1. One representative from a federally recognized unit shall participate on the Regional MRC Advisory Group. The advisory group must meet regularly to:
   - Identify and address gaps in capacity and coverage within the region and ensure that all communities are provided coverage by an MRC. By December 31, 2020 individual MRC units must provide a current list of communities covered within the federally recognized unit.
     - Regions without complete community coverage will not be eligible for Q4 MRC funds.
   - Review the regional funding formula used to determine annual unit (and/or regional) allocations. Revise as necessary.
     - All units will be required to submit the regional formula within the Quarter 1 report.
   - Select a representative to participate on the Statewide MRC Steering Committee.
   - Determine opportunities for regional collaboration.

2. Engage MRC volunteers regularly to enhance public health preparedness and unit capacity by providing a minimum of four (4) training opportunities throughout the year.
   - Trainings should be based off of the MRC National Core Competencies, ASPR Capabilities and/or the PHEP Capabilities and should be in-person or remote, as appropriate.
   - Units should encourage volunteer participation in state-sponsored meetings and trainings by sharing applicable opportunities.
   - National Preparedness Month Activities may be included within this deliverable.
   - Units are encouraged to work in collaboration with one another.

   All marketing material (including websites) generated by the unit will clearly indicate the unit name(s) and the geography covered by the unit(s).

3. Maintain records including a description, agenda and attendee completion of MRC sponsored trainings. Completed trainings should be submitted to OPEM through the quarterly report. Rosters must be available upon request.

   All training using MRC and/or PHEP/ASPR funds must be pre-approved by completing and submitting the training request form to the HMCC at least 30 days prior to the training.

4. Federally recognized MRC units that receive state funding must register and credential all volunteers through MA Responds.
   - Units must confirm annually that they have at least two administrators identified in the system, and that at a minimum, at least one administrator has completed the basic level MA Responds trainings.
     - Trainings will be scheduled or can be requested and will be posted to the state MRC website.
- New unit administrators for existing MA Responds units must attend basic MA Responds training within 60 days of starting their position.
- MRC units joining MA Responds must have volunteers registered on the system by March 30, 2021. Administrators from these units must attend a MA Responds training by October 30, 2020.

5. Participate in and/or facilitate quarterly drills (1 drill/quarter). Participation must include two (2) MDPH sponsored drills and two (2) individual unit sponsored drills to satisfy the PHEP-HPP Volunteer Management Joint Performance Measure.
   - An After Action Report (AAR), unit specific results report or completion of the MRC call-down template must be submitted within 30 days of all unit sponsored drills.
   - The completion of an AAR as a result of a real-world event may be submitted in lieu of a quarterly drill.

6. Quarterly, MRC units shall provide the MA State Coordinator and Regina Villa Associates (RVA) an updated list of 24/7 contact information.

7. Develop and review (at least annually) written plans documenting unit policies and procedures for: recruiting, training, managing, deploying, and demobilizing MRC volunteers. Updates should be reflected within a Record of Change.
   - Workplans should include implementation and metrics for all established plans.
   - Additional guidance will be provided in Q1 around deployment protocols.
   - Plans should be inclusive of all communities and volunteers covered within an MRC’s coverage area.
   - Units will be asked to upload updated deployment plans and protocols in the Quarter 2 report.
   - The workplan should address plans for dissemination to local communities/stakeholders within Q3.

8. Collaborate with regional emergency preparedness and hospital coordinators, public health coalitions, hospitals, HMCCs, MA Responds representatives, and other planning and response partners to:
   - Identify gaps in volunteer needs and support local, regional, and statewide recruitment plans;
   - Assure MRC volunteers are incorporated into local and regional public health and medical response protocols, plans, and coalitions as appropriate.