Ohio | Department of Health

Mike DeWine, Governor
Jon Husted, Lt.Governor

Bruce Vanderhoff, MD, MBA, Director

MEMORANDUM

Date: December 28, 2022

To: Hospital Preparedness Program (HPP) Subrecipient Agencies

From: Tamara McBride TM
Bureau of Health Preparedness
Ohio Department of Health

Subject: Regional Health Care System Coordination for Disaster Preparedness Solicitation (RP24)
July 1, 2023 – June 30, 2024

The Ohio Department of Health (ODH), Bureau of Health Preparedness announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., February 6, 2023. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website https://odh.ohio.gov/about-us/funding-opportunities/resources/sfy-20-competitive-solicitation-proposals . Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Renee Dickman at 614.644.1912 or e-mail at renee.dickman@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

Base Only Funding

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates, Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: July 1, 2023 through June 30, 2024 of the total project period, July 1, 2019 through June 30, 2024. Reference the competitive Solicitation for more information.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the budget justification examples listed on the GMIS bulletin board.

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter- institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. **Number of Grants and Funds Available:** (Up to seven grants will be awarded for a total amount of $4,817,191 on the following allocations for each region.)

Region	FY24 Funding
Northwest	$728,080
Northeast	$796,993
West Central	$462,822
Central	$803,336
Northeast Central	$884,257
Southwest	$659,329
Southeast/Southeast Central	$482,374
Total Award Amount	**$4,817,191**

*No grant award will be issued for less than **$30,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.*

C. Formatting Requirements for Attachments

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants:

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds in excess of $1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, February 6, 2023.**

II. PROGRAM UPDATES:

A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application. *Progress reports are submitted based on a schedule applicable to the fiscal year. No additional progress reporting is required for the application.*

B. Program Narrative: Complete and submit a scope of work using the ASPR- provided Scope of Work Template (Appendix F) which explains program scope, required staffing, progress towards benchmarks, and planned activities.

C. Objectives and Work Plan: Complete and submit the agency's workplan using the ASPR-provided HCC Workplan Template (Appendix H).

D. Documentation and Progress on Health Equity and Disparity Reduction Activities:

Continuation solicitation application documentation (workplan, scope of work, budget) should document how the subrecipient will support vulnerable communities and engage partners who support individuals with access and functional needs.

E. **Program Budget:** Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

1. **Budget Narrative:** Provide a detailed budget justification in a narrative that describes how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions of the personnel, consultants, and collaborators. Explain and justify equipment, travel, (including plans for out-of-state travel), supplies and training costs. If you have shared costs, refer to OGAPP Chapter 2 Section C2.4 Cost Allocation Plan for additional information. Please refer to the GMIS 2.0 bulletin board for attachment instructions.

   Due to federal and state requirements, the subrecipient must submit the budget in two templates: Budget Narrative as provided by ODH and the ASPR HCC Budget Narrative.

   The budget narrative must identify how a minimum of 63% of the Notice of Award will be distributed to the healthcare coalition members. Any budget submission that does not have the distributed funds clearly identified will result in a special condition.

For your convenience, a budget justification narrative example is available at https://odhgateway.odh.ohio.gov/gmis/forms/BulletinForm.aspx.

A match of 7.7% is required by the program. This match amount must be included in the applicant share column of the Budget Summary page with a match plan in the narrative. Subrecipients are required to utilize provided Match Letter Template (Attachment 2).

2. **State Fiscal Year 2024 Budget via GMIS:** Complete requested budget information as follows:

   - **Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget to support costs for the Budget Period 5 (July 1, 2023 through June 30, 2024). Funds may be used to support personnel, staff training, travel (see OBM website https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule, and supplies directly related to planning, organizing and conducting the program activity. Itemize, in the Equipment Section, all equipment (minimum $1,000 unit cost value) to be purchased with grant funds.

     The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

   - **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

3. **Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
16. Travel and meals over the current state rates (see OBM website: http://obm.ohio.gov/TravelRule/default.aspx for the most recent Mileage Reimbursement memo.)
17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts for compensation with advisory board members;
20. Grant-related equipment costs greater than $1,000, unless justified in the budget narrative and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
22. Promotional Items;
23. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated;
24. Meals and food items unless associated with approved travel and no more than the per diem rate.
25. Expenditures prohibited by the Administration for Strategic Preparedness and Response Hospital Preparedness Program funding opportunity announcement (FOA EP-U3R-19-001) and any subsequent guidance.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.

4. **Indirect (facilities and Administration):**

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application.

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient

may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information please see Chapter 2 Section B2.11 of OGAPP.

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

1) Attachment 1: Contact Information
2) Attachment 2: Match Letter
3) Attachment 3: Budget Justification
4) HCC (ASPR) Budget Narrative
5) HCC Workplan
6) HPP Subrecipient Scope of Work
7) HCC Training Plan

All documents required by the Administration for Strategic Preparedness and Response must also be uploaded in the Coalition Assessment Tool (CAT) in addition to GMIS. This includes the Draft and Final Budget Narrative, Workplan, Scope of Work and Training Plan.

a. Other Required Documentation:

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

  This information is maintained on the following website: http://supplier.ohio.gov/.

  Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

  All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to https://beta.sam.gov/.

  Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at https://www.whitehouse.gov/.

  (Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

- **For Non-Profit Organizations Only:**

  1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.

  2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

G. Human Trafficking:

Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

a. Victims of human trafficking are included in your agency's target population that may include, but are not limited to the following:
   1. Populations at increased risk
   2. Mental health population
   3. Homeless population
b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

___Applicable

_X_ Not Applicable to the Hospital Preparedness Program

H. Post Submission Requirements: Continuation applicants are required to submit subrecipient program and expenditure reports.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

a. Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS by the following dates. [Additional language is optional.] **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

_X_ Program Reports Required _____No Program Reports Required

Period	Report Due Date
July 01, 2023 – December 31, 2023	January 15, 2024 (Mid-Year Report)
January 01, 2024 – June 01, 2024	June 15, 2024 (End of Year Report)

b. Subrecipient Reimbursement Expenditure Reports: Subrecipient Monthly Expenditure Reports

must be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
July 1 – 31, 2023	August 10, 2023
August 1 – 31, 2023	September 10, 2023
September 1 – 30, 2023	October 10, 2023
October 1 – 31, 2023	November 10, 2023
November 1 – 30, 2023	December 10, 2023
December 1 – 31, 2023	January 10, 2024
January 1 – 31, 2024	February 10, 2024
February 1 – 28 or 29, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
July 1 – September 30, 2023	October 10, 2023
October 1 – December 31, 2023	January 10, 2024
January 1 – March 31, 2024	April 10, 2024
April 1 – June 30, 2024	July 10, 2024

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

c. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before August 05, 2024. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of ALL Subrecipient Program and Expenditure Reports via the ODH's GMIS system indicates acceptance of OGAPP. Clicking the "Submit" or "Approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

III. APPENDICES

A. Continuation Solicitation Reimbursement Type Form
B. B1 - Deliverable — Objective Descriptions
   B2 - Deliverable — Objective Allocations
C. Evidence of Health Equity Strategies Checklist
D. Application Submission Checklist
E. Regional Healthcare Coordinator Expectations
F. Subrecipient Scope of Work
G. HCC Budget Justification Template
H. HCC Work Plan Template
I. HCC Training Plan Template
J. ASPR Hospital Roster
K. Regional Map
L. Cost Sharing

IV. ATTACHMENTS

1) Attachment 1
2) Match Letter Template
3) Budget Justification Template

Appendix A

Submission Required

See due date below

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

Ohio Department of Health Bureau of Health Preparedness

Regional Health Care System Coordination for Disaster Preparedness Solicitation (RP24)

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐
(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:
Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

_____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

_____ _____
Agency Head (Print Name) Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.

Due to ODH by January 04, 2023
Please email completed form to Renee Dickman(renee.dickman@odh.ohio.gov).

Appendix B1

Name of Subgrant Program: Hospital Preparedness Program (HPP)
Budget Period: July 1, 2023 – June 30, 2024 (BP5)
Number of Deliverables: 12
Use Budget Justification Scenario #: Budget Justification – Attachment 3

Hybrid (100% Base budget; Deliverable values used for denials)

Deliverable – Objective 1: Healthcare Coalition Roster
HPP Capability: 1, 2

Description: The healthcare coalition (HCC) is useful for all phases of comprehensive emergency management, but its primary mission is to support healthcare organizations during emergency response and recovery. An element of this mission is promoting integration and accessibility of Coalition member organizations into the broader community response. Subrecipients must track the organizations engaging in the HCC in its annual roster. The roster submission must demonstrate Regional Healthcare Coalition compliance with the ***BP5/SFY24 Coalition Requirements.***

The subrecipient will submit an organizational chart, depicting the coalition as a whole, including roll-ups of all HCC committees and workgroups (either as identified in governance documents, or standing committees by practice).

Successful Completion of the Deliverable(s) Includes:

- **Objective 1.1**: By September 15, 2023, the subrecipient must submit into GMIS a current HCC roster and organizational chart using the ***BP5/SFY24 Coalition Membership Roster*** in accordance with all conditions and requirements therein. _____3%

Deliverable – Objective 2: Healthcare Coalition Meetings
HPP Capability: 1

Description: HPP promotes an ongoing dialogue on topics related to capabilities and preparedness activities for hospitals and healthcare coalitions. Coalition meetings serve to bring coalition members together to plan, build relationships, and promote inter-agency communication, information sharing, engagement, and collaboration across various coalition member agencies, partners, and disciplines.

The Regional Healthcare Coordinator must lead regular regional healthcare coalition meetings and address all meeting requirements as indicated in the ***BP5/SFY24 HCC Meeting Requirements, BP5/SFY24 Coalition Requirements,*** and ***Regional Healthcare Coordinator Subrecipient Expectations.***

Successful Completion of the Deliverable(s) Includes:

- **Objective 2.1**: By July 28, 2023, the subrecipient must submit into GMIS a calendar schedule utilizing the ***BP5/SFY24 HCC Meetings Template*** for a minimum of six HCC meetings within the grant year in accordance with the ***BP5/SFY24 HCC Meeting Requirements.*** _____1%

- **Objective 2.2:** By October 20, 2023, the subrecipient must submit into GMIS at one full/general Regional Healthcare Coalition and one Executive Steering Committee agenda, minutes, presentations, attendance record and other documentation indicated in the ***BP5/SFY24 HCC Meeting Requirements,*** from each meeting within 21 days of the meeting occurrence. 3%

- **Objective 2.3:** By January 26, 2024, the subrecipient must submit into GMIS at one full/general Regional Healthcare Coalition agenda, minutes, presentations, attendance record and other documentation indicated in the ***BP5/SFY24 HCC Meeting Requirements,*** from each meeting within 21 days of the meeting occurrence. 3%

- **Objective 2.4:** By April 26, 2024, the subrecipient must submit into GMIS at one full/general Regional Healthcare Coalition and one Executive Steering Committee agenda, minutes, presentations, attendance record and other documentation indicated in the ***BP5/SFY24 HCC Meeting Requirements,*** from each meeting within 21 days of the meeting occurrence. 3%

- **Objective 2.5:** By May 26, 2024, the subrecipient must submit into GMIS at one full/general Regional Healthcare Coalition agenda, minutes, presentations, attendance record and other documentation indicated in the ***BP5/SFY24 HCC Meeting Requirements,*** from each meeting within 21 days of the meeting occurrence. 3%

Deliverable – Objective 3: Monthly ODH Meetings
HPP Capability: 1

Description: The specific objectives for a Healthcare Coalition during emergency response and recovery may vary from one Coalition to another. Monthly coordination meetings with ODH will ensure that all Regional Healthcare Coordinators and ODH are working to establish what the Coalitions should achieve during preparedness and response.

Successful Completion of the Deliverable(s) Includes:

- **Objective 3.1:** By June 15, 2024, the subrecipient will submit into GMIS the ODH provided attendance record that demonstrates that the Regional Healthcare Coordinator or their designee has attended attend all monthly ODH-sponsored meetings. 4%

Deliverable – Objective 4: HCC Planning
HPP Capability: 2, 3, 4

Description: Health care and medical response coordination enables the health care delivery system and other organizations to share information, manage and share resources, and integrate their activities. During an emergency response, health care organizations and other HCC members contribute to the coordination of information-exchange and resource-sharing to ensure the best patient-care outcomes possible. HCCs and their members can best achieve enhanced coordination and improved situational awareness when there is active participation from hospitals, EMS, emergency management agencies, and public health by documenting roles, responsibilities, and authorities before, during, and immediately after an emergency. The Regional Healthcare Coordinator will (1) make necessary edits and updates to the existing HCC Response Plan, (2) develop a Response Plan annex addressing chemical mass casualty events, and (3) revise existing plans to meet updated requirements. The RHC will facilitate

the adoption of all plans in accordance with the requirements of the ***BP5/SFY24 HCC Planning Guidance***.

Successful Completion of the Deliverable(s) Includes:

- **Objective 4.1:** By December 01, 2023, the subrecipient must submit into GMIS a draft of the HCC Response Plan including the Chemical Emergency Surge Annex. 6%

- **Objective 4.2:** By March 29, 2024, the subrecipient must submit into GMIS and the Coalition Assessment Tool (CAT), and the Bed Availability Platform the updated HCC Response Plan, chemical annex and other identified plans as revised and adopted in accordance with the requirements detailed in the ***BP5/SFY24 HCC Planning Guidance***. 5%

Deliverable – Objective 5: ODH 24/7 Drills
HPP Capability: 1, 2

Description: The purpose of the 24/7 drill is to test the capacity and timeliness of the Regional Healthcare Coordinator's response in the event of a public health/medical emergency.

Successful Completion of the Deliverable(s) Includes:

The subrecipient must successfully pass **two** ODH 24/7 after-hours call drills to test the ability of the RHC, or designee, to receive and respond to an emergency within one hour.

- **Objective 5.1:** By December 15, 2023, the subrecipient will submit into GMIS the ODH-provided letter demonstrating successful completion of the ODH 24/7 drill. 1%

- **Objective 5.2:** By June 15, 2024, the subrecipient will submit into GMIS the ODH-provided letter demonstrating successful completion of the ODH 24/7 drill. 1%

Deliverable – Objective 6: Tactical Communications Strategy
HPP Capability: 2

Description: The establishment of a tactical communications strategy is essential to ensuring the availability of redundant communications in the event of a public health emergency. The communication flow between local, state, internal and external partners is paramount to ensure situational awareness.

Successful Completion of the Deliverable(s) Includes:

1. The subrecipient must conduct **one resource request drill** via the agency's redundant communication system per quarter.
   a. The subrecipient must report the completed action on the ***Communications Worksheet.***
   b. The subrecipient must attach a report from the alerting system that reflects responder acknowledgment rate of 75% **or above.**

2. **MARCS Radios**: The subrecipient and all ASPR-funded hospitals must participate in scheduled MARCS radio checks conducted by ODH.

- **Objective 6.1:** By September 30, 2023, the subrecipient must submit into GMIS the Communications Worksheet and alerting system message summary report. 1%

- **Objective 6.2:** By March 29, 2024, the subrecipient must submit into GMIS the Communications Worksheet and alerting system message summary report. 1%

Deliverable – Objective 7: Hospital Dispensing Documentation in OPOD
HPP Capability: 3

Description: All ASPR-funded hospitals should maintain response plans and procedures for requesting, receiving, and dispensing medical countermeasures to hospitals patients and staff (private POD). Completing the following documents in OPOD will ensure logistical and operational planning considerations have been met and documented for each facility, prior to a response.

Successful Completion of the Deliverable(s) Includes:

- **Objective 7.1:** By May 26, 2024, the subrecipient will submit into GMIS the completed ***OPOD Update Workbook.*** To successfully accomplish this, the subrecipient must ensure the following information is completed and uploaded in OPOD for each ASPR funded hospital in the region:
  - Floor Layout
  - Flow Chart Diagram
  - Location Map
  - Ohio Medical Countermeasures (MCM) Site Survey for Hospitals 5%

Deliverable – Objective 8: Ohio Department of Health Statewide Integrated Preparedness Planning Workshop (IPPW)
HPP Capability: 1

Description: All subrecipients attend the ODH Statewide Integrated Preparedness Planning Workshop **(**IPPW) to identify and discuss exercise program priorities that will advance the State of Ohio's preparedness. Workshop attendance is necessary to collaborate on statewide training and exercise planning efforts among all PHEP and HPP subrecipients. Additional information, and requirements for participating in the ODH Statewide IPPW are located in the ***BP5/SFY24 Exercise Deliverable Technical*** Assistance document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 8.1:** By August 30, 2023, the Regional Healthcare Coordinator or designee must provide representation at the ODH Statewide IPPW and must complete the participant feedback survey and upload into GMIS the verification of attendance. 1%

Deliverable – Objective 9: Updated HCC Integrated Preparedness Plan
HPP Capability: 1

Description: Subrecipients submit the HCC Integrated Preparedness Plan (IPP) with preparedness activity considerations, overall preparedness priorities and reporting, training report, exercise report, and a multi-year schedule of preparedness activities. The IPP deliverable is a foundation document guiding a successful training and exercise program as well as a method to increase whole community preparedness by outlining overall training and exercise program priorities and a detailed schedule of training and exercise activities designed to meet those priorities for the coalition. Deliverable submission checklists, additional information and requirements for the HCC IPP are located in the ***HPP IPP Template.***

Successful Completion of the Deliverable(s) Includes:

- **Objective 9.1:** By December 8, 2023, the subrecipient must submit into GMIS the updated HCC IPP on the ***HCC IPP Template.*** 6%

Deliverable – Objective 10: Statewide Regional Drop Site (RDS) Full Scale Exercise (FSE)
HPP Capability: All 4 HPP Capabilities

Description: Subrecipients will also participate in the planning, execution and evaluation of the BP5 statewide full-scale exercise to be conducted in October 2023. Following the exercise, subrecipients must complete and submit ***HCC FSE Data Sheet***. Supporting information for the data sheet and the planned FSE can be found in the ***BP5/SFY24 Exercise Deliverable Technical Assistance*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 10.1:** By January 30, 2024, the subrecipient must participate in the planning, execution, and evaluation of BP5 Full-Scale Exercise and complete and upload into GMIS the ***HCC FSE Data Sheet*** following the requirements listed in the template and the ***BP5/SFY24 Exercise Deliverable Technical Assistance*** document. 9%

Deliverable – Objective 11: Joint Public Health and Health Care Coalition (HCC) Chemical Emergency Surge Tabletop Exercise (TTX) and After-Action Report/Improvement Plan (AAR/IP)
HPP Capability: 1, 2, 3, 4

Description: HCCs are required to develop a coalition annex to their base medical surge/trauma mass casualty response plan to manage a patient surge caused by a chemical emergency. Facilitation and participation in the joint public health and HCC Statewide Chemical Emergency Surge TTX allows for collaboration between the HCC core members and the regional public health jurisdictions to validate local level, regional, and HCC plans. Deliverable submission instructions and requirements for the joint TTX and associated AAR/IP are located in the ***BP5/SFY24 Exercise Deliverable Technical Assistance*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 11.1:** By April 30, 2024, the subrecipient must facilitate a regional, joint public health and HCC Chemical Emergency Surge TTX attended by the core coalition members and ODH. Upon completion, the RHC must update the CAT, upload into GMIS the completed AAR/IP and the attendance list or other verification of participation from HCC core members. 30%

Deliverable – Objective 12: Medical Response and Surge Exercise (MRSE) and Exercise Planning and Evaluation Tool
HPP Capability: 1, 2, 3, 4

Description: The purpose of the Medical Response and Surge Exercise (MRSE) is to provide HCCs with an opportunity to test their surge response and preparedness capabilities. The scenario used in the MRSE is defined by the HCC, but all exercises will test an HCC and its members' capacity to accommodate a surge of patients equal to at least 20% of its staffed bed capacity. HCCs will utilize ASPR provided exercise documents to include the SITMAN, Evaluation Plan and the Exercise Planning and Evaluation tool to complete this deliverable. Deliverable submission checklists and additional information are located in the ***BP5/SFY24 Exercise Deliverable Technical Assistance*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 12.1:** By June 03, 2024, the subrecipient must update the Coalition Assessment Tool (CAT) and then complete and submit into GMIS the ASPR provided Exercise Planning and Evaluation Tool. 14%

Appendix B2										
Name of Subgrant Program: Hospital Preparedness Program (HPP)										
Budget Period: 5										
# of Deliverables: 12										
Use Budget Justification Scenario #: 1										
__X__ Base Only										
____ Base and Deliverables										
____ Deliverables Only										
SUBRECIPIENT		**Objective 1.1**	**Objective 2.1**	**Objective 2.2**	**Objective 2.3**	**Objective 2.4**	**Objective 2.5**	**Objective 3.1**	**Objective 4.1**	**Objective 4.2**
DELIVERABLE	**ALLOCATION**	Coalition Membership Roster	HCC Calendar	HCC Meetings I	HCC Meetings II	HCC Meetings III	HCC Meetings IV	Monthly ODH Meetings	Draft HCC Resonse Plan + Chem Surge Annex	Final HCC Response Plan + Chem Surge Plan
WEIGHT (%)	**($)**	**3.00%**	**1.00%**	**3.00%**	**3.00%**	**3.00%**	**3.00%**	**4.00%**	**6.00%**	**5.00%**
Northeast	$ 796,993	$23,909.79	$7,969.93	$23,909.79	$23,909.79	$23,909.79	$23,909.79	$31,879.72	$47,819.58	$39,849.65
Southeast Central/SE	$ 482,374	$14,471.22	$4,823.74	$14,471.22	$14,471.22	$14,471.22	$14,471.22	$19,294.96	$28,942.44	$24,118.70
Central	$ 803,336	$24,100.08	$8,033.36	$24,100.08	$24,100.08	$24,100.08	$24,100.08	$32,133.44	$48,200.16	$40,166.80
Southwest	$ 659,329	$19,779.87	$6,593.29	$19,779.87	$19,779.87	$19,779.87	$19,779.87	$26,373.16	$39,559.74	$32,966.45
Northwest	$ 728,080	$21,842.40	$7,280.80	$21,842.40	$21,842.40	$21,842.40	$21,842.40	$29,123.20	$43,684.80	$36,404.00
West Central	$ 462,822	$13,884.66	$4,628.22	$13,884.66	$13,884.66	$13,884.66	$13,884.66	$18,512.88	$27,769.32	$23,141.10
Northeast Central	$ 884,257	$26,527.71	$8,842.57	$26,527.71	$26,527.71	$26,527.71	$26,527.71	$35,370.28	$53,055.42	$44,212.85
TOTAL	**$4,817,191**									

Appendix B2										
Name of Subgrant Program: Hospital Preparedness Program (HPP)										
Budget Period: 5										
# of Deliverables: 12										
Use Budget Justification Scenario #: 1										
__X__ Base Only										
____ Base and Deliverables										
____ Deliverables Only										
SUBRECIPIENT	**Objective 5.1**	**Objective 5.2**	**Objective 6.1**	**Objective 6.2**	**Objective 7.1**	**Objective 8.1**	**Objective 9.1**	**Objective 10.1**	**Objective 11.1**	**Objective 12.1**
DELIVERABLE	24/7 Drill	24/7 Drill	Tactical Communications Strategy I	Tactical Communications Strategy II	Hospital Dispensing Documentation in OPOD	Attend ODH Intergrated Preparedness Plan Workshop	HCC IPP	Statewide RDS FSE	Chemical Surge TTX	Medical Response and Surge Exercise (MRSE)
WEIGHT (%)	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**5.00%**	**1.00%**	**6.00%**	**9.00%**	**30.00%**	**14.00%**
Northeast	$7,969.93	$7,969.93	$7,969.93	$7,969.93	$39,849.65	$7,969.93	$47,819.58	$71,729.37	$239,097.90	$111,579.02
Southeast Central/SE	$4,823.74	$4,823.74	$4,823.74	$4,823.74	$24,118.70	$4,823.74	$28,942.44	$43,413.66	$144,712.20	$67,532.36
Central	$8,033.36	$8,033.36	$8,033.36	$8,033.36	$40,166.80	$8,033.36	$48,200.16	$72,300.24	$241,000.80	$112,467.04
Southwest	$6,593.29	$6,593.29	$6,593.29	$6,593.29	$32,966.45	$6,593.29	$39,559.74	$59,339.61	$197,798.70	$92,306.06
Northwest	$7,280.80	$7,280.80	$7,280.80	$7,280.80	$36,404.00	$7,280.80	$43,684.80	$65,527.20	$218,424.00	$101,931.20
West Central	$4,628.22	$4,628.22	$4,628.22	$4,628.22	$23,141.10	$4,628.22	$27,769.32	$41,653.98	$138,846.60	$64,795.08
Northeast Central	$8,842.57	$8,842.57	$8,842.57	$8,842.57	$44,212.85	$8,842.57	$53,055.42	$79,583.13	$265,277.10	$123,795.98
TOTAL										

ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

Health Disparities, Health Inequities, Social Determinants of Health & Health Equity

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment

2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.

3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.

4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review 2030 Target Setting Methodologies for Objectives in Healthy People 2030.

5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or

eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

1) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in Healthy People 2030, the State Health Improvement Plan (SHIP) and local Community Health Assessments.
   - State Health Improvement Plan - https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship
   - Healthy People 2030 - https://health.gov/healthypeople

2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.

3) Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.

   Consider using the Community Wellbeing: Social Determinants of Health Dashboard. The Social Determinants of Health dashboard provides greater insight into the condition that impact Ohioans' ability to live out a healthy lifestyle. The dashboard can be filtered by five (5) domains and over 100 attributes/metrics that impact health, including Economic Vitality, Neighborhood and Physical Environment, Healthcare Access and Quality, Education Access and Quality, and Social and Community Environment. Data is utilized from the Census Bureau, the Centers for Disease Control and Prevention, and American Community Survey at the census tract level which helps to understand which programing can most benefit specific communities.

4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, businesses, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

[Note to Program: These requirements and best practices should be tied to deliverables and review criteria when possible and appropriate.]

Appendix D

HOSPITAL PREPAREDNESS PROGRAM GRANT
SFY24- July 1, 2023 – June 30, 2024

Agency Name: Click or tap here to enter text.

Project Key: Click or tap here to enter text.

1. Reimbursement Type Form was submitted with the Application?
   ☐ **Yes** ☐ **No**
2. Reimbursement Type Forms was submitted by the required date of January 4, 2023?
   ☐ **Yes** ☐ **No**

	SECTION 1		
	PROGRAM ATTACHMENTS		
	GRANT APPLICATION COMPONENT	**SCORE**	**COMMENTS**
1.	☐ Application submitted on time		
2.	☐ Attachment #1 was submitted and complete		
3.	☐ Match Letter was submitted ☐ Match Letter is on Agency letterhead ☐ Correct funding and match amount used ☐ Match letter was signed by Agency Head		
4.	☐ Attachment Three (Budget Justification) was submitted ☐ Agency Demonstrated how 63% of funding will be distributed to coalition members ☐ Signed by Agency Head		
5.	☐ Regional Healthcare Coordination Subrecipient Expectations (Appendix E) was submitted ☐ Signed by Agency Head		
6.	The following documents are submitted into the CAT and GMIS by February 6, 2023. Please note that the following documents are ASPR – provided templates. The most recent template available has been provided. The fiscal year may not align with the fiscal year of this continuation solicitation. ☐ HPP Subrecipient Scope of Work ☐ HCC Budget ☐ HCC Work Plan The HCC training plan must be uploaded into GMIS and the CAT along with any amended/final documents by July 22, 2023.		

Appendix E

Regional Healthcare Coordinator Sub-Recipient Expectations

Successful applicant agencies for the Hospital Preparedness Program (HPP) Grant agree to serve as the primary planning resource and liaison to the Administration for Strategic Preparedness and Response (ASPR) hospitals and the Healthcare Coalitions (HCC) in their planning region. These program requirements are for the project period of July 1, 2019, through June 30, 2024. In Ohio, these roles are known as Regional Healthcare Coordinator (RHC), and nationally known as the HCC Readiness and Response Coordinator or HCC RRC.

Collaboration

- Provide representation, guidance, and assistance as needed with local, regional, and state planning partners for the purpose of developing and supporting local and regional partnerships and coalitions.
- Convene and facilitate regional meetings, including Regional HCC meetings to assure coordination and collaboration. Compile meeting minutes and maintain documentation of strategies, activities, and responsibilities.
- Coordinate, plan and conduct healthcare related emergency preparedness and response training, periodic disaster drills and exercises with applicable hospitals, health departments, Emergency Management Agencies, Emergency Medical Services, other government agencies, and HCC agencies involved in healthcare emergency preparedness and response.
    - Plan, organize, conduct, and evaluate regional response drills that test the use of equipment, communications, personnel and the HCC emergency preparedness and response plans.
    - Submit an Exercise Request Form (ERF) for all planned exercises, on the current ***Exercise Request Form HEA 1100*** posted on the Ohio Public Health Communication System (OPHCS) no later than 10 business days after the Initial Planning Meeting (IPM).
- Recruit new members, across all provider and organization types but with additional focus to the 17 Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule provider-types.
- Collaborate with the Regional Public Health Coordinator in regional planning.
- Maintain relationships with local public health, emergency management, homeland security and others in the region involved in healthcare preparedness planning.
- Participate in state-sponsored site visits, meetings, and training activities when requested.

Planning

- Review and identify gaps in regional response and preparedness plans as often as needed and update at least annually. Notify the Ohio Department of Health (ODH) of any barriers to collaboration and develop a plan to mitigate the barriers and promote greater collaboration.
- Provide, as requested, documentation such as minutes, emails, and/or signatures, indicating collaboration within the HCC, and with other partners and stakeholders, when reviewing and updating the regional healthcare response and preparedness plans.
- Assist HCC members, particularly ASPR-funded and ASPR-participating members, with development, review and technical assistance of public health emergency plans, manuals, and standard operating procedures, utilizing local, state, and federal guidelines and requirements.

Regional Healthcare Coordinators (RHCs) should offer members technical assistance or consultive services in meeting the CMS Emergency Preparedness Rule.
- Coordinate efforts to expand communication and emergency response capabilities between members of the HCC and community agencies.
- Coordinate efforts to enhance the healthcare system in the region for responding to an incident, emergency, or disaster.
- Be an accessible source of preparedness and response best practices for newly engaged provider types as they adapt to the requirements. Play a role in assisting members with closing planning gaps, as well as assuring integration with core coalition partners.

Situational Awareness and Data Sharing

- Promote communications between healthcare coalition members by coordinating and providing situational awareness, including notification to ODH Bureau of Health Preparedness (BHP) of healthcare preparedness impacts and incidents, and by submission of situation reports as requested by ODH.
- Support situational awareness through the provision of technical assistance, guidance, and coordination of training to healthcare coalition members, including use of statewide situational awareness tools (bed availability platform, patient tracking, communications):
    - Bed Availability Platform: Maintain a primary and back-up trained administrator for the ODH Bed Availability and Mass Casualty Incident/Patient Tracking Platforms; serve as regional contact and coordinator of use, including user access for hospitals within the region.
    - Ohio Public Health Communication System (OPHCS): Maintain a primary and back-up trained OPHCS Administrator; serve as regional contact and coordinator of use, including user access for hospitals within the region.
- Coordinate with the region's HCC to aggregate and report the federal Capabilities Planning Guide (CPG) data requirements for the region upon request.
- Distribution of the U.S. Department of Health and Human Services emPower data, received from ODH at least twice a year, to the HCC.
- Coordinate with the HCCs to complete and submit all requirements in the Coalition Assessment Tool by the required deadlines.
- The subrecipient must successfully receive and respond to an emergency within one hour.
- Provide data and information as requested by ODH to assist with the completion of local, state, and federal reports.

Grant Administrative Requirements

- Ensure no funding provided by this grant can be allocated to fund entities in achieving the requirements stated in the CMS Emergency Preparedness Requirements Final Rule (i.e., writing plans and participating in exercises).
- As directed by ODH, the subrecipient must demonstrate a willingness to collaborate with any vendor under contract with the ODH BHP for the conduct of any regional and statewide initiatives under this award.
- The RHC can only be assigned to a single HCC; however, they are strongly encouraged to coordinate with neighboring HCCs to improve planning and operational readiness.
- The RHC is not required to live within the geographic boundaries of their HCC; however, their work duties are expected to occur within their HCC geographic area to strengthen their

relationship with stakeholders and improve their ability to support HCC response activities. The individual should reside within a reasonable commuting radius, such that the individual can be present to work onsite with the HCC and its members on a daily basis.

- The RHC is responsible for ensuring that the HCC meets all HPP performance measures and benchmarks with special attention to the HCC response plans, roles, and operations.

Individual Training Requirements

Participate in and complete all training requirements, including:

- IS-100.C: Introduction to the Incident Command System, ICS 100
- IS-120.C: An Introduction to Exercises
- IS-130.A: How to be an Exercise Evaluator
- IS-200.C: Basic Incident Command System for Initial Response
- IS-700.B: An Introduction to the National Incident Management System
- IS-800.D: National Response Framework, an Introduction
- IS-29: Public Information Officer Awareness
- Bureau of Health Preparedness Systems trainings, including, situational awareness systems for bed availability, mass casualty, C-MIST, OPHCS, MARCS and other required trainings offered by ODH
- Homeland Security Exercise and Evaluations Program (HSEEP)
- Nationwide SAR Initiative (NSI) Training: Public Health and Health Care Partners (https://www.dhs.gov/course/nsi-training-public-health-and-health-care-partners)

Agency Name: _____

Agency Head: _____

Signature Date

Hospital Preparedness Program (HPP) Health Care Coalition Scope of Work Template

Introduction

The sub-recipient scope of work is only required for health care coalitions (HCCs). The applicant **must** briefly outline all required HCC activities, responsibilities, and intended outcomes and outputs of work performed via sub-recipient contracts, per capability for each HCC. It should also explain all related tasks, duties, and limitations relevant to the recipient's expected results and project goals.

This scope of work template provides a means to capture an HCC's planned accomplishments in the upcoming budget period to be included in a recipient's application. This template, or its equivalent, is to be submitted by the recipient with the application for each HCC.

While you are not required to use this template, the information must be provided with the recipient's application for each sub-recipient contract, including each HCC. Please continue to the next page for the fillable template.

Hospital Preparedness Program (HPP) Health Care Coalition
Scope of Work Template

SECTION 1: Summary

The intent of this section is to provide some basic information about the HCC.

1. HCC Name

*Table 1: HCC Name allows the recipient to provide a unique short name for the contract that also identifies the HCC being funded. This contract name will be utilized as an association in the budget. [**Instructions**: Select each field to enter a response.]*

HCC Name	[*Replace this text with HCC Name*]

2. FTE Requirement

*Table 2: Each HCC must fund at least 1.0 FTE (combined and may include in-kind support of dedicated time) to support the following two staffing requirements: Please see pg. 48-49 of the FOA for the HCC staffing support requirements. [**Instructions**: Select each field to enter a response.]*

Clinical Advisor	**HCC Readiness and Response Coordinator (RRC)**
Does your HCC fund a Clinical Advisor? [*Indicate 'Yes' or 'No' in this space*] **If yes, please specify name, % FTE and agency affiliation below.**	**Does your HCC fund an HCC Readiness and Response Coordinator (RRC)?** [*Indicate 'Yes' or 'No' in this space*] **If yes, please specify name, % FTE and agency affiliation below.**
Percentage of FTE supporting the HCC: [*Replace this text with FTE %*]	**Percentage of FTE supporting the HCC:** [*Replace this text with FTE %*]
Is this position's HCC time paid by HPP funds, in-kind or other? [*Replace this text with response*]	**Is this position's HCC time paid by HPP funds, in-kind or other?** [*Replace this text with response*]
Name of Advisor's agency and position (unrelated to coalition) [*Replace this text with response*]	**Name of RRC's agency and position (unrelated to coalition)** [*Replace this text with response*]

SECTION 2: HPP HCC Activities and Budget Associations

Applicants must briefly outline the scope of work, planned activities and intended outcomes of work performed via sub-recipient contracts, per capability.

Capability 1: Foundation for Health Care and Medical Readiness

*[**Instructions:** Please enter each applicable response in the second column.]*

Associated Objective (or Benchmark) Name (Fill in narratives for all applicable objectives in the next column. Leave the next column blank if the objective does not apply to your scope of work.)	**Narrative:** Provide an overview of what the sub-recipient will do to support the selected Objective or Benchmark. Include planned activities and intended outcomes of work to be performed via sub-recipient contracts; and any payment schedule information.
1. Establish and Operationalize a Health Care Coalition (HCC)	[*Replace this text with the associated objective narrative, if applicable*]
2. Identify Risks and Needs	[*Replace this text with the associated objective narrative, if applicable*]
3. Develop a Health Care Coalition Preparedness Plan (annual update)	[*Replace this text with the associated objective narrative, if applicable*]
4. Train and Prepare the Health Care and Medical Workforce	[*Replace this text with the associated objective narrative, if applicable*]
5. Ensure Preparedness is Sustainable	[*Replace this text with the associated objective narrative, if applicable*]
*BM 6: Within 30 days following receipt of the subaward, all funded HCCs **must** submit their final budgets to the recipients and upload a copy into the Coalition Assessment Tool (CAT). The budget should identify the percent of funding received from the recipient, other federal sources, and non-federal sources.*	[*Replace this text with the associated objective narrative, if applicable*]

Hospital Preparedness Program (HPP) Health Care Coalition
Scope of Work Template

Associated Objective (or Benchmark) Name (Fill in narratives for all applicable objectives in the next column. Leave the next column blank if the objective does not apply to your scope of work.)	**Narrative:** Provide an overview of what the sub-recipient will do to support the selected Objective or Benchmark. Include planned activities and intended outcomes of work to be performed via sub-recipient contracts; and any payment schedule information.
BM 7: Within 30 days following receipt of the subaward, all funded HCCs must submit an annual work plan and training plan (uploaded into the CAT), developed in collaboration with their stakeholders and based on their current HVA and resource analysis, to include medical equipment and supplies, real-time information sharing, communication systems, training, exercises, lessons learned, and health care personnel necessary to respond to an emergency. ***Note:** BM7 – HCC training plan is waived.*	[*Replace this text with the associated objective narrative, if applicable*]
*BM 8: Within the first 90 days of each budget period, all recipients and HCCs **must** provide ASPR an updated pre-event specific essential elements of information (EEI) template (uploaded into the CAT). ASPR will provide recipients with a list of all required post-event and special-event EEIs for incorporation into state, local, and HCC reporting systems.* ***Note:** BM8 - HPP Essential Elements of Information (EEI) reporting is suspended until further notice.*	[*Replace this text with the associated objective narrative, if applicable*]

Hospital Preparedness Program (HPP) Health Care Coalition Scope of Work Template

Capability 2: Health Care and Medical Response Coordination

*[**Instructions:** Please enter each applicable response in the second column.]*

Associated Objective (or Benchmark) Name (Fill in narratives for all applicable objectives in the next column. Leave the next column blank if the objective does not apply to your scope of work)	**Narrative:** Provide an overview of what the sub-recipient will do to support the selected Objective or Benchmark. Include planned activities and intended outcomes of work to be performed via sub-recipient contracts; and any payment schedule information.
1. Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans	[*Replace this text with the associated objective narrative, if applicable*]
2. Utilize Information Sharing Processes and Platforms	[*Replace this text with the associated objective narrative, if applicable*]
3. Coordinate Response Strategy, Resources, and Communications	[*Replace this text with the associated objective narrative, if applicable*]
*BM 9: HCCs **must** complete the Coalition Surge Test (CST) annually. Hospitals located in approved jurisdictions (AS, CNMI, FSM, PW, RMI, Guam, and USVI) or officially classified as an isolated frontier hospital, **must** develop a surge scenario and exercise it annually utilizing the Hospital Surge Tool (HST), in lieu of the CST. Data **must** be uploaded into the CAT.*	[*Replace this text with the associated objective narrative, if applicable*]

Capability 3: Continuity of Healthcare Service Delivery

*[**Instructions**: Please enter each applicable response in the second column .]*

Associated Objective (or Benchmark) Name (Fill in narratives for all applicable objectives in the next column. Leave the next column blank if the objective does not apply to your scope of work)	**Narrative:** Provide an overview of what the sub-recipient will do to support the selected Objective or Benchmark. Include planned activities and intended outcomes of work to be performed via sub-recipient contracts; and any payment schedule information.
1. Identify Essential Functions for Health Care Delivery	[*Replace this text with the associated objective narrative, if applicable*]
2. Plan for Continuity of Operations	[*Replace this text with the associated objective narrative, if applicable*]
3. Maintain Access to Non-Personnel Resources During an Emergency	[*Replace this text with the associated objective narrative, if applicable*]
4. Develop Strategies to Protect Health Care Information Systems and Networks	[*Replace this text with the associated objective narrative, if applicable*]
5. Protect Responders' Safety and Health	[*Replace this text with the associated objective narrative, if applicable*]
6. Plan for Health Care Evacuation and Relocation	[*Replace this text with the associated objective narrative, if applicable*]
7. Coordinate Health Care Delivery System Recovery	[*Replace this text with the associated objective narrative, if applicable*]

Capability 4: Medical Surge

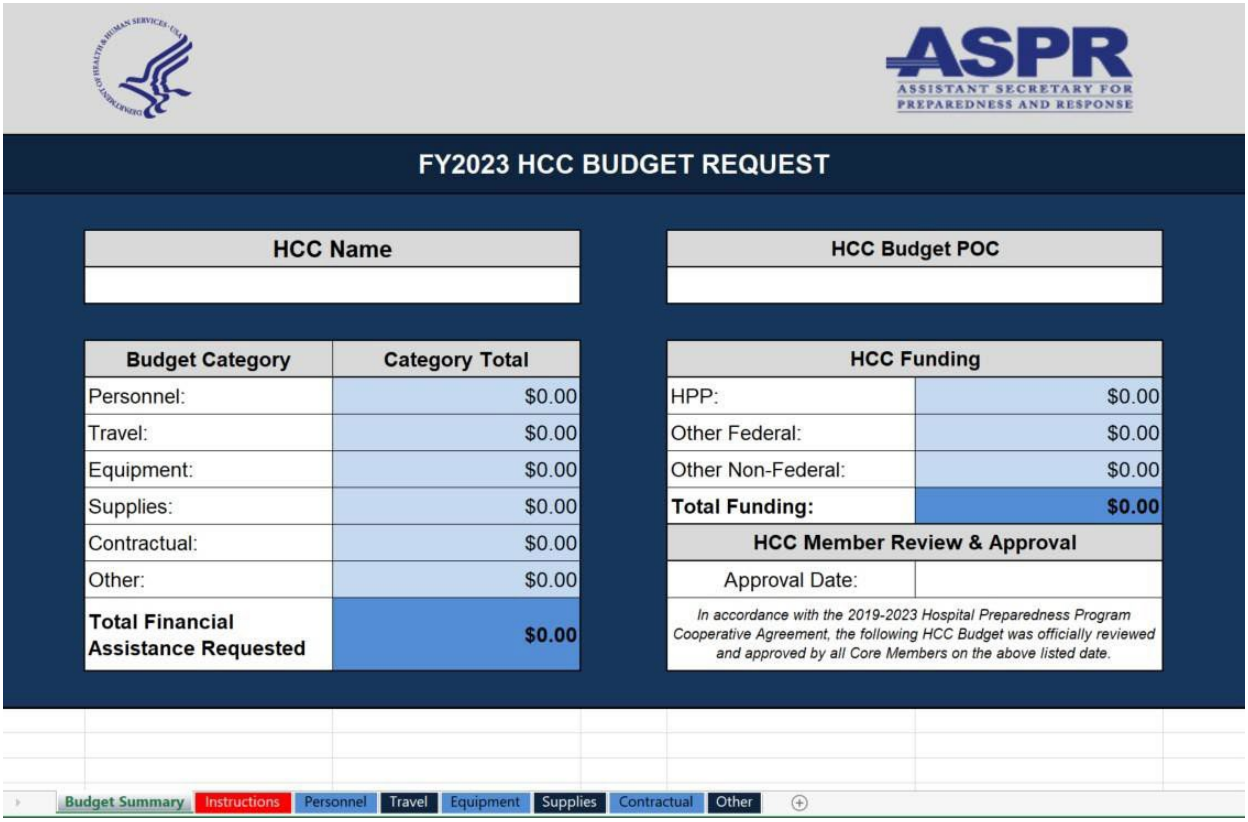
*[**Instructions**: Please enter each applicable response in the second column.]*

Associated Objective (or Benchmark) Name (Fill in narratives for all applicable objectives in the next column. Leave the next column blank if the objective does not apply to your scope of work.)	**Narrative:** Provide an overview of what the sub-recipient will do to support the selected Objective or Benchmark. Include planned activities and intended outcomes of work to be performed via sub-recipient contracts; and any payment schedule information.
1. Plan for a Medical Surge	[*Replace this text with the associated objective narrative, if applicable*]
2. Respond to a Medical Surge	[*Replace this text with the associated objective narrative, if applicable*]
*BM 4 - HCCs **must** have a draft response plan annex addressing burn care surge or infectious disease preparedness and surge completed and uploaded in the Coalition Assessment Tool (CAT) by April 1, 2022. The final response plan annex must be submitted with the FY 2021 Annual Progress Report (APR) and uploaded into the CAT.*	[*Replace this text with the associated objective narrative, if applicable*]
Burn Surge or Infectious Disease Annex TTX ***Note:** HCCs must complete the specialty surge TTX by the end of the five-year project period (June 30, 2024) and submit the AAR/IP with the Annual Progress Report (APR).*	[*Replace this text with the associated objective narrative, if applicable*]

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

Hospital Preparedness Program (HPP) Health Care Coalition
Scope of Work Template

Associated Objective (or Benchmark) Name (Fill in narratives for all applicable objectives in the next column. Leave the next column blank if the objective does not apply to your scope of work.)	**Narrative:** Provide an overview of what the sub-recipient will do to support the selected Objective or Benchmark. Include planned activities and intended outcomes of work to be performed via sub-recipient contracts; and any payment schedule information.
*All HCCs or HCC members purchasing pharmaceuticals and other medical materiel or supplies (e.g., PPE) with HPP funds **must** submit Inventory Management Program Protocols for all cached materials. The Inventory Management Program Protocol should be included in the purchaser's (recipient and HCC) work plan. The recipient protocol should be uploaded into PERFORMS, and the HCC protocol should be uploaded into the CAT with the work plan.*	[*Replace this text with the associated objective narrative, if applicable*]
Direct support of the HCC Clinical Advisor and/or HCC Readiness and Response Coordinator, etc.	[*Replace this text with the associated objective narrative, if applicable*]
Complete the Capability 1-4 self-assessment and exercise modules in the CAT; to include CPGs, etc.	[*Replace this text with the associated objective narrative, if applicable*]



ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

FY2023 HCC BUDGET REQUEST

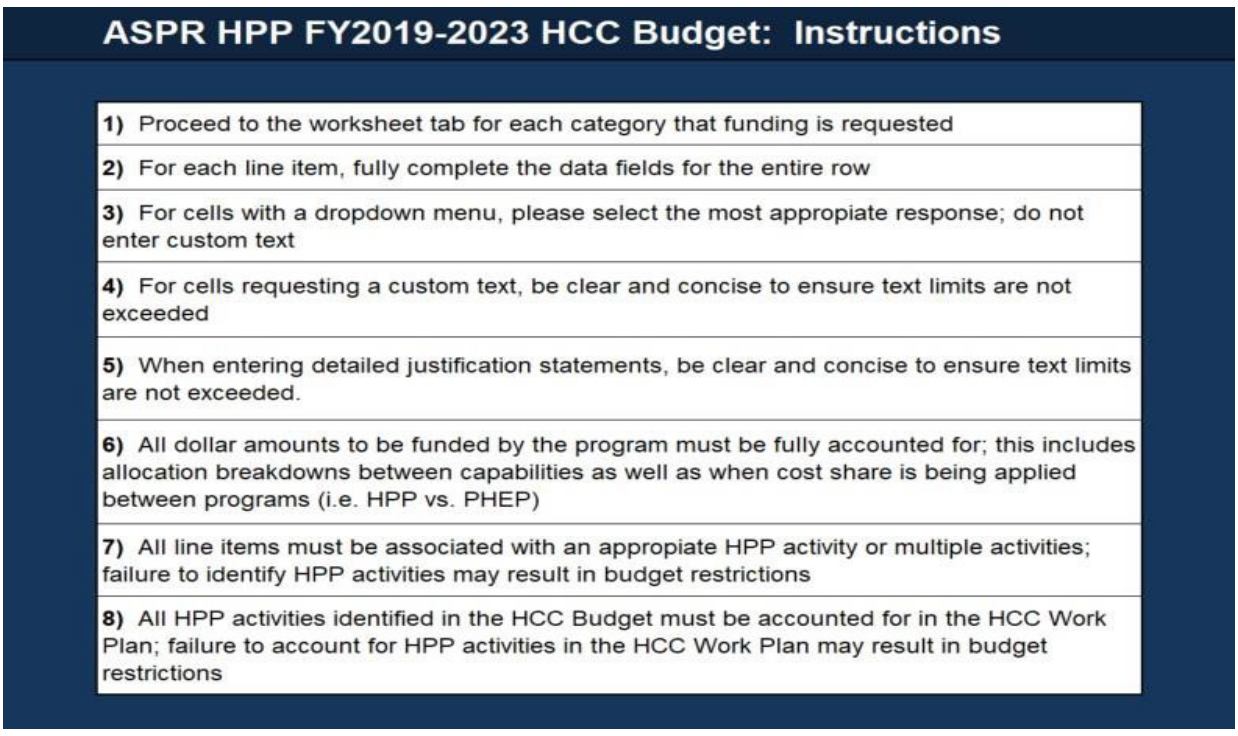
HCC Name	HCC Budget POC

Budget Category	Category Total
Personnel:	$0.00
Travel:	$0.00
Equipment:	$0.00
Supplies:	$0.00
Contractual:	$0.00
Other:	$0.00
Total Financial Assistance Requested	**$0.00**

HCC Funding	
HPP:	$0.00
Other Federal:	$0.00
Other Non-Federal:	$0.00
Total Funding:	**$0.00**
HCC Member Review & Approval	
Approval Date:	

In accordance with the 2019-2023 Hospital Preparedness Program Cooperative Agreement, the following HCC Budget was officially reviewed and approved by all Core Members on the above listed date.

Budget Summary | Instructions | Personnel | Travel | Equipment | Supplies | Contractual | Other



ASPR HPP FY2019-2023 HCC Budget: Instructions

1) Proceed to the worksheet tab for each category that funding is requested

2) For each line item, fully complete the data fields for the entire row

3) For cells with a dropdown menu, please select the most appropiate response; do not enter custom text

4) For cells requesting a custom text, be clear and concise to ensure text limits are not exceeded

5) When entering detailed justification statements, be clear and concise to ensure text limits are not exceeded.

6) All dollar amounts to be funded by the program must be fully accounted for; this includes allocation breakdowns between capabilities as well as when cost share is being applied between programs (i.e. HPP vs. PHEP)

7) All line items must be associated with an appropiate HPP activity or multiple activities; failure to identify HPP activities may result in budget restrictions

8) All HPP activities identified in the HCC Budget must be accounted for in the HCC Work Plan; failure to account for HPP activities in the HCC Work Plan may result in budget restrictions

ASPR HPP FY2019-2023 HCC Budget: Personnel

HCC Personnel Staffing Details

Item #	Position/Title	Name	Annual Salary	% FTE	Months	Total $ Fringe	Total $ Requested	Organization Type	Fiduciary Agent
Example	*Program Manager*	*John Smith*	*$76,000.00*	*100%*	*12.00*		*$76,000.00*	*Health Care Coalition*	*State or Local Hospital Association*
1	HCC Readiness & Response Coordinator					$0.00	$0.00		
2	Clinical Advisor					$0.00	$0.00		
3						$0.00	$0.00		
4						$0.00	$0.00		
5						$0.00	$0.00		
6						$0.00	$0.00		
7						$0.00	$0.00		
8						$0.00	$0.00		
9						$0.00	$0.00		
10						$0.00	$0.00		
11						$0.00	$0.00		
12						$0.00	$0.00		
13						$0.00	$0.00		
14						$0.00	$0.00		
15						$0.00	$0.00		
16						$0.00	$0.00		
17						$0.00	$0.00		
18						$0.00	$0.00		
19						$0.00	$0.00		
20						$0.00	$0.00		
					Sub-Total	$0.00	$0.00		
					Total:		$0.00		

ASPR HPP FY2019-2023 HCC Budget: Travel

HCC Travel Details

Item #	Location	Travel Type	Trips	People	Days	Nights	$ Mileage (Total)	$ Airfare per person	$ Lodging per night	$ Per Diem (MI&E) per day	$ Other (Total)	$ Total
Example	*7 locations across the state of XX (list the locations)*	*In State*	*7.00*	*1.00*	*2.00*	*1.00*	*$0.00*	*$0.00*	*$100.00*	*$50.00*	*$55.00*	*$1,785*
Example	*Houston, TX*	*Out of State*	*1.00*	*1.00*	*4.00*	*3.00*	*$0.00*	*$350.00*	*$175.00*	*$75.00*	*$200.00*	*$1,375*
1												$0
2												$0
3												$0
4												$0
5												$0
6												$0
7												$0
8												$0
9												$0
10												$0
11												$0
12												$0
13												$0
14												$0
15												$0
16												$0
17												$0
18												$0
19												$0
20												$0
21												$0
22												$0
23												$0
24												$0
25												$0
										Total:		$0

ASPR HPP FY2019-2023 HCC Budget: Equipment

	HCC Equipment Details				Equipment Justification	
Item #	Item Description	Quantity	Unit Cost	Total Request	Cost Justification (Must include: intended user & benefit to program)	Organization Type
Example	*800mhz Radio Control Station*	*1.0*	*$5,396*	*$5,396*	*Replace unusable 800 megahertz radio control stations. Most control stations in the jurisdiction were replaced due to manufacturer's discontinuation of the product. These radios are used on a daily basis for coordination and are the main redundant communications device for the hospitals, regional Emergency Medical Services Councils, and DOH State Health Centers. The HCC is currently reviewing options for radios. Funds for replacement are limited to what is needed immediately.Budget: Cost includes the unit, shipping, and installation.*	*Health Care Coalition*
Example	*Desktop Personal Computer Unit (PCU)*	*2.0*	*$3,372*	*$6,744*	*Procure Two Dell BX620 desktop PCU for HPP staff to perform daily hospital preparedness program activities. These two positions are 100% HPP.*	*Health Care Coalition*
1				$0.00		
2				$0.00		
3				$0.00		
4				$0.00		
5				$0.00		
6				$0.00		
7				$0.00		
8				$0.00		
9				$0.00		
10				$0.00		
11				$0.00		
12				$0.00		
13				$0.00		
14				$0.00		
15				$0.00		
16				$0.00		
17				$0.00		
18				$0.00		
19				$0.00		
20				$0.00		
21				$0.00		
22				$0.00		
23				$0.00		
24				$0.00		
25				$0.00		
		Total:		$0		

ASPR HPP FY2019-2023 HCC Budget: Supplies

	HCC Supply Details				Supply Justification		
Item #	Item Description	Quantity	Unit Cost	Total Request	Cost Justification (Must include: intended user & benefit to program)	Subcategory	Organization Type
Example	*General Office Supplies*	*1.5*	*$250.00*	*$375.00*	*Funding is requested for general day to day office supplies for HPP funded positions. Supplies include: paper, pens, highlighters, postit notes, notebooks, tables. markers, staples, paper clips, binder clips, etc. Cost is based on historical spending averages at $250 per position.*	*General Office Supplies*	*Health Care Coalition*
1				$0.00			
2				$0.00			
3				$0.00			
4				$0.00			
5				$0.00			
6				$0.00			
7				$0.00			
8				$0.00			
9				$0.00			
10				$0.00			
11				$0.00			
12				$0.00			
13				$0.00			
14				$0.00			
15				$0.00			
16				$0.00			
17				$0.00			
18				$0.00			
19				$0.00			
20				$0.00			
21				$0.00			
22				$0.00			
23				$0.00			
24				$0.00			
25				$0.00			

ASPR HPP FY2019-2023 HCC Budget: Contractual

	HCC Contract Details							Contract Justification
Item #	Contractor (Legal Name)	Selection Method	Type	Start Date	End Date	Method of Accountability	Total Request	Cost Justification (Must include: intended user & benefit to program)
Example	*EMS Systems*	*Bid*	*Health Care Coalition*	*8/31/2017*	*8/30/2018*	*Quarterly Report*	*$8,500.00*	*The HCC will purchase additional licenses for EMS Systems' bed tracking software.This system is currently supported by the State and utilized by the other HCCs. The additional software licenses are vital to maintaining increased situational awareness of non-hospital bed capacity across the HCC.*
1							$0.00	
2							$0.00	
3							$0.00	
4							$0.00	
5							$0.00	
6							$0.00	
7							$0.00	
8							$0.00	
9							$0.00	
10							$0.00	
11							$0.00	
12							$0.00	
13							$0.00	
14							$0.00	
15							$0.00	
16							$0.00	
17							$0.00	
18							$0.00	
19							$0.00	
20							$0.00	
21							$0.00	
22							$0.00	
23							$0.00	
24							$0.00	
25							$0.00	
					Total:		$0	

ASPR HPP FY2019-2023 HCC Budget: Other

	HCC Other Details		Other Justification		
Item #	Item Description	Total Request	Cost Justification (Must include: intended user & benefit to program)	Subcategory	Organization Type
Example	*Printing*	*$3,000*	*Funding is requested for printing costs for HCC meetings and training manuals. Using state Correctional Industries for printing services. Print jobs include training manuals/checklists for distribution to subgrantees, subgrantee grant packets, and other program mailings. Use of self-service copier in office, linked to HPP program code, for printing of documents, contracts, copies of invoices and POs for filing, meeting handouts, and various general office copy tasks. Based on prior year actuals. ($0.06 per x 50,000 documents)*	*Other*	*Health Care Coalition*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
	Total:	$0			

Health Care Coalition (HCC): FY21 Work Plan Template

HCC Information
HCC Name: *[Replace this text with HCC Name]*
State: *[Replace this text with State Name]*
HCC Coordinator / Representative: *[Replace this text with HCC Coordinator/Representative Name]*

HCC Member Review and Approval
In accordance with the FY 2019-2023 Hospital Preparedness Program Cooperative Agreement, the following HCC Work Plan was officially reviewed and approved by all Core Members on the following date: *[Replace this text with date approved]*

Instructions:

Each Health Care Coalition (HCC) **must** provide a work plan or SOW to their state authorizing authority for inclusion in their HPP application. This optional template is organized by Health Care Preparedness and Response Capability and the HPP Readiness and Operations Cycle Phase. For each Capability, the HCC must provide the following information:

1. Identify all funding types (sources) utilized to complete the selected activities
2. Identify the HCC's overall intent for the activities within this capability
3. Check the box for every Activity the HCC plans to address during the selected budget period
4. Identify the specific output(s) for each selected activity *(Outputs must be reasonable, measurable, attainable within the budget period, and add value to the HCC)*
5. Identify if there is an anticipated need for Technical Assistance to complete each of the selected activities
6. Identify the time frame each selected activity is expected to be completed
7. Once the HCC work plan is complete, it must be approved by the HCC Core Members and submitted to the State and HPP FPO for final review and approval

CAPABILITY 1: Foundation for Health Care and Medical Readiness

Table 1.1: Funding Type and Intent for this Capability (Foundation for Health Care and Medical Readiness)

Funding Type	*[Replace this text with funding type: HCC or Other. If Other, please describe]*
Intent for this Capability	*[Replace this text with the Intent for this Capability. The options are Build, Sustain, Scale Back, or No Planned Activities this FY]*

Table 1.2: PHASE 1 – Plan and Prepare

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	Technical Assistance (TA) Required (Yes/No)	Anticipated Completion Date
Objective 1: Establish and Operationalize a Health Care Coalition	Activity 1: Define Health Care Coalition Boundaries	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 1: Establish and Operationalize a Health Care Coalition	Activity 2: Identify Health Care Coalition Members	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 1: Establish and Operationalize a Health Care Coalition	Activity 3: Establish Health Care Coalition Governance	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	Technical Assistance (TA) Required (Yes/No)	Anticipated Completion Date
Objective 2: Identify Risks and Needs	Activity 1: Assess Hazard Vulnerabilities and Risks	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 2: Identify Risks and Needs	Activity 2: Assess Regional Health Care Resources	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 2: Identify Risks and Needs	Activity 3: Prioritize Resource Gaps and Mitigation Strategies	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 2: Identify Risks and Needs	Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs People with Disabilities, and Others with Unique Needs	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	Technical Assistance (TA) Required (Yes/No)	Anticipated Completion Date
Objective 2: Identify Risks and Needs	Activity 5: Assess and Identify Regulatory Compliance Requirements	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 3: Develop a Health Care Coalition Preparedness Plan	Activity 1: Develop a Health Care Coalition Preparedness Plan	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 5: Ensure Preparedness is Sustainable	Activity 1: Promote the Value of Health Care and Medical Readiness	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 5: Ensure Preparedness is Sustainable	Activity 2: Engage Health Care Executives	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 5: Ensure Preparedness is Sustainable	Activity 3: Engage Clinicians	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	Technical Assistance (TA) Required (Yes/No)	Anticipated Completion Date
Objective 5: Ensure Preparedness is Sustainable	Activity 4: Engage Community Leaders	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 5: Ensure Preparedness is Sustainable	Activity 5: Promote Sustainability of Health Care Coalitions	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Table 1.3: PHASE 2 – Train and Equip

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required (Yes/No)	Anticipated Completion Date
Objective 4: Train and Prepare the Health Care and Medical Workforce	Activity 1: Promote Role-Appropriate National Incident Management System Implementation	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 4: Train and Prepare the Health Care and Medical Workforce	Activity 2: Educate and Train on Identified Preparedness and Response Gaps	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Table 1.4: PHASE 3 – Exercise and Respond

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required (Yes/No)	Anticipated Completion Date
Objective 4: Train and Prepare the Health Care and Medical Workforce	Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 4: Train and Prepare the Health Care and Medical Workforce	Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Table 1.5: PHASE 4 – Evaluate and Share Lessons Learned

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required (Yes/No)	Anticipated Completion Date
Objective 4: Train and Prepare the Health Care and Medical Workforce	Activity 5: Evaluate Exercises and Responses to Emergencies	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 4: Train and Prepare the Health Care and Medical Workforce	Activity 6: Share Leading Practices and Lessons Learned	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

CAPABILITY 2: Health Care and Medical Response Coordination

Table 2.1: Funding Type and Intent for this Capability (Health Care and Medical Response Coordination)

Funding Type	*[Replace this text with funding type: HCC or Other. If Other, please describe]*
Intent for this Capability	*[Replace this text with the Intent for this Capability. The options are Build, Sustain, Scale Back, or No Planned Activities this FY]*

Table 2.2: PHASE 1 – Plan and Prepare

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required (Yes/No)	Anticipated Completion Date
Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans	Activity 1: Develop a Health Care Organization Emergency Operations Plan	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans	Activity 2: Develop a Health Care Coalition Response Plan	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 2: Utilize Information Sharing Processes and Platforms	Activity 1: Develop Information Sharing Procedures	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required (Yes/No)	Anticipated Completion Date
Objective 2: Utilize Information Sharing Processes and Platforms	Activity 2: Identify Information Access and Data Protection Procedures	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 2: Utilize Information Sharing Processes and Platforms	Activity 3: Utilize Communications Systems and Platforms	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Table 2.3: PHASE 2 – Train and Equip

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required (Yes/No)	Anticipated Completion Date
Objective 3: Coordinate Response Strategy, Resources, and Communications	Activity 4: Communicate with the Public during an Emergency	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Table 2.4: PHASE 3 – Exercise and Respond

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required (Yes/No)	Anticipated Completion Date
Objective 3: Coordinate Response Strategy, Resources, and Communications	Activity 1: Identify and Coordinate Resource Needs during an Emergency	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 3: Coordinate Response Strategy, Resources, and Communications	Activity 2: Coordinate Incident Action Planning During an Emergency	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 3: Coordinate Response Strategy, Resources, and Communications	Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

CAPABILITY 3: Continuity of Health Care Service Delivery

Table 3.1: Funding Type and Intent for this Capability (Continuity of Health Care Service Delivery)

Funding Type	*[Replace this text with funding type: HCC or Other. If Other, please describe]*
Intent for this Capability	*[Replace this text with the Intent for this Capability. The options are Build, Sustain, Scale Back, or No Planned Activities this FY]*

Table 3.2: PHASE 1 – Plan and Prepare

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required Yes/No	Anticipated Completion Date
Objective 1: Identify Essential Functions for Health Care Delivery	Activity 1: Identify Essential Functions for Health Care Delivery	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 2: Plan for Continuity of Operations	Activity 1: Develop a Health Care Organization Continuity of Operations Plan	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required Yes/No	Anticipated Completion Date
Objective 2: Plan for Continuity of Operations	Activity 2: Develop a Health Care Coalition Continuity of Operations Plan	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 2: Plan for Continuity of Operations	Activity 3: Continue Administrative and Finance Functions	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 2: Plan for Continuity of Operations	Activity 4: Plan for Health Care Organization Sheltering-in-Place	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 3: Maintain Access to Non-Personnel Resources during an Emergency	Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required Yes/No	Anticipated Completion Date
Objective 4: Develop Strategies to Protect Health Care Information Systems and Networks	Activity 1: Develop Strategies to Protect Health Care Information Systems and Networks	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 6: Plan for Health Care Evacuation and Relocation	Activity 1: Develop and Implement Evacuation and Relocation Plans	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 6: Plan for Health Care Evacuation and Relocation	Activity 2: Develop and Implement Evacuation Transportation Plans	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 7: Coordinate Health Care Delivery System Recovery	Activity 1: Plan for Health Care Delivery System Recovery	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required Yes/No	Anticipated Completion Date
Objective 7: Coordinate Health Care Delivery System Recovery	Activity 2: Assess Health Care Delivery System Recovery after an Emergency	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Table 3.3: PHASE 2 – Train and Equip

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required (Yes/No)	Anticipated Completion Date
Objective 5: Protect Responders' Safety and Health Activities	Activity 1: Distribute Resources Required to Protect the Health Care Workforce	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 5: Protect Responders' Safety and Health Activities	Activity 2: Train and Exercise to Promote Responders' Safety and Health	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required (Yes/No)	Anticipated Completion Date
Objective 5: Protect Responders' Safety and Health Activities	Activity 3: Develop Health Care Worker Resilience	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Table 3.4: PHASE 3 – Exercise and Respond

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required (Yes/No)	Anticipated Completion Date
Objective 7: Coordinate Health Care Delivery System Recovery	Activity 3: Facilitate Recovery Assistance and Implementation	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Table 3.5: PHASE 4 – Evaluate and Share Lessons Learned

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required (Yes/No)	Anticipated Completion Date
Objective 3: Maintain Access to Non-Personnel Resources during an Emergency	Activity 1: Assess Supply Chain Integrity	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

CAPABILITY 4: Medical Surge

Table 4.1: Funding Type and Intent for this Capability (Medical Surge)

Funding Type	*[Replace this text with funding type: HCC or Other. If Other, please describe]*
Intent for this Capability	*[Replace this text with the Intent for this Capability. The options are Build, Sustain, Scale Back, or No Planned Activities this FY]*

Table 4.2: PHASE 1 – Plan and Prepare

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required (Yes/No)	Anticipated Completion Date
Objective 1: Plan for a Medical Surge	Activity 1: Incorporate Medical Surge Planning into a Health Care Organization Emergency Operations Plan	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 1: Plan for a Medical Surge	Activity 2: Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 1: Plan for a Medical Surge	Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required (Yes/No)	Anticipated Completion Date
Objective 2: Respond to a Medical Surge	Activity 3: Develop an Alternate Care System	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Table 4.3: PHASE 3 – Exercise and Respond

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required (Yes/No)	Anticipated Completion Date
Objective 2: Respond to a Medical Surge	Activity 1: Implement Emergency Department and Inpatient Medical Surge Response	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 2: Respond to a Medical Surge	Activity 2: Implement Out-of- Hospital Medical Surge Response	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required (Yes/No)	Anticipated Completion Date
Objective 2: Respond to a Medical Surge	Activity 4: Provide Pediatric Care during a Medical Surge Response	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 2: Respond to a Medical Surge	Activity 5: Provide Surge Management during a Chemical or Radiation Emergency Event	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 2: Respond to a Medical Surge	Activity 6: Provide Burn Care during a Medical Surge Response	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 2: Respond to a Medical Surge	Activity 7: Provide Trauma Care during a Medical Surge Response	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Objective	Activity	Planned for the Budget Period (Yes/No)	Intended Output	TA Required (Yes/No)	Anticipated Completion Date
Objective 2: Respond to a Medical Surge	Activity 8: Respond to Behavioral Health Needs during a Medical Surge Response	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 2: Respond to a Medical Surge	Activity 9: Enhance Infectious Disease Preparedness and Surge Response	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 2: Respond to a Medical Surge	Activity 10: Distribute Medical Countermeasures during Medical Surge Response	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER
Objective 2: Respond to a Medical Surge	Activity 11: Manage Mass Fatalities	*[Replace this text to answer Yes or No, is this activity planned for the budget period?]*	*[Replace this text with a description of the intended output for this activity]*	*[Replace this text to answer Yes or No, is TA Required?]*	Q1: 01 JULY – 30 SEPTEMBER

Healthcare Coalition Training Planl'l

Subrecipient:

Instructions: This HCC Training Plan supports completion of the following HPP Funding Opportunity Announcement (FOA) requirement: *"HCCs must submit, with their annual work plan, a list of planned training activities relevant to identified risks, resource gaps, work plan priorities, and corrective actions from prior exercises and incidents. Training activities may include but are not limited to: initial education, continuing education, appropriate certifications, and just-in-time training. Awareness and operational level training on all aspects of HCC functions focused on preparedness, response, and recovery should be conducted."* HCC Training Plans are to be submitted with the HCC's Work Plan in the Coalition Assessment Tool (CAT) within 30 days of receipt of the HCC sub-award. We have provided a template to assist with these requirements.

HCC Budget Year: 5 July 2023-30 June 2024

Is this activity in the HCC workplan?	HPP Capability	HPP Objective	HCC Work Plan Activity	Training Name	Training Frequency	Anticipated Dates & Location of Trainings	Training Description	Gaps, risks, and/or corrective actions addressed by training	Target Audience	Target Number to be Trained
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 1:** Establish and Operationalize a Health Care Coalition	**Activity 1:** Define Health Care Coalition Boundaries							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 1:** Establish and Operationalize a Health Care Coalition	**Activity 2:** Identify Health Care Coalition Members							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 1:** Establish and Operationalize a Health Care Coalition	**Activity 3:** Establish Health Care Coalition Governance							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 2:** Identify Risk and Needs	**Activity 1:** Assess Hazard Vulnerabilities and Risks							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 2:** Identify Risk and Needs	**Activity 2:** Assess Regional Health Care Resources							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 2:** Identify Risk and Needs	**Activity 3:** Prioritize Resource Gaps and Mitigation Strategies							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 2:** Identify Risk and Needs	**Activity 4:** Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, Including People with Disabilities, and Others with Unique Needs							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 2:** Identify Risk and Needs	**Activity 5:** Assess and Identify Regulatory Compliance Requirements							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 3:** Develop a Health Care Coalition Preparedness Plan	**Activity 1:** Develop a Health Care Coalition Preparedness Plan							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 5:** Ensure Preparedness is Sustainable	**Activity 1:** Promote the Value of Health Care and Medical Readiness							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 5:** Ensure Preparedness is Sustainable	**Activity 2:** Engage Health Care Executives							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 5:** Ensure Preparedness is Sustainable	**Activity 3:** Engage Clinicians							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 5:** Ensure Preparedness is Sustainable	**Activity 4:** Engage Community Leaders							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 5:** Ensure Preparedness is Sustainable	**Activity 5:** Promote Sustainability of Health Care Coalitions							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 4:** Train and Prepare the Health Care and Medical Workforce	**Activity 1:** Promote Role-Appropriate National Incident Management System Implementation							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 4:** Train and Prepare the Health Care and Medical Workforce	**Activity 2:** Educate and Train on Identified Preparedness and Response Gaps							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 4:** Train and Prepare the Health Care and Medical Workforce	**Activity 3:** Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 4:** Train and Prepare the Health Care and Medical Workforce	**Activity 4:** Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 4:** Train and Prepare the Health Care and Medical Workforce	**Activity 5:** Evaluate Exercises and Responses to Emergencies							
	Capability 1: Foundation for Health Care and Medical Readiness	**Objective 4:** Train and Prepare the Health Care and Medical Workforce	**Activity 6:** Share Leading Practices and Lessons Learned							

Is this activity in the HCC workplan?	HPP Capability	HPP Objective	HCC Work Plan Activity	Training Name	Training Frequency	Anticipated Dates & Location of Trainings	Training Description	Gaps, risks, and/or corrective actions addressed by training	Target Audience	Target Number to be Trained
	Capability 2: Health Care and Medical Response Coordination	**Objective 1:** Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans	**Activity 1:** Develop a Health Care Organization Emergency Operations Plan							
	Capability 2: Health Care and Medical Response Coordination	**Objective 1:** Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans	**Activity 2:** Develop a Health Care Coalition Response Plan							
	Capability 2: Health Care and Medical Response Coordination	**Objective 2:** Utilize Information Sharing Procedures and Platforms	**Activity 1:** Develop Information Sharing Procedures							
	Capability 2: Health Care and Medical Response Coordination	**Objective 2:** Utilize Information Sharing Procedures and Platforms	**Activity 2:** Identify Information Access and Data Protection Procedures							
	Capability 2: Health Care and Medical Response Coordination	**Objective 2:** Utilize Information Sharing Procedures and Platforms	**Activity 3:** Utilize Communications Systems and Platforms							
	Capability 2: Health Care and Medical Response Coordination	**Objective 3:** Coordinate Response Strategy, Resources, and Communications	**Activity 4:** Communicate with the Public during an Emergency							
	Capability 2: Health Care and Medical Response Coordination	**Objective 3:** Coordinate Response Strategy, Resources, and Communications	**Activity 1:** Identify and Coordinate Resource Needs during an Emergency							
	Capability 2: Health Care and Medical Response Coordination	**Objective 3:** Coordinate Response Strategy, Resources, and Communications	**Activity 2:** Coordinate Incident Action Planning During an Emergency							
	Capability 2: Health Care and Medical Response Coordination	**Objective 3:** Coordinate Response Strategy, Resources, and Communications	**Activity 3:** Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency							
	Capability 3: Continuity of Health Care Service Delivery	**Objective 1:** Identify Essential Functions for Health Care Delivery	**Activity 1:** Identify Essential Functions for Health Care Delivery							
	Capability 3: Continuity of Health Care Service Delivery	**Objective 2:** Plan for Continuity of Operations	**Activity 1:** Develop a Health Care Organization Continuity of Operations Plan							
	Capability 3: Continuity of Health Care Service Delivery	**Objective 2:** Plan for Continuity of Operations	**Activity 2:** Develop a Health Care Coalition Continuity of Operations Plan							
	Capability 3: Continuity of Health Care Service Delivery	**Objective 2:** Plan for Continuity of Operations	**Activity 3:** Continue Administrative and Finance Functions							
	Capability 3: Continuity of Health Care Service Delivery	**Objective 2:** Plan for Continuity of Operations	**Activity 4:** Plan for Health Care Organization Sheltering-in-Place							
	Capability 3: Continuity of Health Care Service Delivery	**Objective 3:** Maintain Access to Non-Personnel Resources during an Emergency	**Activity 2**: Assess and Address Equipment, Supply, and Pharmaceutical Requirements							
	Capability 3: Continuity of Health Care Service Delivery	**Objective 4:** Develop Strategies to Protect Health Care Information Systems and Networks	**Activity 1:** Develop Strategies to Protect Health Care Information Systems and Networks							
	Capability 3: Continuity of Health Care Service Delivery	**Objective 6:** Plan for Health Care Evacuation and Relocation	Develop and Implement Evacuation and Relocation Plans							
	Capability 3: Continuity of Health Care Service Delivery	**Objective 6:** Plan for Health Care Evacuation and Relocation	**Activity 2:** Develop and Implement Evacuation Transportation Plans							
	Capability 3: Continuity of Health Care Service Delivery	**Objective 7:** Coordinate Health Care Delivery System Recovery	**Activity 1:** Plan for Health Care Delivery System Recovery							
	Capability 3: Continuity of Health Care Service Delivery	**Objective 7:** Coordinate Health Care Delivery System Recovery	**Activity 2:** Assess Health Care Delivery System Recovery after an Emergency							
	Capability 3: Continuity of Health Care Service Delivery	**Objective 5:** Protect Responders' Safety and Health Activities	**Activity 1:** Distribute Resources Required to Protect the Health Care Workforce							
	Capability 3: Continuity of Health Care Service Delivery	**Objective 5:** Protect Responders' Safety and Health Activities	**Activity 2:** Train and Exercise to Promote Responders' Safety and Health							
	Capability 3: Continuity of Health Care Service Delivery	**Objective 5:** Protect Responders' Safety and Health Activities	**Activity 3:** Develop Health Care Worker Resilience							
	Capability 3: Continuity of Health Care Service Delivery	**Objective 7:** Coordinate Health Care Delivery System Recovery	**Activity 3:** Facilitate Recovery Assistance and Implementation							
	Capability 3: Continuity of Health Care Service Delivery	**Objective 3:** Maintain Access to Non-Personnel Resources during an Emergency	**Activity 1:** Assess Supply Chain Integrity							
	Capability 4: Medical Surge	**Objective 1:** Plan for a Medical Surge	**Activity 1:** Incorporate Medical Surge Planning into a Health Care Organization Emergency Operations Plan							

Is this activity in the HCC workplan?	HPP Capability	HPP Objective	HCC Work Plan Activity	Training Name	Training Frequency	Anticipated Dates & Location of Trainings	Training Description	Gaps, risks, and/or corrective actions addressed by training	Target Audience	Target Number to be Trained
	Capability 4: Medical Surge	**Objective 1:** Plan for a Medical Surge	**Activity 2:** Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan							
	Capability 4: Medical Surge	**Objective 1:** Plan for a Medical Surge	**Activity 3:** Incorporate Medical Surge into a Health Care Coalition Response Plan							
	Capability 4: Medical Surge	**Objective 2:** Respond to a Medical Surge	**Activity 3:** Develop an Alternate Care System							
	Capability 4: Medical Surge	**Objective 2:** Respond to a Medical Surge	**Activity 1:** Implement Emergency Department and Inpatient Medical Surge Response							
	Capability 4: Medical Surge	**Objective 2:** Respond to a Medical Surge	**Activity 2:** Implement Out-of-Hospital Medical Surge Response							
	Capability 4: Medical Surge	**Objective 2:** Respond to a Medical Surge	**Activity 4.** Provide Pediatric Care during a Medical Surge Response							
	Capability 4: Medical Surge	**Objective 2:** Respond to a Medical Surge	**Activity 5.** Provide Surge Management during a Chemical or Radiation Emergency Event							
	Capability 4: Medical Surge	**Objective 2:** Respond to a Medical Surge	**Activity 6:** Provide Burn Care during a Medical Surge Response							
	Capability 4: Medical Surge	**Objective 2:** Respond to a Medical Surge	**Activity 7:** Provide Trauma Care during a Medical Surge Response							
	Capability 4: Medical Surge	**Objective 2:** Respond to a Medical Surge	**Activity 8:** Respond to Behavioral Health Needs during a Medical Surge Response							
	Capability 4: Medical Surge	**Objective 2:** Respond to a Medical Surge	**Activity 9:** Enhance Infectious Disease Preparedness and Surge Response							
	Capability 4: Medical Surge	**Objective 2:** Respond to a Medical Surge	**Activity 10:** Distribute Medical Countermeasures during Medical Surge Response							
	Capability 4: Medical Surge	**Objective 2:** Respond to a Medical Surge	**Activity 11:** Manage Mass Fatalities							

ASPR Funded and Participating Hospital Roster

Appendix J

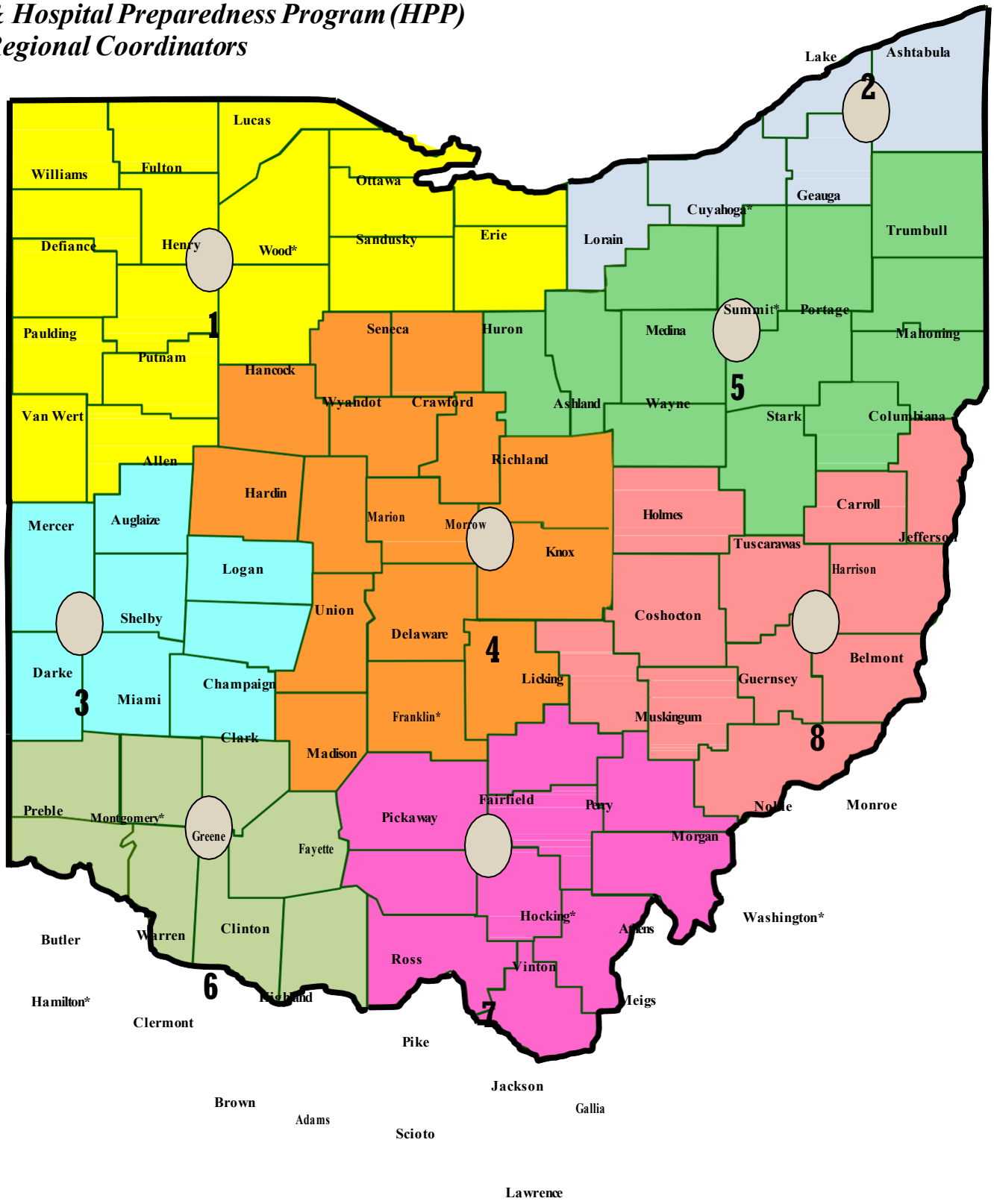
Title	Sub-Type	Region	ASPR Type	ED	Trauma	Baseline Beds	Active Member	City	State	County	Telephone	Notes
Adams County Regional Medical Center	CRITICAL ACCESS HOSPITALS	6-SW	ASPR - Funded	Yes	None	25	Yes	SEAMAN	OH	ADAMS	(937)386-3400	
Adena Fayette Medical Center	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Participating	Yes	None	25	Yes	WASHINGTON CH	OH	FAYETTE	(740)335-1210	FAYETTE COUNTY MEMORIAL HOSPITAL
Adena Greenfield Medical Center	CRITICAL ACCESS HOSPITALS	6-SW	ASPR - Funded	Yes	None	25	Yes	GREENFIELD	OH	HIGHLAND	(937)981-9400	GREENFIELD AREA MEDICAL CENTER
Adena Pike Medical Center	CRITICAL ACCESS HOSPITALS	7-SEC	ASPR - Funded	Yes	None	25	Yes	WAVERLY	OH	PIKE	(740)947-2186	
Adena Regional Medical Center	SHORT TERM	7-SEC	ASPR - Funded	Yes	None	261	Yes	CHILLICOTHE	OH	ROSS	(740)779-7500	
Advanced Specialty Hospital of Toledo	LONG TERM	1-NW	ASPR - Participating	No	None	40	Yes	TOLEDO	OH	LUCAS	(419)381-0037	
Akron Children's Hospital	CHILDRENS	5-NECO	ASPR - Funded	Yes	2	253	Yes	AKRON	OH	SUMMIT	(330)543-1000	
Akron Children's Hospital Mahoning Valley	SHORT TERM*	5-NECO	ASPR - Funded	Yes	None	43	Yes	YOUNGSTOWN	OH	MAHONING	(330)746-8100	STAC classified otherwise
Arrowhead Behavioral Health	PSYCHIATRIC	1-NW	ASPR - Participating	No	None	42	Yes	MAUMEE	OH	LUCAS	(419)891-9333	
Ashtabula County Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	None	214	Yes	ASHTABULA	OH	ASHTABULA	(440)997-6633	
Aultman Alliance Community Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	207	Yes	ALLIANCE	OH	STARK	(330)596-6000	ALLIANCE COMMUNITY HOSPITAL
Aultman Main Campus	SHORT TERM	5-NECO	ASPR - Funded	Yes	2	682	Yes	CANTON	OH	STARK	(330)452-9911	
Aultman Massillon	FSED	5-NECO						Massillon	OH	Stark		
Aultman Orrville	CRITICAL ACCESS HOSPITALS	5-NECO	ASPR - Funded	Yes	None	25	Yes	ORRVILLE	OH	WAYNE	(330)682-3010	
Avita Bucyrus Hospital	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Participating	Yes	None	15	Yes	BUCYRUS	OH	CRAWFORD	(419)562-4677	BUCYRUS COMMUNITY HOSPITAL
Avita Galion Hospital	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Participating	Yes	None	35	Yes	GALION	OH	CRAWFORD	(419)468-4841	GALION COMMUNITY HOSPITAL
Avita Ontario Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	26	Yes	ONTARIO	OH	RICHLAND	(567)307-7557	
Barnesville Hospital WVU	CRITICAL ACCESS HOSPITALS	8-SE	ASPR - Funded	Yes	None	25	Yes	BARNESVILLE	OH	BELMONT	(740)425-5101	BARNESVILLE HOSPITAL ASSOCIATION, INC
Bellevue Hospital, The	SHORT TERM	1-NW	ASPR - Funded	Yes	None	70	Yes	BELLEVUE	OH	SANDUSKY	(419)483-4040	
Blanchard Valley Bluffton Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	25	Yes	BLUFFTON	OH	ALLEN	(419)358-9010	BLUFFTON HOSPITAL
Blanchard Valley Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	3	239	Yes	FINDLAY	OH	HANCOCK	(419)423-4500	
Christ Hospital, The	SHORT TERM	6-SW	ASPR - Funded	Yes	None	621	Yes	CINCINNATI	OH	HAMILTON	(513)585-2000	
Christ Hospital, The - Liberty Township	SHORT TERM*	6-SW	ASPR - Funded	Yes	None	17	Yes	LIBERTY TOWNSHIP	OH	BUTLER	(513)648-7800	STAC classified otherwise
Cincinnati Children's - Liberty Campus	CHILDRENS	6-SW	ASPR - Funded	Yes	None	44	Yes	LIBERTY TOWNSHIP	OH	BUTLER	(513)803-9600	STAC classified otherwise
Cincinnati Children's Hospital Medical Center	CHILDRENS	6-SW	ASPR - Funded	Yes	1	467	Yes	CINCINNATI	OH	HAMILTON	(513)636-3336	
Cleveland Clinic	SHORT TERM	2-NE	ASPR - Funded	Yes	None	1267	Yes	CLEVELAND	OH	CUYAHOGA	(216)445-8400	CLEVELAND CLINIC
Cleveland Clinic Akron General Bath Emergency Department	FSED	5-NECO						Akron	OH	Summit		
Cleveland Clinic Akron General Green Emergency Department	FSED	5-NECO						Uniontown	OH	Summit		
Cleveland Clinic Akron General Lodi Hospital	CRITICAL ACCESS HOSPITALS	5-NECO	ASPR - Funded	Yes	None	20	Yes	LODI	OH	MEDINA	(330)948-1222	LODI COMMUNITY HOSPITAL
Cleveland Clinic Akron General Medical Center	SHORT TERM	5-NECO	ASPR - Funded	Yes	1	511	Yes	AKRON	OH	SUMMIT	(330)344-6000	AKRON GENERAL MEDICAL CENTER
Cleveland Clinic Akron General Stow Emegency Department	FSED	5-NECO						Stow	OH	Summit		
Cleveland Clinic Avon Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None	126	Yes	AVON	OH	LORAIN	(216)636-7727	
Cleveland Clinic Brunswick Emergency Department	FSED	5-NECO						Brunswick	OH	Medina		
Cleveland Clinic Children's Hospital For Rehab	CHILDRENS	2-NE	ASPR - Participating	No	None	52	Yes	CLEVELAND	OH	CUYAHOGA	(216)721-6400	Stand alone Childrens Rehab hospital and autism school
Cleveland Clinic Euclid Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None	301	Yes	EUCLID	OH	CUYAHOGA	(216)531-9000	EUCLID HOSPITAL
Cleveland Clinic Fairview Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	2	468	Yes	CLEVELAND	OH	CUYAHOGA	(216)476-7000	FAIRVIEW HOSPITAL
Cleveland Clinic Hillcrest Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	2	280	Yes	MAYFIELD HEIGHTS	OH	CUYAHOGA	(440)312-4500	HILLCREST HOSPITAL
Cleveland Clinic Lakewood Emergency Department	FSED	2-NE						lakewood	OH	Cuyahoga		
Cleveland Clinic Lutheran Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None	203	Yes	CLEVELAND	OH	CUYAHOGA	(216)696-4300	LUTHERAN HOSPITAL
Cleveland Clinic Marymount Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None	349	Yes	GARFIELD HEIGHTS	OH	CUYAHOGA	(216)581-0500	MARYMOUNT HOSPITAL
Cleveland Clinic Medina Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	157	Yes	MEDINA	OH	MEDINA	(330)725-1000	MEDINA HOSPITAL
Cleveland Clinic Mercy Medical Center	SHORT TERM	5-NECO	ASPR - Funded	Yes	2	520	Yes	CANTON	OH	STARK	(330)489-1000	
Cleveland Clinic South Pointe Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None	180	Yes	WARRENSVILLE HEIGHT	OH	CUYAHOGA	(216)491-6000	
Cleveland Clinic Twinsburg Emergency Department	FSED	5-NECO						Twinsburg	OH	Summit		
Cleveland Clinic Union Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	220	Yes	DOVER	OH	TUSCARAWAS	(330)343-3311	UNION HOSPITAL
Clinton Memorial Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	143	Yes	WILMINGTON	OH	CLINTON	(937)382-6611	
Community Hospitals And Wellness Centers - Bryan	SHORT TERM	1-NW	ASPR - Funded	Yes	None	70	Yes	BRYAN	OH	WILLIAMS	(419)636-1131	
Community Hospitals And Wellness Centers - Montpelier	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	35	Yes	MONTPELIER	OH	WILLIAMS	(419)485-3154	
Community Memorial Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	25	Yes	HICKSVILLE	OH	DEFIANCE	(419)542-6692	
Coshocton Regional Medical Center	SHORT TERM	8-SE	ASPR - Funded	Yes	None	90	Yes	COSHOCTON	OH	COSHOCTON	(740)623-4144	
Crystal Clinic Orthopaedic Center	SHORT TERM SURGICAL	5-NECO	ASPR - Participating	No	None	94	Yes	AKRON	OH	SUMMIT	(330)670-1005	
Dayton Children's Hospital	CHILDRENS	3-WC	ASPR - Funded	Yes	1	155	Yes	DAYTON	OH	MONTGOMERY	(937)641-3450	
Diley Ridge Medical Center	SHORT TERM	4-CEN	ASPR - Participating	Yes	None	10	Yes	CANAL WINCHESTER	OH	FAIRFIELD	(614)838-7910	
East Liverpool City Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	144	Yes	EAST LIVERPOOL	OH	COLUMBIANA	(330)385-7200	
East Ohio Regional Hospital	SHORT TERM	8-SE	ASPR - Funded	Yes	None	161	Yes	MARTINS FERRY	OH	BELMONT	(740)633-4205	
Encompass Health Rehab Hospital of Toledo	REHABILITATION	1-NW	ASPR - Participating	No	None	24	Yes	TOLEDO	OH	LUCAS	(567)290-3500	
Fairfield Medical Center	SHORT TERM	4-CEN	ASPR - Participating	Yes	None	250	Yes	LANCASTER	OH	FAIRFIELD	(740)687-8572	
Fairfield Medical Center River Valley Campus	FSED	4-CEN						Lancaster	OH	Fairfield		
Family Medical Centers Ironton Campus	FSED	7-SEC						Ironton	OH	Lawrence		
Firelands Regional Medical Center	SHORT TERM	1-NW	ASPR - Funded	Yes	3	400	Yes	SANDUSKY	OH	ERIE	(419)557-7400	
Fisher-Titus Medical Center	SHORT TERM	1-NW	ASPR - Funded	Yes	3	112	Yes	NORWALK	OH	HURON	(419)660-2900	
Fulton County Health Center	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	35	Yes	WAUSEON	OH	FULTON	(419)335-2015	Also has Distinct Behavioral Health Unit
Generations Behavioral Health-Youngstown	PSYCHIATRIC	5-NECO	ASPR - Participating	No	None	76	No	YOUNGSTOWN	OH	MAHONING	(234)232-7459	
Genesis Health System	SHORT TERM	8-SE	ASPR - Funded	Yes	3	298	Yes	ZANESVILLE	OH	MUSKINGUM	(740)454-4000	GENESIS HOSPITAL
Genesis Perry County Medical Center	FSED	8-SE						Somerset	OH	Perry		
Glenbeigh Health Sources	PSYCHIATRIC	2-NE	ASPR - Participating	No	None	114	Yes	ROCK CREEK	OH	ASHTABULA	(800)234-1001	
Grand Lake Joint Township District Memorial	SHORT TERM	1-NW	ASPR - Participating	Yes	None	113	Yes	SAINT MARYS	OH	AUGLAIZE	(419)394-3335	
Harrison Community Hospital - WVU	CRITICAL ACCESS HOSPITALS	8-SE	ASPR - Funded	Yes	None	25	Yes	CADIZ	OH	HARRISON	(740)942-4631	
Henry County Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	25	Yes	NAPOLEON	OH	HENRY	(419)592-4015	
Highland District Hospital	CRITICAL ACCESS HOSPITALS	6-SW	ASPR - Funded	Yes	None	35	Yes	HILLSBORO	OH	HIGHLAND	(937)393-6100	
Highland Springs	PSYCHIATRIC	2-NE	ASPR - Participating	No	None	72	Yes	BEACHWOOD	OH	CUYAHOGA	(216)302-3070	
Hillside Rehabilitation Hospital	REHABILITATION	5-NECO	ASPR - Participating	No	None	120	No	WARREN	OH	TRUMBULL	(330)841-3700	
Hocking Valley Community Hospital	CRITICAL ACCESS HOSPITALS	7-SEC	ASPR - Funded	Yes	None	25	Yes	LOGAN	OH	HOCKING	(740)380-8227	
Holzer Medical Center Gallipolis	SHORT TERM	7-SEC	ASPR - Funded	Yes	None	266	Yes	GALLIPOLIS	OH	GALLIA	(740)446-5000	
Holzer Medical Center Jackson	CRITICAL ACCESS HOSPITALS	7-SEC	ASPR - Funded	Yes	None	25	Yes	JACKSON	OH	JACKSON	(740)395-8356	
Holzer Meigs Emergency Department	FSED	7-SEC						Pomeroy	OH	Meigs		
Institute For Orthopaedic Surgery	SHORT TERM SURGICAL	1-NW	ASPR - Participating	No	None	14		LIMA	OH	ALLEN		
Kettering Health Dayton (Grandview)	SHORT TERM	3-WC	ASPR - Participating	Yes	3	259	Yes	DAYTON	OH	MONTGOMERY	(937)723-3410	GRANDVIEW HOSPITAL & MEDICAL CENTER
Kettering Health Franklin Emergency Center	FSED	6-SW						Franklin	OH	Warren		
Kettering Health Greene Memorial	SHORT TERM	3-WC	ASPR - Participating	Yes	None	49	Yes	XENIA	OH	GREENE	(937)352-2000	GREENE MEMORIAL HOSPITAL
Kettering Health Hamilton	SHORT TERM	6-SW	ASPR - Participating	Yes	3 (provisional)	138	Yes	HAMILTON	OH	BUTLER	(513)867-2000	FORT HAMILTON HUGHES MEMORIAL HOSPITAL
Kettering Health Huber Heights	FSED	3-WC						Huber Heights	OH			
Kettering Health Main Campus	SHORT TERM	3-WC	ASPR - Participating	Yes	2	355	Yes	KETTERING	OH	MONTGOMERY	(937)298-4311	
Kettering Health Miamisburg	SHORT TERM	3-WC	ASPR - Participating	Yes	None	202	Yes	MIAMISBURG	OH	MONTGOMERY	(937)384-8760	SYCAMORE MEDICAL CENTER

Kettering Health Middletown	FSED	6-SW						Middletown	OH	Butler			
Kettering Health Piqua	FSED	3-WC						Piqua	OH	Miami			
Kettering Health Preble	FSED	3-WC						Eaton	OH	Preble			
Kettering Health Soin Medical Center	SHORT TERM	3-WC	ASPR - Participating	Yes	3		129 Yes	BEAVER CREEK	OH	GREENE	(937)702-4000	OFFICIAL: SOIN MEDICAL CENTER - KETTERING HEALTH, rename when system is added to HPPlist	t
Kettering Health Springfield Emergency	FSED	3-WC						Springfield	OH	Clark			
Kettering Health Troy	SHORT TERM	3-WC	ASPR - Participating	Yes	None		28 Yes	TROY	OH	MIAMI	(937)980-7000		
Kettering Health Washington Twp	SHORT TERM*	3-WC	ASPR - Participating	Yes	None		148 Yes	DAYTON	OH	MONTGOMERY	(937)401-8600	SOUTHVIEW/STAC Otherwise Classified	
Knox Community Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None		111 Yes	MOUNT VERNON	OH	KNOX	(740)393-9000		
Licking Memorial Health	SHORT TERM	4-CEN	ASPR - Participating	Yes	None		227 Yes	NEWARK	OH	LICKING	(220)564-4000		
Lima Memorial Health System	SHORT TERM	1-NW	ASPR - Funded	Yes	2		285 Yes	LIMA	OH	ALLEN	(419)226-3335		
Madison Health	SHORT TERM	4-CEN	ASPR - Participating	Yes	None		107 Yes	LONDON	OH	MADISON	(740)845-7000		
Magruder Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None		15 Yes	PORT CLINTON	OH	OTTAWA	(419)734-3131		
Margaret Mary Health	OTHER - SHORT TERM	6-SW	ASPR - Participating				Yes	BATESVILLE	IN			FKA Margaret Mary Community Hospital	
Marietta Memorial Hospital	SHORT TERM	8-SE	ASPR - Funded	Yes	3		204 Yes	MARIETTA	OH	WASHINGTON	(740)374-1411		
Marietta Memorial Hospital Belpre	FSED	8-SE						Belpre	OH	Washington			
Mary Rutan Hospital	SHORT TERM	4-CEN	ASPR - Participating	Yes	None		115 Yes	BELLEFONTAINE	OH	LOGAN	(937)599-7002		
McLaren St. Luke's Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None		215 Yes	MAUMEE	OH	LUCAS	(419)893-5901		
Memorial Health	SHORT TERM	4-CEN	ASPR - Participating	Yes	None		97 Yes	MARYSVILLE	OH	UNION	(937)578-2289		
Mercer Health	SHORT TERM	1-NW	ASPR - Funded	Yes	None		88 Yes	COLDWATER	OH	MERCER	(419)678-4843	MERCER COUNTY JOINT TOWNSHIP COMMUNITY HOSPITAL	
Mercy Health - Allen Hospital	CRITICAL ACCESS HOSPITALS	2-NE	ASPR - Funded	Yes	None		25 Yes	OBERLIN	OH	LORAIN	(440)334-7039		
Mercy Health - Anderson Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None		226 Yes	CINCINNATI	OH	HAMILTON	(513)624-4006		
Mercy Health - Austintown Medical Center	FSED	5-NECO						Austintown	OH	Mahoning			
Mercy Health - Clermont Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None		157 Yes	BATAVIA	OH	CLERMONT	(513)732-8200		
Mercy Health - Dayton Springfield Emergency Center	FSED	3-WC						Fairborn	OH	Greene			
Mercy Health - Defiance Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None		23 Yes	DEFIANCE	OH	DEFIANCE	(419)782-8444		
Mercy Health - Fairfield Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None		271 Yes	FAIRFIELD	OH	BUTLER	(513)870-7111		
Mercy Health - Harrison Medical Center	FSED	6-SW						Harrison	OH	Hamilton			
Mercy Health - Lorain Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	3 (provisional)		317 Yes	LORAIN	OH	LORAIN	(440)960-4000		
Mercy Health - Mt. Orab	FSED	6-SW						Mt. Orab	OH	Brown			
Mercy Health - Perrysburg Hospital	SHORT TERM*	1-NW	ASPR - Funded	Yes	None		46 Yes	PERRYSBURG	OH	WOOD	(567)368-1000	STAC classified otherwise	
Mercy Health - Putnam County Ambulatory Care Center	FSED	1-NW						Glandorf	OH	Putnam			
Mercy Health - Rookwood Medical Center	FSED	6-SW						Cincinnati	OH	Hamilton			
Mercy Health - Springfield Regional Medical Center	SHORT TERM	3-WC	ASPR - Funded	Yes	None		254 Yes	SPRINGFIELD	OH	CLARK	(937)523-5500		
Mercy Health - St Anne Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None		128 Yes	TOLEDO	OH	LUCAS	(419)407-2663		
Mercy Health - St Charles Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	3		342 Yes	OREGON	OH	LUCAS	(419)696-7200		
Mercy Health - St Elizabeth Boardman Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None		306 Yes	BOARDMAN	OH	MAHONING	(330)729-2929		
Mercy Health - St Elizabeth Youngstown Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	1		628 Yes	YOUNGSTOWN	OH	MAHONING	(330)746-7211		
Mercy Health - St Joseph Warren Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	3		219 Yes	WARREN	OH	TRUMBULL	(330)841-4000		
Mercy Health - St Rita's Medical Center	SHORT TERM	1-NW	ASPR - Funded	Yes	2		424 Yes	LIMA	OH	ALLEN	(419)227-3361		
Mercy Health - St Vincent Medical Center	SHORT TERM	1-NW	ASPR - Funded	Yes	1		568 Yes	TOLEDO	OH	LUCAS	(419)251-3232		
Mercy Health - Sylvania Medical Center	FSED	1-NW						Toledo	OH	Lucas			
Mercy Health - The Jewish Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None		209 Yes	CINCINNATI	OH	HAMILTON	(513)686-4127		
Mercy Health - Tiffin Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None		120 Yes	TIFFIN	OH	SENECA	(419)455-7000		
Mercy Health - Urbana Hospital	CRITICAL ACCESS HOSPITALS	3-WC	ASPR - Funded	Yes	None		25 Yes	URBANA	OH	CHAMPAIGN	(937)653-5231		
Mercy Health - West Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None		297 Yes	CINCINNATI	OH	HAMILTON	(513)215-5000		
Mercy Health - Western Hills Medical Center	FSED	6-SW						Cincinnati	OH	Hamilton			
Mercy Health - Willard Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None		15 Yes	WILLARD	OH	HURON	(419)964-5000		
MetroHealth Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	1		702 Yes	CLEVELAND	OH	CUYAHOGA	(216)778-4196		
MetroHealth Parma Hospital	SHORT TERM*	2-NE	ASPR - Participating	Yes	3		16 Yes	PARMA	OH	CUYAHOGA	(216)524-7377		
Miami Valley Hospital Beavercreek Emergency Center	FSED	3-WC						Beavercreek	OH	Greene			
Miami Valley Hospital Jamestown Emergency Center	FSED	3-WC						Jamestown	OH	Greene			
Morrow County Hospital	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Funded	Yes	None		25 Yes	MOUNT GILEAD	OH	MORROW	(419)946-5015		
Mount Carmel East	SHORT TERM	4-CEN	ASPR - Participating	Yes	2		937 Yes	COLUMBUS	OH	FRANKLIN	(614)234-5000		
Mount Carmel Emergency Room Franklinton	FSED	4-CEN						Columbus	OH	Franklin			
Mount Carmel Grove City	SHORT TERM*	4-CEN	ASPR - Participating	Yes	None		214 Yes	GROVE CITY	OH	FRANKLIN		STAC classified otherwise	
Mount Carmel Lewis Center	FSED	4-CEN						LewisCenter	OH	Delaware			
Mount Carmel New Albany Surgical Hospital	SHORT TERM	4-CEN	ASPR - Participating	No	None		42 Yes	NEW ALBANY	OH	FRANKLIN	(614)775-6600	Surgery Center/Inpatient Care	
Mount Carmel Reynoldsburg	FSED	4-CEN						Reynoldsburg	OH	Fairfield			
Mount Carmel St Ann's	SHORT TERM	4-CEN	ASPR - Participating	Yes	None		392 Yes	WESTERVILLE	OH	FRANKLIN	(614)898-4000		
Nationwide Children's Hospital	CHILDRENS	4-CEN	ASPR - Participating	Yes	1		378 Yes	COLUMBUS	OH	FRANKLIN	(614)722-2000		
Nationwide Children's Hospital Lewis Center	FSED	4-CEN						Delaware	OH	Delaware			
Nationwide Children's Hospital Toledo	CHILDRENS	1-NW	ASPR - Participating	Yes	None		76 No	TOLEDO	OH	LUCAS	(419)251-3232	Inside Mercy St Vincent Medical Center	
Northwest Ohio Psychiatric Hospital	PSYCHIATRIC	1-NW	ASPR - Participating	No	None		114 Yes	TOLEDO	OH	LUCAS	(419)381-1881		
Ohio State University East	SHORT TERM	4-CEN	ASPR - Participating	Yes	3		334 Yes	COLUMBUS	OH	FRANKLIN			
Ohio State University Ross Heart Hospital	SHORT TERM*	4-CEN	ASPR - Participating	Yes			Yes	COLUMBUS	OH	FRANKLIN			
Ohio State University Wexner Medical Center	SHORT TERM	4-CEN	ASPR - Participating	Yes	1		971 Yes	COLUMBUS	OH	FRANKLIN	(614)293-9700		
OhioHealth Ashland Health Center	FSED	5-NECO						Ashland	OH	Ashland			
OhioHealth Berger Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None		43 Yes	CIRCLEVILLE	OH	PICKAWAY	(740)420-8020	BERGER HOSPITAL	
OhioHealth Doctors Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None		262 Yes	COLUMBUS	OH	FRANKLIN	(614)544-2030		
OhioHealth Dublin Methodist Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None		107 Yes	DUBLIN	OH	FRANKLIN	(614)544-8000		
OhioHealth Emergency Care - Hilliard	FSED	4-CEN						Hilliard	OH	Franklin			
OhioHealth Emergency Care - New Albany	FSED	4-CEN						NEW ALBANY	OH	Franklin			
OhioHealth Emergency Care - Obetz	FSED	4-CEN						Obetz	OH	Franklin			
OhioHealth Emergency Care - Ontario	FSED	5-NECO						Ontario	OH	Richland			
OhioHealth Emergency Care - Powell	FSED	4-CEN						Powell	OH	Franklin			
OhioHealth Emergency Care - Reynoldsburg	FSED	4-CEN						Reynoldsburg	OH	Franklin			
OhioHealth Grady Memorial Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None		130 Yes	DELAWARE	OH	DELAWARE	(740)368-5145		
OhioHealth Grant Medical Center	SHORT TERM	4-CEN	ASPR - Funded	Yes	1		645 Yes	COLUMBUS	OH	FRANKLIN	(614)566-8558		
OhioHealth Grove City Methodist Hospital	SHORT TERM*	4-CEN	ASPR - Funded	Yes	None		26 Yes	GROVE CITY	OH	FRANKLIN		STAC classified otherwise	
OhioHealth Hardin Memorial Hospital	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Funded	Yes	None		23 Yes	KENTON	OH	HARDIN	(419)673-0761	HARDIN MEMORIAL HOSPITAL	
OhioHealth Lewis Center	FSED	4-CEN						Delaware	OH	Delaware			
OhioHealth Mansfield Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	2		358 Yes	MANSFIELD	OH	RICHLAND	(419)526-8000		
OhioHealth Marion General Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None		389 Yes	MARION	OH	MARION	(740)383-8400	MARION GENERAL HOSPITAL	
OhioHealth O'Bleness Hospital	SHORT TERM	7-SEC	ASPR - Funded	Yes	None		114 Yes	ATHENS	OH	ATHENS	(740)593-5551		
OhioHealth Pickerington	FSED	4-CEN						Pickerington	OH	Franklin			

OhioHealth Riverside Methodist Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	2	1000	Yes	COLUMBUS	OH	FRANKLIN	(614)566-4210			
OhioHealth Shelby Hospital	CRITICAL ACCESS HOSPITALS	5-NECO	ASPR - Funded	Yes	None	25	Yes	SHELBY	OH	RICHLAND	(419)342-5015			
OhioHealth Westerville	FSED	4-CEN						Westerville	OH	Franklin				
Paulding County Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	25	Yes	PAULDING	OH	PAULDING	(419)399-1108			
Pomerene Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	55	Yes	MILLERSBURG	OH	HOLMES	(330)674-1015			
Premier Health Atrium Medical Center	SHORT TERM	6-SW	ASPR - Funded	Yes	3	328	Yes	FRANKLIN	OH	WARREN	(513)420-5102			
Premier Health Austin Emergency Care Center	FSED	3-WC						Miamisburg	OH	Montgomery				
Premier Health Miami Valley Hospital	SHORT TERM	3-WC	ASPR - Funded	Yes	1	970	Yes	DAYTON	OH	MONTGOMERY	(937)208-3023			
Premier Health Miami Valley Hospital North	SHORT TERM*	3-WC	ASPR - Funded	Yes	None	46	Yes	DAYTON	OH	MONTGOMERY	(937)734-6784	STAC classified otherwise		
Premier Health Miami Valley Hospital South	SHORT TERM*	3-WC	ASPR - Funded	Yes	3	127	Yes	CENTERVILLE	OH	MONTGOMERY	(937)435-3546	STAC classified otherwise		
Premier Health Upper Valley Medical Center	SHORT TERM	3-WC	ASPR - Funded	Yes	3 (provisional)	178	Yes	TROY	OH	MIAMI	(937)440-4000	UPPER VALLEY MEDICAL CENTER		
ProMedica Bay Park Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	92	Yes	OREGON	OH	LUCAS	(419)690-7700	BAY PARK COMMUNITY HOSPITAL		
ProMedica Defiance Regional Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	3	35	Yes	DEFIANCE	OH	DEFIANCE	(419)783-6955	DEFIANCE REGIONAL MEDICAL CENTER		
ProMedica Flower Hospital	SHORT TERM*	1-NW	ASPR - Funded	Yes	None	287	Yes	SYLVANIA	OH	LUCAS	(419)824-1444			
ProMedica Fostoria Community Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	15	Yes	FOSTORIA	OH	SENECA	(419)435-7734	FOSTORIA COMMUNITY HOSPITAL		
ProMedica Memorial Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	179	Yes	FREMONT	OH	SANDUSKY	(419)334-6617	MEMORIAL HOSPITAL		
ProMedica Toledo Hospital / ProMedica Russell J. Ebeid Children's Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	1 Adu / 2 Ped	794	Yes	TOLEDO	OH	LUCAS	(419)291-7482	TOLEDO HOSPITAL THE		
ProMedica Toledo Hospital Free Standing Emergency Department	FSED	1-NW						Maumee	OH	Lucas				
Regency Hospital of Toledo	LONG TERM	1-NW	ASPR - Participating	No	None	45	Yes	SYLVANIA	OH	LUCAS	(419)318-5703			
Rehabilitation Hospital of Northwest Ohio	REHABILITATION	1-NW	ASPR - Participating	No	None	41	No	TOLEDO	OH	LUCAS	(419)214-6600			
Reunion Rehabilitation Hospital Of Dublin	REHABILITATION	4-CEN	ASPR - Participating	No	None	30	No	DUBLIN	OH	FRANKLIN	(614)665-9844			
Salem Regional Medical Center	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	252	Yes	SALEM	OH	COLUMBIANA	(330)332-1551			
Selby General Hospital	CRITICAL ACCESS HOSPITALS	8-SE	ASPR - Funded	Yes	None	25	Yes	MARIETTA	OH	WASHINGTON	(740)568-2000	MEMORIAL HEALTH SYSTEM		
Select Specialty Hospital Akron	LONG TERM	5-NECO	ASPR - Participating	No	None	34	No	AKRON	OH	SUMMIT	(330)761-7550			
Select Specialty Hospital Columbus	LONG TERM	4-CEN	ASPR - Participating	No	None	43	Yes	COLUMBUS	OH	FRANKLIN	(614)456-0300			
Select Specialty Hospital Columbus	LONG TERM	4-CEN	ASPR - Participating	No	None	182	Yes	COLUMBUS	OH	FRANKLIN	(614)458-9000			
Select Specialty Hospital Trumbull	LONG TERM	5-NECO				45		WARREN				WITHIN TRUMBULL REGIONAL MEDICAL CENTER		
Shriners Children's Ohio	CHILDRENS	3-WC	ASPR - Participating	No	None	30	Yes	DAYTON	OH	MONTGOMERY	(513) 872-6000			
Sojourn At Seneca	PSYCHIATRIC	1-NW	ASPR - Participating	No	None	24	Yes	TIFFIN	OH	SENECA	(567)207-2230			
Southeastern Ohio Regional Medical Center	SHORT TERM	8-SE	ASPR - Funded	Yes	None	221	Yes	CAMBRIDGE	OH	GUERNSEY	(740)439-8000			
Southern Ohio Medical Center	SHORT TERM	7-SEC	ASPR - Funded	Yes	None	237	Yes	PORTSMOUTH	OH	SCIOTO	(740)356-5000			
Southwest General Health Center	SHORT TERM	2-NE	ASPR - Funded	Yes	3	346	Yes	MIDDLEBURG HEIGHTS	OH	CUYAHOGA	(440)816-6701			
St Elizabeth Edgewood	OTHER - SHORT TERM	6-SW	ASPR - Participating				Yes	EDGEWOOD	KY					
St Elizabeth Florence	OTHER - SHORT TERM	6-SW	ASPR - Participating				Yes	FLORENCE	KY					
St Elizabeth Fort Thomas	OTHER - SHORT TERM	6-SW	ASPR - Participating				Yes	FORT THOMAS	KY					
St Elizabeth Covington	OTHER - SHORT TERM	6-SW	ASPR - Participating				Yes	COVINGTON	KY					
St Elizabeth Dearborn	OTHER - CRITICAL ACCESS	6-SW	ASPR - Participating				Yes	LAWRENCEBURG	IN					
St Vincent Charity Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	None	448	Yes	CLEVELAND	OH	CUYAHOGA	(216)241-5830			
Summa Health Akron City Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	1	1061	Yes	AKRON	OH	SUMMIT	(330)375-3000	SUMMA HEALTH SYSTEM		
Summa Health Barberton Campus	SHORT TERM*	5-NECO	ASPR - Funded	Yes	None	104	Yes	BARBERTON	OH	SUMMIT	(330)615-3000	STAC classified otherwise		
Summa Health Green Emergency Department	FSED	5-NECO						Uniontown	OH	Summit				
Summa Health Wadsworth-Rittman Medical Center	FSED	5-NECO						Wadsworth	OH	Medina				
Summa Rehab Hospital	REHABILITATION	5-NECO	ASPR - Participating	No	None	60	Yes	AKRON	OH	SUMMIT	(330)572-7300			
TriHealth Bethesda Arrow Springs Emergency Department	FSED	6-SW						Lebanon	OH	Warren				
TriHealth Bethesda Butler Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	8	Yes	HAMILTON	OH	BUTLER	(513)894-8888	BUTLER COUNTY MEDICAL CENTER		
TriHealth Bethesda North Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	3	465	Yes	CINCINNATI	OH	HAMILTON	(513)865-5544			
TriHealth Good Samaritan Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	672	Yes	CINCINNATI	OH	HAMILTON	(513)862-9000			
TriHealth Good Samaritan Western Ridge	FSED	6-SW						Cincinnati	OH	Hamilton				
TriHealth McCullough-Hyde Memorial Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	94	Yes	OXFORD	OH	BUTLER	(513)524-5640			
Trinity Twin City Hospital	CRITICAL ACCESS HOSPITALS	5-NECO	ASPR - Funded	Yes	None	25	Yes	DENNISON	OH	TUSCARAWAS	(740)922-2800	TRINITY HOSPITAL TWIN CITY		
Trumbull Regional Medical Center	SHORT TERM	5-NECO	ASPR - Funded	Yes	3	147	Yes	WARREN	OH	TRUMBULL	(330)841-9011			
University Hospitals Ahuja Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	None	144	Yes	BEACHWOOD	OH	CUYAHOGA	(216)593-5510			
University Hospitals Beachwood Medical Center	SHORT TERM	2-NE	ASPR - Participating	Yes	None	24	Yes	BEACHWOOD	OH	CUYAHOGA	(216) 545-4800	Medical offices, surgical center and 24/7 ED University Hospital		
University Hospitals Cleveland Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	1	1037	Yes	CLEVELAND	OH	CUYAHOGA	(216)844-1000			
University Hospitals Conneaut Medical Center	CRITICAL ACCESS HOSPITALS	2-NE	ASPR - Funded	Yes	None	25	Yes	CONNEAUT	OH	ASHTABULA	(440)593-1131			
University Hospitals Elyria Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	3	400	Yes	ELYRIA	OH	LORAIN	(440)329-7500			
University Hospitals Geneva Medical Center	CRITICAL ACCESS HOSPITALS	2-NE	ASPR - Funded	Yes	None	25	Yes	GENEVA	OH	ASHTABULA	(440)466-1141			
University Hospitals Lake West Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	None	116	Yes	WILLOUGHBY	OH	LAKE	440-953-9600			
University Hospitals Madison Health Center	FSED	2-NE						Madison	OH	Lake				
University Hospitals Parma Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	3 (provisional)	309	Yes	PARMA	OH	CUYAHOGA	(440)743-3000	PARMA COMMUNITY GENERAL HOSPITAL		
University Hospitals Portage Medical Center	SHORT TERM	5-NECO	ASPR - Funded	Yes	3	280	Yes	RAVENNA	OH	PORTAGE	(330)297-0811			
University Hospitals Rainbow Babies & Childrens Hospital	CHILDRENS	2-NE	ASPR - Funded	Yes	1	244	Yes	CLEVELAND	OH	CUYAHOGA	(216)844-1000	RAINBOW BABIES AND CHILDRENS HOSPITAL		
University Hospitals Regional Hospitals - Geauga Campus	SHORT TERM	2-NE	ASPR - Funded	Yes	3	126	Yes	CHARDON	OH	GEAUGA	(440)269-6000			
University Hospitals Richmond Heights/Cleveland Medical Center Psych	PSYCHIATRIC	2-NE		No	None	41	No	RICHMOND HEIGHTS	OH	CUYAHOGA	(440)735-3900			
University Hospitals Samaritan Medical Center	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	123	Yes	ASHLAND	OH	ASHLAND	(419)289-0491			
University Hospitals St John Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	3	240	Yes	WESTLAKE	OH	CUYAHOGA	(440)827-5075			
University Hospitals Tipoint Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	None	379	Yes	CONCORD	OH	LAKE	(440)953-9600	University Hospitals just purchased and name changeis final		
University of Cincinnati Medical Center	SHORT TERM	6-SW	ASPR - Funded	Yes	1	693	Yes	CINCINNATI	OH	HAMILTON	(513)584-1000			
University of Cincinnati West Chester	SHORT TERM	6-SW	ASPR - Funded	Yes	3	162	Yes	WEST CHESTER	OH	BUTLER	(513)298-7700	WEST CHESTER HOSPITAL, LLC		
University of Toledo Medical Center, The	SHORT TERM	1-NW	ASPR - Funded	Yes	2	319	Yes	TOLEDO	OH	LUCAS	(419)383-4848			
VA Cincinnati	VA/MILITARY	6-SW	ASPR - Participating	Yes	None	463	Yes	CINCINNATI	OH	HAMILTON	(800)123-4567			
VA Cleveland Louis Stokes	VA/MILITARY	2-NE	ASPR - Participating	Yes	None	949	Yes	CLEVELAND	OH	CUYAHOGA	(216)791-3800	LOUIS STOKES VA MEDICAL CENTER-WADE PARK DIVISION		
Van Wert Health	SHORT TERM	1-NW	ASPR - Funded	Yes	None	120	Yes	VAN WERT	OH	VAN WERT	(419)238-8627			
Wayne Health Care	SHORT TERM	3-WC	ASPR - Funded	Yes	None	92	Yes	GREENVILLE	OH	DARKE	(937)569-6722			
Western Reserve Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	3	258	Yes	CUYAHOGA FALLS	OH	SUMMIT	(330)971-7000	SUMMA WESTERN RESERVE HOSPITAL		
Wilson Health	SHORT TERM	3-WC	ASPR - Funded	Yes	None	71	Yes	SIDNEY	OH	SHELBY	(937)498-5405			
Windsor Laurelwood Center For Behavioral Medicine	PSYCHIATRIC	2-NE	ASPR - Participating	No	None	160	Yes	WILLOUGHBY	OH	LAKE	(440)953-3000			
Wood County Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	168	Yes	BOWLING GREEN	OH	WOOD	(419)354-8900			
Wooster Community Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	207	Yes	WOOSTER	OH	WAYNE	(330)263-8100			
Wyandot Memorial Hospital	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Participating	Yes	None	25	Yes	UPPER SANDUSKY	OH	WYANDOT	(419)294-4991			

Appendix K

Ohio Public Health Emergency Preparedness (PHEP) & Hospital Preparedness Program (HPP) Regional Coordinators



* Designates PHEP Regional Subrecipient

Region	PHEP Regional Coordinators		HPP Regional Coordinators	
1-NW	William Bryant-Bey	419-277-5857 wbryant-bey@woodcountyohio.gov	Susan Murphy	419-842-0800 smurphy@hcno.org
2-NE	Elisa DeRose	216-201-2001 x 1602 ederose@ccbh.net	Tara Vargovich	216-255-3665 tara.vargovich@chanet.org
3-WC	Jillian Botteicher	937-224-8091 jbotteicher@phdmc.org	Mary Porter	937-424-2364 mporter@gdaha.org
4-CEN	Igor Hadzisulejmanovic	614-563-2605 igorhadzisulejmanovic@franklincountyohio.gov	Jodi Keller	614-255-4407 jkeller@cotshealth.org
5-NECO	Chris Barker	330-926-5716 cbarker@schd.org	Sarah Metzger	330-873-1500 smetzger@arha.org
6-SW		513-497-3889		513-247-5279

Updated 11/1/2022

APPENDIX L

Code of Federal Regulations (CFR), Title 45, §92.24, Matching or Cost Sharing

(a) Basic rule: Costs and contributions acceptable.

With the qualifications and exceptions listed in paragraph (b) of this section, a matching or cost sharing requirement may be satisfied by either or both of the following:

(1) Allowable costs incurred by the grantee, sub grantee or a cost-type contractor under the assistance agreement. This includes allowable costs borne by non- Federal grants or by other cash donations from non-Federal third parties.

(2) The value of third party in-kind contributions applicable to the period to which the cost sharing or matching requirement applies.

(b) Qualifications and exceptions—

(1) Costs borne by other Federal grant agreements.

Except as provided by Federal statute, a cost sharing or matching requirement may not be met by costs borne by another Federal grant. This prohibition does not apply to income earned by a grantee or sub grantee from a contract awarded under another Federal grant.

(2) General revenue sharing.

For the purpose of this section, general revenue sharing funds distributed under 31 U.S.C. 6702 are not considered Federal grant funds.

(3) Cost or contributions counted towards other Federal costs-sharing requirements.

Neither costs nor the values of third party in-kind contributions may count towards satisfying a cost sharing or matching requirement of a grant agreement if they have been or will be counted towards satisfying a cost sharing or matching requirement of another Federal grant agreement, a Federal procurement contract, or any other award of Federal funds.

(4) Costs financed by program income.

Costs financed by program income, as defined in Sec. 92.25, shall not count towards satisfying a cost sharing or matching requirement unless they are expressly permitted in the terms of the assistance agreement. (This use of general program income is described in Sec. 92.25(g).)

(5) Services or property financed by income earned by contractors.

Contractors under a grant may earn income from the activities carried out under the contract in addition to the amounts earned from the party awarding the contract. No costs of services or property supported by this income may count toward satisfying a cost sharing or matching requirement unless other provisions of the grant agreement expressly permit this kind of income to be used to meet the requirement.

(6) Records. Code of Federal Regulations (CFR), Title 45, §92.24, Matching or Cost Sharing

Costs and third party in-kind contributions counting towards satisfying a cost sharing or **matching** requirement must be verifiable from the records of grantees and sub grantee or cost-

type contractors. These records must show how the value placed on third party in-kind contributions was derived. To the extent feasible, volunteer services will be supported by the same methods that the organization uses to support the allowability of regular personnel costs.

(7) Special standards for third party in-kind contributions.
(i) Third party in-kind contributions count towards satisfying a cost sharing or matching requirement only where, if the party receiving the contributions were to pay for them, the payments would be allowable costs.

(ii) Some third party in-kind contributions are goods and services that, if the grantee, sub grantee, or contractor receiving the contribution had to pay for them, the payments would have been indirect costs. Costs sharing or matching credit for such contributions shall be given only if the grantee, sub grantee, or contractor has established, along with its regular indirect cost rate, a special rate for allocating to individual projects or programs the value of the contributions.

(iii) A third party in-kind contribution to a fixed-price contract may count towards satisfying a cost sharing or matching requirement only if it results in:
(A) An increase in the services or property provided under the contract (without additional cost to the grantee or sub grantee) or

(B) A cost savings to the grantee or sub grantee.
(iv) The values placed on third party in-kind contributions for cost sharing or matching purposes will conform to the rules in the succeeding sections of this part. If a third party in-kind contribution is a type not treated in those sections, the value placed upon it shall be fair and reasonable.
(c) Valuation of donated services—
(1) Volunteer services.

Unpaid services provided to a grantee or sub grantee by individuals will be valued at rates consistent with those ordinarily paid for similar work in the grantee's or sub grantee's organization. If the grantee or sub grantee does not have employees performing similar work, the rates will be consistent with those ordinarily paid by other employers for similar work in the same labor market. In either case, a reasonable amount for fringe benefits may be included in the valuation.
(2) Employees of other organizations.

When an employer other than a grantee, sub grantee, or cost-type contractor furnishes free of charge the services of an employee in the employee's normal line of work, the services will be valued at the employee's regular rate of pay exclusive of the employee's fringe benefits and overhead costs. If the services are in a different line of work, paragraph (c)(1) of this section applies.
(d) Valuation of third party donated supplies and loaned equipment or space.
(1) If a third party donates supplies, the contribution will be valued at the market value of the supplies at the time of donation.

(2) If a third party donates the use of equipment or space in a building but retains title, the contribution will be valued at the fair rental rate of the equipment or space.
(e) Valuation of third party donated equipment, buildings, and land.

If a third party donates equipment, buildings, or land, and title passes to a grantee or sub grantee, the treatment of the donated property will depend upon the purpose of the grant or sub grant, as follows:
(1) Awards for capital expenditures.

If the purpose of the grant or sub grant is to assist the grantee or sub grantee in the acquisition of property, the market value of that property at the time of donation may be counted as cost sharing or matching, (2) Other awards

If assisting in the acquisition of property is not the purpose of the grant or sub grant, paragraphs (e)(2) (i) and (ii) of this section apply:
(i) If approval is obtained from the awarding agency, the market value at the time of donation of the donated equipment or buildings and the fair rental rate of the donated land may be counted as cost sharing or matching. In the case of a sub grant, the terms of the grant agreement may require that the approval be obtained from the Federal agency as well as the grantee. In all cases, the approval may be given only if a purchase of the equipment or rental of the land would be approved as an allowable direct cost. If any part of the donated property was acquired with Federal funds, only the

non-federal share of the property may be counted as cost-sharing or matching.
(ii) If approval is not obtained under paragraph (e)(2)(i) of this section, no amount may be counted for donated land, and only depreciation or use allowances may be counted for donated equipment and buildings. The depreciation or use allowances for this property are not treated as third party in-kind contributions. Instead, they are treated as costs incurred by the grantee or sub grantee. They are computed and allocated (usually as indirect costs) in accordance with the cost principles specified in Sec.
Code of Federal Regulations (CFR), Title 45, §92.24, Matching or Cost Sharing Page 4 of 4
92.22, in the same way as depreciation or use allowances for purchased equipment and buildings. The amount of depreciation or use allowances for donated equipment and buildings is based on the property's market value at the time it was donated.
(f) Valuation of grantee or sub grantee donated real property for construction/acquisition.

If a grantee or sub grantee donates real property for a construction or facilities acquisition project, the current market value of that property may be counted as cost sharing or matching. If any part of the donated property was acquired with Federal funds, only the non-federal share of the property may be counted as cost sharing or matching.
(g) Appraisal of real property.

In some cases under paragraphs (d), (e) and (f) of this section, it will be necessary to establish the market value of land or a building or the fair rental rate of land or of space in a building. In these cases, the Federal agency may require the market value or fair rental value be set by an independent appraiser, and that the value or rate be certified by the grantee. This requirement will also be imposed by the grantee on sub grantees.

ATTACHMENT #1

REGION 1 (submit)	REGION 2 (submit)	REGION 3 (submit)	REGION 4 (submit)
REGION 5 (submit)	REGION 6 (submit)	REGIONS 7 & 8 (submit)	

Ohio Department of Health

Hospital Preparedness Program
Regional Healthcare Coalition
Subrecipient Information

Subrecipient must send updated form to the regional inbox and upload into GMIS within 15 days of the change.

Revision Date (mm/dd/yyyy): _____

Subrecipient Contact Information

Subrecipient Agency Name:	**Address:**
City:	**Zip:**
Phone:	**Fax:**
County:	

1. Identify the Regional Healthcare Coordinator (RHC) and the back-up to the RHC:

	RHC Primary	RHC Back-Up
Name		
Agency		
Phone		
E-mail		
Cell Phone		

2. **Identify the subgrantee MARCS contact person: (Must also maintain/update Hospital MARCs & OPHCS contacts (as requested by ODH)**

	MARCS Primary	MARCS Back-Up
Name		
Agency		
Phone		
E-mail		
Cell Phone		

Subrecipient Name: _____

Submission Date (mm/dd/yyyy): _____

3. **Identify the subgrantee OPHCS contact person:** (Must also maintain/update Hospital MARCs & OPHCS contacts as requested by ODH)

	OPHCS Primary	OPHCS Back-Up
Name		
Agency		
Phone		
E-mail		
Cell Phone		

4. **Identify 24/7 Contact:**

	24/7 Primary	24/7 Back-Up
Name		
Agency		
Phone		
E-mail		
Cell Phone		

5. **HCC Clinical Advisor:**

	Clinical Advisor	Clinical Advisor Back-Up
Name		
Agency		
Phone		
E-mail		
Cell Phone		

6. **BedTracking Platform Contact:**

	BedTracking Primary	BedTracking Back-Up
Name		
Agency		
Phone		
E-mail		
Cell Phone		

ATTACHMENT #2

Match Documentation Letter

Date:

Name of Agency Head
Agency Name
Address

Dear ODH:

Our agency is required to contribute a total of_____Matching funds to the Regional Healthcare System Coordination for Disaster Preparedness Program Grant, project #_____for the period of July 1, 2023 – June 30, 2024. Our total grant amount is _____. This match includes a minimum 7.7% match. The table below outlines the source and amount of the funds.

These funds are not used for other Match requirements nor are they federal funds. The funds come from our general revenue and/or other sources as identified below. These Matching funds reflect work and activities that enhance and support our public health preparedness efforts in our jurisdiction. If you have any questions about this, please contact_____.

Sincerely,

_____
Agency Head (must be signed)

Match Category	Match Description	Match Amount
	TOTAL MATCH AMOUNT	

BUDGET JUSTIFICATION EXAMPLE (Base Only Funding)

NOTES:

1. **This justification is an example and may include line items that should not be direct billed to a grant if Sub-recipients are charging indirect. The purpose of the example is to assist Sub-recipients who are charging indirect as well as those who are direct billing. Each line item in the budget must be thoroughly detailed in the budget justification.**

2. **Budget justification line items MUST be in the same order as in the GMIS budget.**

PERSONNEL

Notes:

1. **The language below in red is required to be included in all position descriptions when indirect is being charged to the grant. If language is not included, the budget will be disapproved. (Name of Agency) certifies that this position can be directly attributed to this grant and therefore charging indirect against this position is allowable.**
2. **Any additional breakout of personnel expenses should only be included in GMIS.**
3. **If a position title does not exist in GMIS, choose a position title in GMIS that closely mirrors the official title. It should be labeled on the justification as follows: Fiscal Officer (Fiscal Director). Fiscal Officer is the title in GMIS but Fiscal Director is their official title.**
4. **Any match or in-kind, not required to be budgeted in GMIS, must be reported on a separate document and attached in GMIS labeled "In-Kind/Match document."**
5. **Subrecipients are only required to include the job responsibilities of the position in the budget justification. The amount charged to the grant should be documented in GMIS.**

Epidemiologist – Jim Allen
Participate in regional planning and exercise efforts as subject matter expert towards the development of a regional Ebola and other special pathogen concept of operations plan supporting the following planning capabilities.

Fiscal Officer (Fiscal Director) – Susan Thomas
This position will be responsible for all accounting, fiscal record keeping and financial reporting and will oversee the accounting and bookkeeping staff. She will also collect data for evaluations and the required reports for all grant funded activities. (Please note: This position cannot be direct billed to a grant if the agency is charging indirect unless the agency has a federally approved indirect rate that allows the position to be direct billed.)

Health Educator – TBD
This position will provide direct services to youth in the 4 county areas and to the Juvenile Detention Center of NWO. He/She will assist with Youth Leadership Conference for one week.

Program Coordinator – Joe Pope
This position will be responsible for monitoring grants, grant financials, review of budget revisions organizing grant deliverables and uploading the grant deliverables into GMIS.

Nurse – Joyce Brown (Part-Time Employee)
Responsible for providing clinic and metabolic clinic nursing services and case coordination (70%) plus OCCSN case coordination (10%). In support of component #1 provides Newborn Screening case coordination in support of grant component #2 (20%).

Nurse – Janet Coleman
This position is responsible for providing clinic and metabolic clinic nursing services and case coordination and OCCSN case coordination. In support of component #1 provides Newborn Screening case coordination in support of grant component #2. We will not charge any salary cost for this position only travel.

Total Personnel Cost **$209,005.13**

OTHER DIRECT COSTS

Notes:

1. **There is a possibility that any line item listed in Other Direct Costs (ODC) may not be allowed as a direct cost if indirect is being charged to the grant. If the agencies administrative staff and all programs are in one location then certain line items may have to be charged to the indirect costs collected. Also, if ODC line items cannot be directly attributed to a specific subgrant then the line item should not be direct billed to the grant when charging indirect costs.**
2. **The annual cost and the allowable percentage for a particular program must be included int the justification verbiage if a cost allocation plan is being used to determine costs charged to a grant. Also, the cost allocation plan is required to be submitted with the grant application.**

Advertising

- Billboard Advertising for a 3 month period to promote the WIC program @ $200.00 per month.
- Cable television advertising for 12 months specific to the WIC program @ $110.00 per month.
- Advertising to fill vacant budgeted positions will be utilized throughout the year as needed.
- 156 Radio spots @ $100.00 per spot will be used to raise awareness to parents and community on effects of <purpose or objective to achieve>.

Client Expenses

- Client Enablers
  Rent, hotel expenses, utility payment (gas and electric) and groceries will be purchased for those clients infected with TB. (Please refer to solicitation to determine if an allowable cost)

- Client Incentives
  100 $10.00 gas cards will be distributed to eligible clients who attend the smoke-free seminar. (Please refer to solicitation to determine if an allowable cost)

- Client Transportation
  Agency anticipates providing taxi service to approximately 20 clients at an estimated cost of $25.00 per taxi service.

Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO) (Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

Facility Costs (Indirect cannot be charged against this line unless the federally approved agreement does not exclude)

- Rent (Two Locations)
  Main Location (1234 Livingston Avenue)
  Agency is requesting funds to cover the cost of renting space at the Columbus Medical Association Foundation offices for the WIC program staff (1330 square feet) at $23.00 per square foot.
  WIC Clinic (567 Walnut Street)
  Agency is requesting funds to cover the cost of renting space for the WIC Clinic (250 square feet) at $17.50 per square foot. Building is owned by Community Health Foundation.

- Depreciation
  Reproductive Health and Wellness Clinic (321 N. Main Street)
  Agency has completed and attached the depreciation worksheet for the 321 N. Main Street clinic. Depreciation is estimated at $960.00 based on the completed worksheet.

- Interest on a Debt
  Immunization Action Plan (100 W. 1st Avenue)
  The interest for this location was $1,345.97 last year. We are estimating the interest will be the same for the upcoming year.

Fees

- WIC website
  The website will be used to provide updates regarding the WIC program in our county. The website is $100.00 per month for 12 months.

- Lab Fees
  This includes funds for lab tests provided to patients. Estimating $250.00 per month for 12 months.
  - Pap tests - Historically, 1,042 tests are done annually with a reflex rate of 14%.
  - Gonorrhea and Chlamydia tests - ODH grant funds will be allocated to pay for Chlamydia and Gonorrhea tests for individuals that do not qualify for Infertility Prevention Project.

- Background Check
  Agency anticipates hiring 2 new staff this budget year. Estimated cost is $35.00 per background check.

- Audit Fees – Cost Allocation plan applied
  Agency expends more than $750,000 of federal funds we receive from the Federal Government and must have an A-133 Single Audit. The cost of the 2014 audit was $6,750. We are estimating the cost to remain the same for 2015. A cost allocation plan is in place and this grant will be charged 35% of the annual cost.

- Fiscal Management Services
  Agency utilizes fiscal management services to process agency payroll. The cost last year was $1,200. We are estimating at 5% increase this year and estimate the cost to be $1,260.

Indirect

<Agency Name> used the MTDC rate to calculate indirect. (Please complete the indirect calculation spreadsheet.)

<Agency Name> used our agencies federally approved indirect rate to calculate indirect. The federally approved indirect rate letter has been attached in GMIS. (Please complete the indirect calculation spreadsheet.)

Maintenance/Lease

- Liability Insurance
  The agency's annual insurance cost in 2015 was $20,000 and we anticipate a 5 percent increase in 2016. The estimated annual cost in 2016 is $21,000. A cost allocation plan is in place and this grant will be charged 25% of the annual cost.

- Liability Insurance (Indirect Cost Budget Example)
  The agency's annual insurance cost is $8,000. This cost is for PHEP program staff only and can be direct billed to the grant. We do not anticipate an increase in the upcoming year. (Note: Please remember this may vary for those agencies who have a federally approved indirect rate.)

- Postage
  Agency cost for mailing billings and general patient communications.
  Agency cost for shipping and handling of supplies.

- Postage Meter - The Agency leases a postage meter at an annual cost of $6,000. A cost allocation plan is in place and 10% is the fair share being changed to this grant program.

- Copier - The lease for the copier/fax is based on the amount of copies each program makes and each program is assigned a four digit code. The annual lease is estimated to be $2,500 and 20% is the fair share being charged to this program based on actual copies made in 2014.

- Snow Removal - This cost is shared among all Programs at the agency. Cost is shared accordingly by square footage. A cost allocation plan is in place and this programs fair share is 17.5%. The annual cost is $2,200.

- Trash Removal - This cost is shared among all Programs at the agency. Cost is shared accordingly by square footage. A cost allocation plan is in place and this programs fair share is 17.5%. The annual cost is $1,200.

Other Costs

This line is being budgeted to support any unexpected allowable costs throughout the budget period.

Subscriptions/Publications

Subscriptions to journals related to clinical genetics will provide access to this vital information and give staff the opportunity to be current in their knowledge. Budget is for renewal of <Name of Subscription/Publication>.

Supplies

Notes:

1. **Any pharmaceuticals listed under medical supplies must be itemized and include the number of each item being ordered and the unit cost.**

Medical supplies budgeted at $700.00 for the year are needed to service patients of the program such as band aids, alcohol swabs, needles, rubber gloves, paper gowns, hand soap, paper towels, tissue, cleaning supplies, hand sanitizer and cotton balls. The budgeted amount includes the pharmaceuticals listed below:

- 100 Zyrtec packets (2 per packet) @ $1.25 each
- 50 Flu Shots @ $3.25 each

Office supplies budgeted at $650.00 for the year are needed for general operation of the program such as binder clips, copy paper, highlighters, labels, markers, pens, portfolios, pencils, message pads, rubber bands, adding machine tape, staplers, staples, binders, file folders, tape and desk trays. Training materials will be developed and used by the investigators to train patrol officers how to preserve crime scene evidence.

Equipment like Office Supplies $300.00 - $999.99 (These items must be itemized as listed below)

- **1 File cabinet** @ $350.00 is needed for the Hospital Incident Liaison in the COTS Emergency Operations Center (EOC).
- **3 Tablets** $500.00 each are to support the Hospital Incident Liaison operations (HIL) on a 24/7/365 basis. The tablets would enhance the ability of the HIL to set up the COTS Incident Command from a virtual location in the event it is not feasible or prudent to travel

Program Supplies

- **100 Toothbrushes** @ $1.50 each are used to support good dental hygiene and are distributed to kids under the age of 3 during each of their quarterly visits. This item does not include agency/program logos, messaging, agency name or slogans.

- **150 MyPlate plates** @ $2.75 each will be distributed to program participants to provide a useful tool to assist with healthy eating habits. This item does not include agency/program logos, messaging, agency name or slogans.

Educational Materials
7 'Cribs for Kids Safe Sleep Survival Kits' will be purchased @ $75.00 each and distributed to eligible families. The kits contain the following items (All items included in the kits must be listed):

- Grace Pack n Play
- Halo Sleep Sack
- Grace Pack n Play Sheet with "safe sleep message"
- Safe Sleep DVD
- "Sleep Baby Safe and Snug" Book

Travel/Training

Agency's mileage reimbursement rate is $.40 per mile.

In State
Program Coordinator
This person will travel to 5 sites, approximately 6 times each per year, to conduct classroom programming and attend the annual ODH regional meeting. Their travel will include overnight lodging, meals and mileage reimbursement.

Nurse's Mileage
Mileage for travel to schools for Nurses is estimated to be 36 visits per year.

Out of state
Nurses
<Name of Conference> <Location> **:** <Purpose and objective of Out of state travel> for example, Out of state travel for Nurses to attend required curriculum training (costs not to exceed current state rates).
Mileage to and from Airport 100 miles x $0.40/mile = 40
Airport parking $30/day x 4 days = 120
Airfare $300 x 2 people = 600
Hotel $81/night x 4 nights x 2 people = 324
Per-diem of $56/day x 4 days x 2 people = 448

Links:
OBM Travel: http://obm.ohio.gov/TravelRule/
GSA: http://www.gsa.gov/portal/content/104877

Training
Health Educator will be attending the 2 seminars to prepare for this year's Youth Leadership conference.

- <Name of Seminar 1> = $ 75.00
- <Name of Seminar 2> = $ 25.00

Project Kind is a 3 day Train the Trainer program for the training of local schools. The cost for the training is $1,000.00 per participant. The training will be attended by the Program Coordinator.

Utilities/Phone Services

- Cell Phone
  - Replace one cell phone @ $240.00 to be used by the WIC nurses.
  - Service for 2 agency owned cell phones used by WIC only nurses at $66.70/month each.
  - $30.00 monthly cell phone stipend paid to the Health Educator and Program Coordinator positions. These positions are required to be on call 24 hours a day.
- Telephone Service
  - Agency phone expense is for landline services in the Springfield and New Carlisle offices. The Springfield office has 5 WIC only lines. The New Carlisle office has 12 lines at an average cost of $3,600.00 per year. A cost allocation plan is in place and 50% is the fair share for this program.
- Utilities
  - These include gas, electric and water & sewage. The budgeted amounts are based on historical expenses. Utilities are allocated based on actual costs. Cost allocation plan is in place and 26.7% is the fair share for this program.
    - Electric: AEP yearly average = $4,815.84.
    - Gas: Columbia Gas yearly average = $975.
    - Water: Columbus Water and Sewer yearly average = $547.20.

Total Other Direct Costs **$108,479.83**

EQUIPMENT

Laptop Computer

2 Laptops @ 1,500 each are to support the Hospital Incident Liaison operations (HIL) on a 24/7/365 basis. The laptops would enhance the ability of the HIL to set up the COTS Incident Command from a virtual location in the event it is not feasible or prudent to travel. Laptops will be used by the 2 Nurse positions.

Total Equipment Cost **$3,000.00**

CONTRACTS

Notes:

1. **Your sub-contractors are required to abide by the same rules and regulations as that of an ODH Sub-recipient**
2. **The "Services" line item should be used to identify contract services for the subrecipient's contractor. For example, if Acme Clinic enters into a contract for interpreters then the amount of the contract is listed under "Services."**

ACME Clinic

Funding will provide for a free-standing hospital who elects to serve on a 24/7/365 basis as Alternative Care Center in a disaster or emergency situation. The funding shall be used to purchase disaster preparedness supplies, equipment and travel to enhance their Emergency Preparedness efforts. They will also need to subcontract with a speaker to conduct 10 trainings/workshops to address issues specific to hospital safety and access control during an internal or external threat to their facility. Topics addressed will include collaboration with local partnering agencies and lock down protocols; speaker will be paid per training/workshop.

- Personnel $2,500.00
- Other Direct Costs $2,000.00
- Equipment $1,250.00
- Services $ 500.00

Warner Preparedness Enterprises

Funds will be used to contract WPE to coordinate and plan an exercise for health department staff and other key agencies. This includes cost for staff, supplies, training packets and space rental. The Rand Drill will be included in the exercise as required by the grant.

- Personnel $1,500.00
- Other Direct Costs $2,500.00
- Equipment $0.00
- Services $0.00

Speaker

A Contractor is needed to conduct 10 trainings/workshops to address issues specific to hospital safety and access control during an internal or external threat to their facility. Topics addressed will include collaboration with local partnering agencies and lock down protocols. Speaker will be paid $300 per training/workshop.

- Personnel $3,000.00

Total Contract Cost **$13,250.00**

Budget Grand Total **$333,734.96**

Notes:

1. **The budget justification must be signed by the agency head listed in GMIS.**
2. **Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.**

Subrecipient's authorized representative certifies the foregoing:

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).

- Sub-recipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

_____

[Signature]

_____

[Print Name & Title]

_____

[Date]