this program.

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**IV. CONTRACT COMPLIANCE**

The examination included a review to determine if the County conducted the program in compliance with contract terms and applicable regulatory requirements. The following is a summary of findings relating to this portion of the audit.

**A. HPP 2005-2006 GRANT BUDGET YEAR EXTENSION**

The HPP approved an extension of the budget year end date to the California Public Health Department (CDPH) for the Year 4 award to August 31, 2007. CDPH coordinated the budget extension with the Federal HPP to allow the counties to complete emergency response activities.

**B. FEDERAL HPP GRANT FUNDS**

The maximum payable to Fresno County under the Local Funding HPP Agreement was \$610,771 for budget period September 1, 2005 through August 31, 2006.

The County requested a total of \$687,933 of federal funds which were approved by EPO to match the County's expenditures totaling \$687,933. The budget and the expenditures exceeded the funding allocation by \$77,162. The federal grant award is shown in Section VII – Schedule 1A.

Neither EPO nor the County could demonstrate the funding source of \$77,162 or provide a complete reconciliation of the HPP funds.

See Section VII – Schedule 1A for detail of HPP grant expenditures.

**Recommendation:**

The County and EPO shall maintain up-to-date accounting of HPP funds at all times. The expenditures and/or budget should remain within the maximum amount payable by the grant. The responsibility of maintaining proper documentation and accountability of the federal HPP funds resides with the County and EPO.

**C. REDIRECTION OF FUNDS**

Exhibit B8 – Budget Detail and Payment Provisions, Allowable Line Item Shifts, states that

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- A.     Redirection of funds within a critical benchmark of an amount of a cumulative threshold of 25% requires prior approval by CDHS.
- B.     Redirection of funds less than the prior approval threshold within a critical benchmark requires that local entity inform CDHS of the details of the redirection to ensure proper documentation and accountability.
- C.     Redirection of funds from one critical benchmark to another requires prior approval by CDHS regardless of the amount.

Our review disclosed redirection of funds from and to critical benchmarks and line items increases/decreases in budgeted amounts. The County had proper prior approvals from EPO. Funds by critical benchmarks are shown on Schedule 1A. Funds by line item budget category are shown on Schedule IA.

**D.     UNEXPENDED HPP GRANT FUNDS**

Exhibit B2.C - Budget Detail and Payment Provisions, Accountability Requirements, states "The LHD shall return unexpended funds from Project Period 2005-2006 unless carry over of such funds is approved by CDHS and HPP."

The County expended \$687,933 in the period September 1, 2005 through August 31, 2007. Although the pharmacy caches totaling \$151,080 were deducted from the County's HPP Year 4 allocation, the purchases were yet to be made by CDPH as of August 1, 2008.

**E.     SUPPLANTING OF FUNDS**

Exhibit A7.A – Scope of Work, Expenditure and Program Requirement, states "In accordance with the signed conditions of funding form submitted by all recipients of HPP funds as part of the funding application, plan, and budget, funds shall not be used to supplant funding for existing levels of services and will only be used for the purposes designated herein."

EPO performed a review in part to determine if supplanting of funds might occur prior to acceptance and approval of the County's agreement application. During the course of our review, we did not detect any situations in which funds from this agreement were used to fund other pre-existing programs or other new programs.

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F. SINGLE AUDIT

In accordance with OMB Circular A-133, Non-Federal entities that expend \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of this part.

We were provided with the Single Audit Reports for Fiscal Year Ended June 30, 2006, issued by Price, Paige, and Company, whose report was dated December 22, 2006. The independent auditor's opinion was that the County complied, in all material respects, with the requirements to each of the major federal programs for the fiscal year ended June 30, 2006, and noted no matters involving the internal control over compliance and its operations. No exceptions were disclosed in the Single Audit Reports regarding the Public Health Emergency Preparedness Program.

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**V. LINE ITEM BUDGET**

The following is a discussion of the fiscal findings relating to our examination of the County's line item expenditures. The details of these amounts are included on Schedules 1 and 1A.

1) CDPH Purchased Equipment and Supplies

CDPH purchased equipment and supplies represented 85% of the total HPP budget for the 2005-2006 period. The total amount approved by EPO was \$583,369 to spend down for equipment and supplies that were available via CDPH's prime vendor contract. These equipment and supplies were to be directly purchased by CDPH and delivered to the entities named in the County's approved plan associated with Critical Benchmark 2-1, 2-2, 2-5, and 2-7 for items such as electric generators, MasChache Adult and Pediatric Pods (supplies to care for patients), evacuation chairs, vests for 25 positions, Hospital Incident Command System (HICS), negative pressure individual isolation systems, environment containment units including filters and ploy pads, pharmaceuticals, water bladders, wastewater pumps, decontamination shelter berms, transfer boards for litter conveyors, and cam locks. The County requested confirmation from the critical care facilities for equipment and supplies that were received from the state vendor (Grainger). Assigned equipment totaling \$32,607 was not confirmed by several critical care facilities. See Section VII – Schedule 3. Our review of all CDPH direct purchased equipment and supplies expenditures totaling \$583,369 did not disclose any material exceptions.

Additionally, part of the CDPH-Purchased equipment and supplies budget request was \$151,080 for pharmaceutical medical caches. As of August 1, 2008, pharmaceutical caches were not purchased by CDPH. The amount was deducted from the County's HPP Year 4 allocation; however the purchases were carried over to next fiscal period by CDPH.

Recommendation:

All HPP related equipment and supplies purchased through CDPH should be monitored by the County to ensure proper tracking and compliance with the program and contract requirements.

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2) Non-CDPH Purchased Equipment and Supplies

Local entity purchased equipment and supplies represented 13% of the total HPP budget of funds for the 2005-2006 period. The total amount approved by EPO for direct purchases was \$90,925 to spend down on equipment and supplies associated with Critical Benchmark 2-5 and 2-10 for storage racks and Emergency Response Monitoring System. Our review of all non-CDPH purchased equipment and supplies expenditures totaling \$90,925 disclosed that actual expenditures totaled \$89,141. No recovery will be made for \$1,784 due to materiality.

Recommendation:

All HPP program expenses should be monitored to ensure compliance with program and contract requirements. Only actual expenses should be claimed.

3) Administrative Costs

Under the grant agreement, as a fiscal agent, the County may claim 15% of total allowable contractual, CDPH-purchased equipment and supplies, Non-CDPH purchased equipment and supplies, and implementation costs, as administrative costs. The County's budget requested and EPO approved \$13,639 for fiscal agent administrative costs. The County's claimed expenditures were consistent with the budget.

Further, based on our examination, nothing came to our attention to indicate that the County has not complied with the material terms and conditions of the contract beyond the findings noted above.

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**VI. SYSTEMS AND PROCEDURES**

The management of the County of Fresno is responsible for establishing and maintaining an internal control structure. In fulfilling this responsibility, estimates and judgments by management are required to assess the expected benefits and related costs of internal control structure policies and procedures. The objectives of an internal control structure are to provide management with reasonable, but not absolute, assurance the assets are safeguarded against loss, from unauthorized use or disposition, and that transactions are executed in accordance with management's authorization and recorded properly to permit the preparation of financial statements in accordance with generally accepted accounting principles.

Because of inherent limitations in any internal control structure, errors or irregularities may nevertheless occur and not be detected. Also projection of any evaluation of the structure to future periods is subject to the risk that procedures may become inadequate because of changes in conditions or that the effectiveness of the design and operation of policies and procedures may deteriorate.

We did not review the County of Fresno's overall internal control structure. We limited our internal control review to the County's procedures to account for emergency preparedness program funds, and the County's preparation of the required filing of the program financial status reports.

Further, the CPA's Comprehensive Audited Financial Report of the County of Fresno disclosed no material weaknesses related to the overall internal control structure.

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**VII. SCHEDULES**

Schedules of financial data have been included in this report to summarize the amounts claimed and paid under the grant agreement as presented on Schedule 1 and Schedule 1A.

Glossary of HPP Priorities and Critical Benchmarks are contained on Schedule 2.

Listing of unconfirmed Grainger purchased equipment and supplies are included on Schedule 3.

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**VIII. CONTRACTOR'S RESPONSE TO AUDIT FINDINGS**

The audit findings were discussed at the exit conference held on October 27, 2008. No response was received from the County subsequent to the 30 day review.

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**IX. PROGRAM'S RESPONSE TO AUDIT FINDINGS**

A draft copy of this report was submitted to the Emergency Preparedness Office for their review prior to the finalization of the report. EPO did not respond subsequent to the 30 day review.

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**SUMMARY OF AUDITED PROGRAM EXPENDITURES**

Budget Categories	Audit Adjustment No.	2005-2007 Expenditures		
		As Reported	Audit Adjustments	As Audited
<b>1. Contractual</b>				
A. Critical Benchmark 2-1, Bed Capacity		\$0		\$0
B. Critical Benchmark 2-2, Isolation Capacity		\$0		\$0
C. Critical Benchmark 2-5, Pharmaceutical Caches		\$0		\$0
D. Critical Benchmark 2-6, Personal Protective Equipment		\$0		\$0
E. Critical Benchmark 2-7, Decontamination		\$0		\$0
F. Critical Benchmark 2-10, Communication and Information Technology		\$0		\$0
G. Critical Benchmark 5, Education and Preparedness Training		\$0		\$0
H. Critical Benchmark 6, Terrorism Preparedness Exercises		\$0		\$0
<b>Total Contractual</b>		<b>\$0</b>		<b>\$0</b>
<b>2. CDPH-Purchased Equipment and Supplies</b>				
A. Critical Benchmark 2-1, Bed Capacity		\$223,723		\$223,723
B. Critical Benchmark 2-2, Isolation Capacity		\$156,630		\$156,630
C. Critical Benchmark 2-5, Pharmaceutical Caches		\$156,006		\$156,006
D. Critical Benchmark 2-6, Personal Protective Equipment		\$0		\$0
E. Critical Benchmark 2-7, Decontamination		\$47,010		\$47,010
F. Critical Benchmark 2-10, Communication and Information Technology		\$0		\$0
G. Critical Benchmark 5, Education and Preparedness Training		\$0		\$0
H. Critical Benchmark 6, Terrorism Preparedness Exercises		\$0		\$0
<b>Total CDPH-Purchased Equipment and Supplies</b>		<b>\$583,369</b>		<b>\$583,369</b>
<b>3. Non-CDPH Purchased Equipment And Supplies</b>				
A. Critical Benchmark 2-1, Bed Capacity		\$0		\$0
B. Critical Benchmark 2-2, Isolation Capacity		\$0		\$0
C. Critical Benchmark 2-5, Pharmaceutical Caches		\$925		\$925
D. Critical Benchmark 2-6, Personal Protective Equipment		\$0		\$0
E. Critical Benchmark 2-7, Decontamination		\$0		\$0
F. Critical Benchmark 2-10, Communication and Information Technology		\$90,000		\$90,000

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Budget Categories	Audit Adjustment No.	2005-2007 Expenditures		
		As Reported	Audit Adjustments	As Audited
Critical Benchmark 5, Education and Preparedness				
G. Training		\$0		\$0
H. Critical Benchmark 6, Terrorism Preparedness Exercise		\$0		\$0
<b>Total Non CDPH-Purchased Equipment and Supplies</b>		<b>\$90,925</b>		<b>\$90,925</b>
<b>4. Personnel (Implementation)</b>				
A. Critical Benchmark 2-1, Bed Capacity		\$0		\$0
B. Critical Benchmark 2-2, Isolation Capacity		\$0		\$0
C. Critical Benchmark 2-5, Pharmaceutical Caches		\$0		\$0
D. Critical Benchmark 2-6, Personal Protective Equipment		\$0		\$0
E. Critical Benchmark 2-7, Decontamination		\$0		\$0
F. Critical Benchmark 2-10, Communication and Information Technology		\$0		\$0
G. Critical Benchmark 5, Education and Preparedness Training		\$0		\$0
H. Critical Benchmark 6, Terrorism Preparedness Exercise		\$0		\$0
<b>Total Personnel (Implementation)</b>		<b>\$0</b>		<b>\$0</b>
<b>5. Administrative Fee (Not To Exceed 15%)</b>				
A. Critical Benchmark 2-1, Bed Capacity		\$0		\$0
B. Critical Benchmark 2-2, Isolation Capacity		\$0		\$0
C. Critical Benchmark 2-5, Pharmaceutical Caches		\$139		\$139
D. Critical Benchmark 2-6, Personal Protective Equipment		\$0		\$0
E. Critical Benchmark 2-7, Decontamination		\$0		\$0
F. Critical Benchmark 2-10, Communication and Information Technology		\$13,500		\$13,500
G. Critical Benchmark 5, Education and Preparedness Training		\$0		\$0
H. Critical Benchmark 6, Terrorism Preparedness Exercise		\$0		\$0
<b>Total Administrative Fee</b>		<b>\$13,639</b>		<b>\$13,639</b>
<b>GRAND TOTAL</b>		<b>\$687,933</b>		<b>\$687,933</b>

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**SUMMARY OF PROGRAM EXPENDITURES**

Budget Categories	Approved Original Budget	Approved Revised Budget *	2005-2007 Expenditures	Total Unspent Funds
<b>1. Contractual</b>				
A. Critical Benchmark 2-1, Bed Capacity	\$0	\$0	\$0	\$0
B. Critical Benchmark 2-2, Isolation Capacity	\$0	\$0	\$0	\$0
C. Critical Benchmark 2-5, Pharmaceutical Caches	\$0	\$0	\$0	\$0
D. Critical Benchmark 2-6, Personal Protective Equipment	\$0	\$0	\$0	\$0
E. Critical Benchmark 2-7, Decontamination	\$0	\$0	\$0	\$0
F. Critical Benchmark 2-10, Communication and Information Technology	\$0	\$0	\$0	\$0
G. Critical Benchmark 5, Education and Preparedness Training	\$0	\$0	\$0	\$0
H. Critical Benchmark 6, Terrorism Preparedness Exercises	\$0	\$0	\$0	\$0
<b>Total Contractual</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>2. CDPH-Purchased Equipment and Supplies</b>				
A. Critical Benchmark 2-1, Bed Capacity	\$0	\$223,723	\$223,723	\$0
B. Critical Benchmark 2-2, Isolation Capacity	\$0	\$156,630	\$156,630	\$0
C. Critical Benchmark 2-5, Pharmaceutical Caches **	\$447,807	\$156,006	\$156,006	\$0
D. Critical Benchmark 2-6, Personal Protective Equipment	\$0	\$0	\$0	\$0
E. Critical Benchmark 2-7, Decontamination	\$17,671	\$47,010	\$47,010	\$0
F. Critical Benchmark 2-10, Communication and Information Technology	\$0	\$0	\$0	\$0
G. Critical Benchmark 5, Education and Preparedness Training	\$0	\$0	\$0	\$0
H. Critical Benchmark 6, Terrorism Preparedness Exercises	\$0	\$0	\$0	\$0
<b>Total CDPH-Purchased Equipment and Supplies</b>	<b>\$465,477</b>	<b>\$583,369</b>	<b>\$583,369</b>	<b>\$0</b>
<b>3. Non-CDPH Purchased Equipment And Supplies</b>				
A. Critical Benchmark 2-1, Bed Capacity	\$0	\$0	\$0	\$0
B. Critical Benchmark 2-2, Isolation Capacity	\$0	\$0	\$0	\$0
C. Critical Benchmark 2-5, Pharmaceutical Caches	\$0	\$925	\$925	\$0
D. Critical Benchmark 2-6, Personal Protective Equipment	\$0	\$0	\$0	\$0
E. Critical Benchmark 2-7, Decontamination	\$0	\$0	\$0	\$0
F. Critical Benchmark 2-10, Communication and Information Technology	\$90,000	\$90,000	\$90,000	\$0
G. Critical Benchmark 5, Education and Preparedness Training	\$0	\$0	\$0	\$0
H. Critical Benchmark 6, Terrorism Preparedness Exercises	\$0	\$0	\$0	\$0
<b>Non-CDPH Purchased Equipment And Supplies</b>	<b>\$90,000</b>	<b>\$90,925</b>	<b>\$90,925</b>	<b>\$0</b>

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**SUMMARY OF PROGRAM EXPENDITURES**

Budget Categories	Approved Original Budget	Approved Revised Budget *	2005/2007 Expenditures	Total Unspent Funds
<b>4. Personnel (Implementation)</b>				
A. Critical Benchmark 2-1, Bed Capacity	\$0	\$0	\$0	\$0
B. Critical Benchmark 2-2, Isolation Capacity	\$0	\$0	\$0	\$0
C. Critical Benchmark 2-5, Pharmaceutical Caches	\$0	\$0	\$0	\$0
D. Critical Benchmark 2-6, Personal Protective Equipment	\$0	\$0	\$0	\$0
E. Critical Benchmark 2-7, Decontamination	\$0	\$0	\$0	\$0
F. Critical Benchmark 2-10, Communication and Information Technology	\$0	\$0	\$0	\$0
G. Critical Benchmark 5, Education and Preparedness Training	\$0	\$0	\$0	\$0
H. Critical Benchmark 6, Terrorism Preparedness Exercises	\$0	\$0	\$0	\$0
<b>Total Personnel (Implementation)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>5. Administrative Fee (Not To Exceed 15%)</b>				
A. Critical Benchmark 2-1, Bed Capacity	\$0	\$0	\$0	\$0
B. Critical Benchmark 2-2, Isolation Capacity	\$0	\$0	\$0	\$0
C. Critical Benchmark 2-5, Pharmaceutical Caches	\$0	\$139	\$139	\$0
D. Critical Benchmark 2-6, Personal Protective Equipment	\$0	\$0	\$0	\$0
E. Critical Benchmark 2-7, Decontamination	\$0	\$0	\$0	\$0
F. Critical Benchmark 2-10, Communication and Information Technology	\$0	\$13,500	\$13,500	\$0
G. Critical Benchmark 5, Education and Preparedness Training	\$0	\$0	\$0	\$0
H. Critical Benchmark 6, Terrorism Preparedness Exercises	\$0	\$0	\$0	\$0
<b>Total Administrative Fee</b>	<b>\$0</b>	<b>\$13,639</b>	<b>\$13,639</b>	<b>\$0</b>
<b>GRAND TOTAL</b>	<b>\$555,477</b>	<b>\$687,933</b>	<b>\$687,933</b>	<b>\$0</b>
<b>TOTAL HPP ALLOCATION</b>		<b>\$610,771</b>		
<b>VARIANCE</b>		<b>\$77,162</b>	***	

\* Redirection of funds approved by EPO on July 18, 2008.

\*\* Pharmaceutical allocations of \$151,080 were deducted from the County's allocation for 2005-2006. However, Pharmaceuticals were not purchased by CDPH as of August 1, 2008. The purchases were carried over into the 06-07 HPP grant which was extended to August 31, 2008.

\*\*\* The HPP 2005-2006 approved budget exceeded the HPP grant allocation by \$77,162.

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**GLOSSARY OF HPP PRIORITY AREAS AND CRITICAL BENCHMARKS**

PRIORITY AREA #1: ADMINISTRATION

Critical Benchmark #1: Financial Accountability

Develop and maintain a financial accounting system capable of tracking expenditures by critical benchmark and by funds allocated to hospitals and other health care entities.

PRIORITY AREA #2: REGIONAL SURGE CAPACITY FOR THE CARE OF ADULT AND PEDIATRIC VICTIMS OF TERRORISM AND OTHER PUBLIC HEALTH EMERGENCIES

Critical Benchmark #2-1 Surge Capacity: Beds

Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:

- a. 500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;
- b. 50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;
- c. 50 cases per million population for patients suffering burn or trauma; and
- d. 50 cases per million population for patients manifesting the symptoms of radiation induced injury – especially bone marrow suppression.

Critical Benchmark #2-2 Surge Capacity: Isolation Capacity

Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease.

Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.

Critical Benchmark # 2-3 Surge Capacity: Health Care Personnel

This benchmark has been incorporated into Critical Benchmark 2-4.

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**GLOSSARY OF HPP PRIORITY AREAS AND CRITICAL BENCHMARKS**

Critical Benchmark # 2-4 Surge Capacity: Emergency System for Advance Registration of Volunteer Health Professionals

Develop a system that allows for the advance registration and credentialing of clinicians needed to augment a hospital or other medical facility to meet patient/victim care and increased surge capacity needs.

Critical Benchmark #2-5 Surge Capacity: Pharmaceutical Caches

Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.

Critical Benchmark #2-6 Surge Capacity: Personal Protective Equipment

Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.

The level of PPE will be established based on the HVA, and the level of decontamination that is being designed in Critical Benchmark 2-7.

Critical Benchmark #2-7: Surge Capacity: Decontamination

Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark 2-1.

Critical Benchmark #2-8: Surge Capacity: Behavioral (Psychosocial) Health

Enhance the networking capacity and training of health care professionals to be able to recognize, treat and coordinate care related to the behavioral health consequences of bioterrorism or other public health emergencies.

Critical Benchmark #2-9: Surge Capacity: Trauma and Burn Care

This benchmark has been incorporated into Critical Benchmark 2-1.

Critical Benchmark #2-10 Surge Capacity: Communications and Information Technology

Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management

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**GLOSSARY OF HPP PRIORITY AREAS AND CRITICAL BENCHMARKS**

agencies, public safety agencies, neighboring jurisdictions and federal public health officials.

**PRIORITY AREA #3: EMERGENCY MEDICAL SERVICES**

**Critical Benchmark #3: Emergency Medical Services**

Enhance the statewide mutual aid plan to deploy EMS units in jurisdictions/regions they do not normally cover, in response to a mass casualty incident due to terrorism.

This plan must ensure the capability of providing EMS triage, transportation and patient tracking for at least 500 adult and pediatric patients per million population within 3 hours post-event. In addition, for each metropolitan area or other region of the state for which a predictable high-risk scenario has been identified during a HVA, the plan must describe a mechanism for transporting patients from an incident scene or from local hospitals to healthcare facilities in adjacent jurisdictions, to temporary healthcare facilities within or near the affected jurisdiction, and to nearby airports or rail stations for transport to more distant healthcare facilities. All scenarios documented by the applicant under Critical Benchmark 2-1 should be addressed in mutual aid plans for EMS.

**PRIORITY AREA #4: LINKAGES TO PUBLIC HEALTH DEPARTMENTS**

**Critical Benchmark #4-1: Hospital Laboratories**

Implement a hospital laboratory program that is coordinated with currently funded CDC laboratory capacity efforts, and which provides rapid and effective hospital laboratory services in response to terrorism and other public health emergencies.

**Critical Benchmark #4-2: Surveillance**

Enhance the capability of rural and urban hospitals, clinics, emergency medical services systems and poison control centers to report syndromic and diagnostic data that is suggestive of terrorism or other highly infectious disease to their associated local and state health departments on a 24-hour-a-day, 7-day-a-week basis.

**PRIORITY AREA #5: EDUCATION AND PREPAREDNESS TRAINING**

**Critical Benchmark #5: Education and Preparedness Training**

Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.

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PRIORITY AREA #6: TERRORISM PREPAREDNESS EXERCISES

Critical Benchmark #6: Terrorism Preparedness Exercises

As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the Awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.

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**LIST OF UNCONFIRMED CDPH-PURCHASED EQUIPMENT AND SUPPLIES**

Budget Categories	2005-2006 Equipment & Supplies		
	Quantity	Unit Price	Total
<b>1. CDPH-Purchased Equipment and Supplies Coalinga Medical Center</b>			
A. Critical Benchmark 2-1, Bed Capacity			
NIMS/HICS IV 25 Position Hospital Incident Command Vest	1	\$2,625	\$2,625
B. Critical Benchmark 2-2, Isolation Capacity			
Mintie Technologies ECU2	1	\$10,563	\$10,563
Replacement HEPA Filter for OA 1000V NAM	1	\$321	\$321
Replacement Poly Pad for OA 1000	1	\$24	\$24
ECU2-CORFLA	1	\$541	\$541
C. Critical Benchmark 2-7, Decontamination			
TVI Water Bladder 250 Gallon	1	\$1,803	\$1,803
TVI 30 gallon wastewater pump w/15 hose	1	\$458	\$458
TVI Berm for Decontamination Shelter	1	\$2,719	\$2,719
Cam locks (Water, Decon)	1	\$134	\$134
Transfer board for Litter Conveyors	2	\$240	\$480
<b>Total</b>	<b>11</b>		<b>\$19,668</b>
<b>2. CDPH-Purchased Equipment and Supplies Community Regional Medical Center - Fresno</b>			
A. Critical Benchmark 2-2, Isolation Capacity			
Replacement HEPA Filter for OA 1000V NAM	1	\$321	\$321
Replacement Poly Pad for OA 1000	1	\$24	\$24
<b>Total</b>	<b>2</b>		<b>\$345</b>
<b>3. CDPH-Purchased Equipment and Supplies Community Regional Medical Center - UMC</b>			
A. Critical Benchmark 2-2, Isolation Capacity			
Replacement HEPA Filter for OA 1000V NAM	1	\$321	\$321
Replacement Poly Pad for OA 1000	1	\$24	\$24
<b>Total</b>	<b>2</b>		<b>\$345</b>
<b>4. CDPH-Purchased Equipment and Supplies Community Regional Medical Center - Clovis</b>			
A. Critical Benchmark 2-2, Isolation Capacity			
Replacement HEPA Filter for OA 1000V NAM	1	\$321	\$321

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**LIST OF UNCONFIRMED CDPH-PURCHASED EQUIPMENT AND SUPPLIES**

Budget Categories	2005-2006 Equipment & Supplies		
	Quantity	Unit Price	Total
Replacement Poly Pad for OA 1000	1	\$24	\$24
B. Critical Benchmark 2-7, Decontamination			
TVI 30 gallon wastewater pump w/15 hose	1	\$458	\$458
<b>Total</b>	<b>3</b>		<b>\$803</b>
<b>CDPH-Purchased Equipment and Supplies</b>			
5. <b>Adventist Health - Selma</b>			
A. Critical Benchmark 2-2, Isolation Capacity			
Mintie Technologies ECU2	1	\$10,563	\$10,563
Replacement HEPA Filter for OA 1000V NAM	1	\$321	\$321
Replacement Poly Pad for OA 1000	1	\$24	\$24
ECU2-CORFLA	1	\$541	\$541
<b>Total</b>	<b>4</b>		<b>\$11,449</b>
<b>Grand Total</b>	<b>22</b>		<b>\$32,610</b>