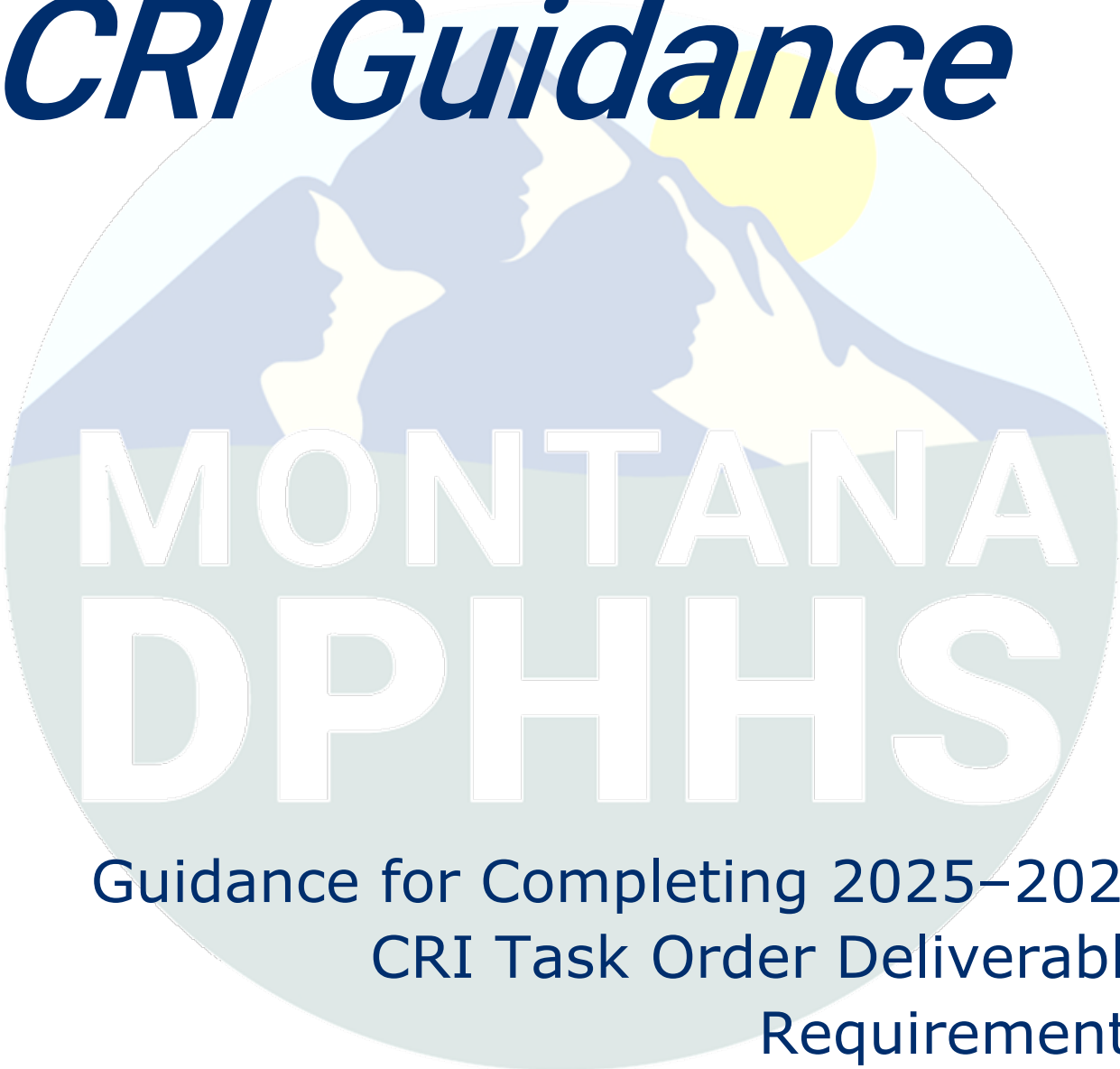




# *CRI Guidance*

A large, light blue circular graphic in the background of the title section. It contains silhouettes of three people (two adults and one child) looking upwards towards a yellow sun. The text "MONTANA DPHHS" is written in large, white, sans-serif capital letters across the middle of the circle.

MONTANA  
DPHHS

## Guidance for Completing 2025–2026 CRI Task Order Deliverable Requirements

July 1, 2025 – June 30, 2026

Montana Department of Public Health & Human Services  
Public Health Emergency Services

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# Introduction

The Cities Readiness Initiative (CRI) based deliverable requirements are separate from the PHEP Cooperative Agreement deliverables and designed to ensure that specific preparedness gaps are covered by the additional CRI funds granted to the designated jurisdictions. This document serves as the Attachment for the budget period's task order for participating CRI jurisdictions. The CRI deliverables are supplemental to ensure documentation required by the CDC's Cities Readiness Initiative Program.

## Situation

Montana PHEP and CRIs are required to focus operational readiness activities **on an all-hazards approach**. All Hazards preparedness must be a collaborative effort with all programs to develop, maintain, and exercise plans to prevent, control, and mitigate the impact on the public's health and to meet all hazard preparedness goals for the general population.

## CRI Background

CDC's Cities Readiness Initiative (CRI) is a federally funded program that enhances preparedness in the nation's largest population centers, where nearly 60% of the population resides. The program prepares jurisdictions to effectively respond to large public health emergencies with life-saving medicines and supplies.

State and large metropolitan public health departments use CRI funding to develop, test, and maintain emergency response plans. These plans detail how health departments will quickly receive medical countermeasures from the Strategic National Stockpile (SNS) and distribute them to local communities.

## Submitting Progress Reports

The due date for submitting a quarterly progress report is 30 days after the end of each quarter. Please note that the 30 days between the end of a quarter and the report due date is for gathering information and completing the report only. You **MUST** complete work for the quarter **DURING THE ACTIVITY PERIOD**. The 30-day grace period is within the next quarter, so completing deliverable requirements during that time does not qualify. See Table 1 for the Progress Report Due Schedule.

Table 1.

	Work Period	Report Period
Quarter 1	July 1 – Sep. 30	Due October 30
Quarter 2	Oct. 1 – Dec. 31	Due January 30
Quarter 3	Jan.1 – Mar. 31	Due April 30
Quarter 4	Apr.1 – June 30	Due July 30

DPHHS PHEP may withhold payment or issue only a partial payment if deliverables are submitted incomplete or beyond the 30-day grace period. (Section 4: Compensation).

## Extensions

Jurisdictions may receive extensions beyond the 30-day grace period to complete the required progress report under extenuating circumstances. PHEP will grant extensions based on an ongoing emergency response that significantly interferes with your ability to complete the progress report on time. Other factors should be described in detail on the extension request form. If you believe you have a valid reason to delay submitting your progress report, you should request the extension by the [WEB FORM](https://mtdphhsphsphep.jotform.com/250037543640147) before the end of the respective (<https://mtdphhsphsphep.jotform.com/250037543640147>). The PHEP Section Supervisor will contact applicants to discuss circumstances and resolutions of each request.

## The PHEP Deliverables Resource (PDR) Website



PHEP maintains the PDR website which contains documents, weblinks, and other material for completion of the deliverable requirements. It also has links to the quarterly progress reports, DPHHS plans, exercise guidance, and other reference information.

PDR web address: <https://dphhs.mt.gov/publichealth/phep/phep-resources/index>.

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# Task Order Requirements

## Cities Readiness Initiative

### CRI1: Budget Line-Item Expenses

**Due all four quarters: This requirement is due 30 days after the end of**

**Q1: October 30, 2025**

**Q2: January 30, 2026**

**Q3: April 30, 2026**

**Q4: July 30, 2026**

Provide the actual dollar amount and supporting documentation for expenses in the listed line-item categories.

Dan Synness, (406)444-6927, [dsynness@mt.gov](mailto:dsynness@mt.gov)

#### Guidance:

Your jurisdiction is required to account for your PHEP funding. All categories combined *should meet the sum* of your annual PHEP award. The sum can not exceed the annual award depending on how many of your expenses were paid with matching funds from your jurisdictional agency or other entities. A spreadsheet is available on the [PDR](#) to help track expenses during the budget period.

1. Staff salary (list each employee's salary for the quarter)
2. Staff Benefits (list each employee's benefits for the quarter)
3. Office space rent
4. Utilities (Electric/Heat/Water)
5. Phone (Office/Cell/Satellite)
6. Internet service
7. Auto mileage
8. Airline travel
9. Lodging/business related meals
10. Employee tuition/training
11. Consultant fees
12. Contractual office services
13. Contractual PHEP services



14. Meeting expenses
15. Office equipment
16. PHEP equipment
17. Office supplies
18. Fax/Copier/Printing
19. Additional Overhead

You must also report any purchase, or contribution to a purchase, of a single item costing more than \$10,000. You must consult with PHEP *before* encumbering that large of an expense as well.

**To fulfill this deliverable:**

1. Complete and upload the budget spreadsheet along with any supporting documentation into each quarterly progress report.

## CRI2: Conduct Regular Meetings

**Due Quarter 1 and Quarter 3: This requirement is due 30 days after the end of Q1, October 30, 2025 and 30 days after the end of Q3, April 30, 2026.**

Carbon, Cascade, and Yellowstone County CRI representatives and DPHHS PHEP SNS Coordinator will, at a minimum, meet during Q1 and Q3 of the grant cycle to review CRI Action Plans and progress.

**Guidance:**

At a minimum, Carbon, Cascade, and Yellowstone Counties will meet with the SNS Coordinator, at a minimum Q1 and Q3 to discuss progress of various action items. Dates, time, and location of the quarterly meetings must be mutually agreed upon. At least one quarterly in-person meeting should be at a designated CRI location. During these meetings, CRIs will update work plans and address any gaps that have been identified. The work plan can contain action items and expected completion dates.

The Action Plan must include:

- Identified projects, goals, and expected completion dates.
- Identified areas needing improvement from AARs, Corrective Action Plans, and other sources.

**To fulfill this deliverable:**

1. Participate in required meetings to discuss gaps, goals, and trainings. Upload a short summary of the meeting to the progress report.

## CRI3: Site Activation (Partner and Core Staff Call Down)

**Due Quarter 1: This requirement is due 30 days after the end of Q1, October 30, 2025.**

CRI Jurisdictions will conduct a partner and core staff call down drill.

**Guidance:**

CRI Jurisdictions will conduct a call down drill to include their identified primary partners, core staff, and the SNS Coordinator. The CRI Jurisdictions will document the activation and upload their AAR as supporting documentation.

**To fulfill this deliverable:**

1. Identify primary partners and core staff.
2. Complete call down drill.
3. Upload AAR for each site activation to the Progress Report.



## CRI4: Unified Command/Emergency Operations Center (EOC) Set-Up and Staff Notification

**Due Quarter 2: This requirement is due 30 days after the end of Q2, January 30, 2026.**

Conduct a functional exercise, in conjunction with PHEP deliverable E1: Off-Site Point of Dispensing Clinic, to set up your Unified Command or EOC and notify all necessary staff.

### Guidance:

CRI Jurisdictions will conduct a Unified Command/EOC set-up with a neighboring jurisdiction or partnering organization, as part of the PHEP deliverable E1. The setup drill provides information on operational ability to standup a site with the necessary material. Layout, and supplies for a timely response. The CRI jurisdictions will also conduct all-staff notification call-down drills to include the DPHHS PHEP SNS Coordinator. The staff drill must measure:

- The accuracy of staff rosters.
- Timeliness of staff confirmation to the notification.
- Staff ability to report for duty within a designated timeframe.
- Communication methods and processes.

### To fulfill this deliverable:

1. Set-up either unified command or EOC as part of the PHEP Deliverable E1.
2. Write an AAR/IP and upload it to the Progress Report as supporting documentation.

## CRI5: Maintain Emergency Medical Countermeasures (EMC) Plan

**Due Quarter 3: This requirement is due 30 days after the end of Q3, April 30, 2026.**

Review and update your jurisdictional EMC Plan.

### Guidance:

Update existing Emergency Medical Countermeasure (EMC) plan. The plan should address:

- Inclusion of AFN and disability service partners in the planning process.
- Identified areas of improvement as documented in AARs.
- New guidance or considerations provided by the CDC.
- All appropriate and relevant functions and planning elements in CDC Capability 8, Medical Countermeasure Dispensing.
- All appropriate and relevant functions and planning elements in CDC Capability 9, Medical Materiel Management and Distribution.
- Ensure partner organizations agree to their role, as outlined in the plan.
- Obtain signatory authority.

### To fulfill this deliverable:

- 1.) Upload a letter stating that your EMC Plan is up to date. Include a summary of any changes that were made to the plan. Please confirm that your EMC plan has signatory authority in the Progress Report.
- 2.) Include a list of AFN and disability service partners you included in the process of reviewing the EMC Plan.

## CRI6: Attend Training

**Due Quarter 4: This requirement is due 30 days after the end of Q2, June 30, 2026.**



During the 2025-2026 budget period, each CRI jurisdiction must attend a minimum of one training or conference sponsored by FEMA, CDC, NACCHO, or ASPR.

**Guidance:**

At least one person from each jurisdiction must attend or enroll in a training or conference that focuses on MCM, incident management, or preparedness.

We encourage you to send at least one person to the Introduction to SNS Operations Course that is provided by the Center for Domestic Preparedness in Anniston, Alabama. If necessary, PHEP can provide more details on the SNS Operations Course. CRI staff should be well versed in SNS operations, and this course is a perfect opportunity to receive the necessary training. It is a free course; travel and meals are reimbursed by FEMA. Here is the link for the Introduction to SNS Operations Course:

<https://cdp.dhs.gov/training/course/PER-310>

Other examples of acceptable training include:

- NACCHO's Preparedness Summit
- FEMA in person trainings, (Center for Domestic Preparedness/Emergency Management Institute)
- Healthcare Coalition Conference (must be active executive member of the coalition and approved to go through the coalition)
- Courses from Intermountain Center for Disaster Preparedness
- Trainings sponsored by CDC Center for Preparedness and Response, ASTHO, NAACHO, and ASPR through a Regional Healthcare Coalition (RHCC)
- Other courses you feel would enrich your capacity to respond to a disaster will need to have prior approval from the DPHHS PHEP SNS Coordinator.

**To fulfill this deliverable:**

1. Upload corticate(s), sign-in sheets, or documentation of attendance to the Progress Report.

The Centers for Disease Control and Prevention (CDC) and Administration for Strategic Preparedness and Response (ASPR) provides funding for the Montana's DPHHS Public Health Preparedness office (PHEP) and Healthcare Preparedness Program (HPP). However, the views expressed in written or electronic publications, or by speakers, trainers, or other DPHHS employees do not officially reflect the policies of the U.S. Health and Human Services agency or the U.S. Government, nor does the mention of trade names, commercial practices, or organizations imply their endorsement. You may obtain information on the cost of printed publications by contacting the PHEP office at (406) 444-0910 or [mtphep@mt.gov](mailto:mtphep@mt.gov).