Date: June 5, 2024

To: Public Health Emergency Preparedness (PHEP) Grant Applicants

From: Renee Dickman, Bureau Chief
Bureau of Health Preparedness
Ohio Department of Health

Subject: PHEP Solicitation Budget Period 1(July 1, 2024 –June 30, 2025)

The Ohio Department of Health (ODH), Bureau of Health Preparedness (BHP), is announcing the availability of grant funds to support the PHEP Program. The goal of the PHEP Program is to address bioterrorism, infectious disease outbreaks, other public health threats, and emergencies at the county and regional public health level.

This solicitation has been developed to show measurable and sustainable progress toward achieving capabilities that promote prepared and resilient communities across Ohio. Continued planning and response coordination through each budget period are expected steps to ensure the earliest possible response and recovery levels are achieved.

As appropriate, each deliverable will have ongoing measurable and sustained progress throughout the 2024 - 2029 project period. The focus of each deliverable will be to develop and sustain beyond each year the necessary strategies that will achieve the following outcomes for Ohio:

- Strengthen Community Resilience
- Strengthen Information Management
- Strengthen Surge Management
- Strengthen Incident Management
- Strengthen Countermeasures and Mitigation
- Strengthen Biosurveillance

The total amount of funds to be awarded is **$65,000.00**.

County	Funding
Hardin	$ 65,000.00

These funding levels are determined by the Centers for Disease Control and Prevention (CDC) and are contingent upon the availability of funds.

All interested parties must submit a Notice of Intent to Apply for Funding (NOIAF) form by **June 12, 2024,** to be eligible to apply for funding (attached to the solicitation). Please send completed NOAIF to preparedness.grants@odh.ohio.gov

Please contact Renee Dickman, ***Bureau Chief at (614) 644-6133, or e-mail at***: Renee.Dickman@odh.ohio.gov if you have any questions regarding this application.

Mail the original and two (2) copies of the material not electronically filed to:
Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor.
246 N. High Street, Columbus, OH 43215

ALL APPLICATIONS MUST BE SUBMITTED THRU THE GRANT MANAGEMENT SYSTEMS

OHIO DEPARTMENT OF HEALTH

BUREAU OF HEALTH PREPAREDNESS

Public Health Emergency Preparedness Solicitation for Fiscal Year 2025 (07/01/2024-06/30/2025)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 9/29/2023
For grant starts 4/1/2024 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of several required components including an electronic portion submitted via online and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, June 12, 2024 so access to the online application can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, ElectronicFundsTransfer (EFT), 1099 Form and current address.

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

Note: Subrecipients future payments will be held for any subrecipient that currently receives a paper check if the EFT information is not updated in the supplier portal.

The application summary information is provided to assist your agency in identifying funding criteria:

A. Policy and Procedures: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and any updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations, and procedures for the preparation of all subrecipient applications. The OGAPP manual is available on the ODH website (click or copy and paste the following link into your web browser: https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual).

Updates to policies and procedures can be found on the GMIS bulletin board. All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the Budget Justification templates listed on the GMIS bulletin board.

Budget Justification Certification language

- 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 the agency's policy with 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. Application Name: Public Health Emergency Preparedness Program

C. Purpose: To build and maintain effective public health emergency management programs across six key domains (strategies) and 15 PHEP Capabilities.

The 2018 Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health can be accessed here: https://www.cdc.gov/orr/readiness/capabilities/

D. Qualified Applicants: All applicants must be a local public or non-profit agency. Applicant must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B). Additionally, each applicant agency must meet the following requirements:

- Have a full time *Triad* consisting of a full time Health Commissioner (or full time Administrator who has been delegated full authority in writing to provide agency oversight in the absence of the Health Commissioner), a full time Environmental Health Director and a full time Director of Nursing.

  Explanation: This requirement assumes a full-time (approximately 40 hours per week or local equivalent) Health Commissioner and/or Administrator, Environmental Health Director, and Director of Nursing servicing the health district holding the PHEP subgrant, either through direct employment, contracted services, or other Board approved arrangement. **The subrecipient must notify the Bureau of Health Preparedness (BHP) Preparedness Program Monitoring Unit (PMPU) Consultant immediately via email of any changes to the LHD Contact Information Sheet (Attachment #1). The updated LHD Contact Information Sheet (Attachment #1) must be submitted to identify any changes within 15 days of the LHD Contact Information Sheet change via email and GMIS.**

  - In health districts that employ a part-time Health Commissioner, the Board may approve an Administrator to make decisions for the Health Commissioner during times when the Health Commissioner is not available. In such instances, the authority of the Administrator must be specified in writing and include emergency preparedness responsibilities. Emergency preparedness responsibilities must include all decisions related to addressing the requirements of the PHEP subgrant, as well as authority to direct the health district and take administrative action and make operational decisions needed to respond to an emergency, including expenditure of funds, human resource decisions, activation of Incident Command Structure, authorization of delegations of authority, and other administrative-type duties.

- **SHORT-TERM TRANSITIONS:** During a short-term transition period between Health Commissioners or Administrators, the health district may implement a Board approved agreement, contract, or other similar arrangement with a qualified entity to serve as the Health Commissioner and/or Administrator, but any such arrangement must provide full-time (40 hour per week) coverage for the position. Again, an Administrator may be delegated authority by the Board to make decisions in place of the Health Commissioner, but that authority shall be specified in writing and address all issues explained within this document. In addition, the person providing services during the vacancy must not serve in a different Triad role within a health district (for instance an Environmental Health Director may not provide coverage for the Health Commissioner). If the applying agency is experiencing a transition in leadership at the time of application that results in an incomplete Triad, a letter from the agency head, administrator with delegated authority, or Board of Health must be submitted describing the timeline for hiring and onboarding the role(s). It is the subrecipients responsibility to keep ODH informed of any transitions and vacancies and be responsive to requests for information. It is the expectation of ODH that a subrecipient will use its best efforts to complete any transitions in an expedient manner.
- **SPECIAL CIRCUMSTANCES:** In the case where the Board has indicated to ODH that they are exploring the merger of two health districts or have taken action to initiate such merger, ODH may approve the Board to consider an agreement, contract, or other arrangement to share Health Commissioners between the two health districts being merged. However, during such time period, an Administrator shall be named to handle emergency preparedness functions during the times when the Health Commissioner is not physically present within each health district. The authority of the Administrator must be specified in writing and address all emergency preparedness responsibilities specified previously.
- No member of the Triad may serve more than one role in the Triad.
- No member of the Triad may serve as the designated epidemiologist. Jurisdictions are advised to use caution when having the designated epidemiologists cover other positions (e.g., Emergency Response Coordinator) or when having a member of the Triad serve as the additional/consultation epidemiologist to ensure adequate coverage in the event of public health responses as defined in the Appendix E.

- **PHEP CORE APPLICANTS ONLY:** Must have or contract for services to have at least one (1) FTE epidemiologist per 300,000 population (referred to as the designated epidemiologist). Agencies' coverage areas with populations greater than 300,000 will need to ensure Epidemiology coverage as defined in the Appendix E. The epidemiologist must follow the Epidemiology Position Expectations (see Appendix E). All designated and consultation/support epidemiologists must meet at least the criteria listed in the Appendix E for a Tier 1(Entry-Level or Basic Epidemiologist), adopted from the Council for State and Territorial Epidemiologists' (CSTE) and Centers for Disease Control and Prevention's (CDC) Applied Epidemiology Competencies (AECs). Preferably, the FTE primary epidemiologist is one staff member; if this position is made up of multiple individuals, for the first 1.0 FTE required to meet this staff-to-population ration, each individual must commit a minimum of 50% of his/her time to epidemiology and surveillance activities.
- **ALL APPLICANTS:** Must have updated all agency information in Ohio's Health Department Profile and Performance Database. Where applicable, the information in the Ohio Health Department Profile and Performance Database must match the information provided by the agency in the LHD Contact Information Sheet (Attachment #1). This information will be verified as a part of the Application review. Utilize the following link to access the Database: https://odhgateway.odh.ohio.gov/ApplicationList.aspx
- **Upon acceptance of funding for the Public Health Emergency Preparedness Grant, the PHEP Core grant subawardees agree to adhere to the following:**
  - PHEP Epidemiologist Coverage and Position Requirements as identified in Appendix E

Public Health Emergency Preparedness Grant Expectations for PHEP Core Subrecipients identified on Appendix F. This document must be signed by the Health Commissioner or Administrator who has been delegated authority by the Board to make decisions in place of the Health Commissioner.

NOT APPLICABLE. See Original PH25 Public Health Emergency Preparedness Solicitation on December 6, 2023.

- **PHEP REGIONAL APPLICANTS ONLY:**
  - **Upon notification of award (receipt of the NOA) for the Regional Public Health Emergency Preparedness Grant, the eight Regional Public Health Coordination subawardees will:**
    - Identify an individual to serve as the Regional Public Health Coordinator (RPHC) role within 60 days.
    - Submit an updated Attachment #1 if applicable, identifying an RPHC within 10 business days of filling the position. The subrecipient must notify the Bureau of Health Preparedness (BHP) Preparedness Program Monitoring Unit (PMPU) Consultant via email immediately of filling the position. This individual must have expertise in public health preparedness and response, especially plan development and review to serve as a resource to the region.
    - The Regional Public Health Coordinator Grant will adhere to the requirements as identified on the RPHC PHEP Regional Public Health Coordinator Grant Requirements (see Appendix G). This document must be signed by the Health Commissioner or Administrator who has been delegated authority by the Board to make decisions in place of the Health Commissioner.

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

1. The applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. The applicant has not been certified to the Attorney General's (AG's) office.
3. The applicant has submitted an application and all required attachments by **4:00 p.m. on Wednesday, June 26, 2024.**

E. Service Area: See Appendix H

- Core Public Health Emergency Preparedness – All counties in the state will have at least one subrecipient. Please refer to Appendix C2 regarding funding available for PHEP Core (**Hardin County only**).

  Multi-jurisdictional counties:
  Counties that have more than one local health agency within their borders must collaborate to ensure adequate public health emergency preparedness across the county. The local health agencies in those jurisdictions are encouraged to collaborate and determine one applicant. In this instance, the applying agency should submit letters of support from the local health agencies within the county describing expected roles and responsibilities of each agency for ensuring adequate public health emergency preparedness across the county. The letter should also describe if/how funding will support these activities. Letters must be signed by the supporting local health agency Health Commissioner or Administrator and uploaded by the applying agency with the application.

  If letters of support are not provided at the time of the application, possibly due to competition amongst the local health agencies, the awardee will be required to submit letters of support describing how collaboration will occur at the beginning of the budget period.

  Applying for more than one PHEP Core award:
  If a local health agency does not meet the minimum requirements in *Section D: Qualified Applicants*, another local health agency may apply for funding on their behalf. The applying agency must submit the required documents as identified on Appendix D on behalf of the county jurisdiction for whom the applicant is submitting.

Additionally, a letter of support must be submitted from the LHD for which a PHEP application is being submitted on their behalf. The letter must be signed by the Health Commissioner or Administrator who has been delegated authority by the Board to make decisions in place of the Health Commissioner. The letter must identify the expected roles and responsibilities of the agency or agencies for which grant funds are being sought. Each county LHD receiving PHEP grant funds on behalf of another county LHD must require the completion of all grant deliverables as outlined in the PHEP grant for PHEP Core subrecipients.

- **Regional Public Health Planning –** Service area is defined as each Ohio Homeland Security Planning Region. Please refer to Appendix H "Public Health Emergency Preparedness Planning Region" map. One award per region will be made.

- **Cities Readiness Initiative –** Applicant's metropolitan area as defined by the Centers for Disease Control and Prevention (CDC) as identified on the Cities Readiness Initiative (CRI) Map. (See Appendix I)

F. Number of Grants and Funds Available:

Core Public Health Emergency Preparedness – 1 grant will be awarded for a base amount of $65,000 for Hardin County

NOT APPLICABLE. See Original PH25 Public Health Emergency Preparedness Solicitation on December 6, 2023.

Regional Public Health Planning – Up to eight (8) grants will be awarded for a total amount of $620,568.00.
Cities Readiness Initiative – Up to twenty (23) grants will be awarded for a total amount of $1,414,218.
These funding levels are determined by the Centers for Disease Control and Prevention (CDC) and are contingent upon the availability of funds.

*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.*

G. Due Date: All parts of the application, including any required attachments, must be completed, and received by ODH electronically via GMIS by **4:00 p.m. by Wednesday June 26, 2024.** Applications and required attachments received after this deadline will not be considered for review.

Contact Renee Dickman (614) 929-4633 or renee.dickman@odh.ohio.gov with any questions.

H. Authorization: Authorization of funds for this purpose is contained in Amended Substitute House Bill [64] and/or the Catalog of Federal Domestic Assistance (CFDA) Number 93.069.

I. Goals: To build and maintain effective public health emergency preparedness programs across the six key domains, (strategies) and 15 PHEP capabilities.

The 2018 Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health can be accessed here:
https://www.cdc.gov/orr/readiness/capabilities/

Additionally, funding will support the following Initiatives:

- **Regional Public Health**

Regional plans incorporate an accurate hazard analysis and risk assessment, including identifying areas with individuals with access and functional needs, and ensure capabilities required to prevent, protect and mitigate against, respond to and recover from acts of terrorism, natural disasters, and other emergencies are available when and where they are needed.

- **Cities Readiness Initiative (CRI)**

To conduct Cities Readiness Initiative (CRI) activities. CRI is a program to aid cities in increasing their capacity to deliver medicines and medical supplies during a large-scale public health emergency such as a bioterrorism attack or a nuclear accident within 48 hours.

J. Program Period and Budget Period: The program period will begin July 1, 2024 and end on June 30, 2029. The budget period for this application is July 1, 2024 through June 30, 2025.

K. Public Health Accreditation Board (PHAB) Standard(s):

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

This grant program will address the following PHAB standards:

Standard 2.1: Conduct timely investigations of health problems and environmental public health hazards.
Standard 2.2: Contain/mitigate health problems and environmental public health hazards.
Standard 2.3: Ensure access to Laboratory and Epidemiologic/Environmental Public Health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.
Standard 2.4: Maintain a plan with policies and procedures for urgent and non-urgent communications.
Standard 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.
Standard 4.1: Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.
Standard 4.2: Promote the community's understanding of and support for policies and strategies that will improve the public's health.
Standard 5.1: Serve as a primary and expert resource for establishing and maintaining public health policies, practices, and capacity.
Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/State/Community health Improvement Plan
Standard 5.3: Develop and implement a Health Department organizational strategic plan
Standard 5.4: Maintain an all hazards Emergency Operations Plan

The PHAB standards are available at the following website:

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

L. Public Health Impact Statement: All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

1. *Public Health Impact Statement Summary* — Applicants are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page,

must include

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- **standard 1.3:** Analyze Public Health Data to identify trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. *Public Health Impact Statement of Support* —Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, note this when submitting the program summary with the grant application. If an applicant has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

3. *Evidence of Health Equity Strategies*
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 for Ohio's health data) at **https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/.**

   2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused. Ohio Health Improvement Zones (OHIZ) refers to the socioeconomic and demographic factors that affect the resilience of individuals and communities – the ability to prevent human suffering and financial loss in a disaster. By understanding where these populations are located and what factors contribute to their levels of risk, Ohio Health Improvement Zones can aid in all phases of improving health in communities. Interactive maps, census tract information and more can be found on the OHIZ Dashboard: https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones.

   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.
https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf

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 aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to use.

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 the 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.

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

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:
The following information is provided to explain key health equity concepts and terms.

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 diseases, death, or disability is 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, prevalenceand/or mortality rates of diseases or health conditions. Health is largely determined by where peoplelive, 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 combinationof 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 is 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.

M. 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.

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.
b. At-risk population
c. Mental health population
d. Homeless population
e. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

_____Applicable _X___Not Applicable to (PHEP Application)

N. **Appropriation Contingency:** 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 in the event of a delay in grant payments.

O. **Programmatic, Technical Assistance and Authorization for Internet Submission:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Renee Dickman (614) 929-4633 or renee.dickman@odh.ohio.gov.

P. **Acknowledgment:** An application submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

Q. **Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms must be uploaded into GMIS by **Wednesday, June 26, 2024, at 4:00 p.m.**

R. **Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of the funds.

S. **Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, a written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant via GMIS.

T. **Review Criteria:** All proposals will be graded on the quality, clarity, and completeness of the application. Applications will be graded according to the extent to which the proposal:

1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available.
3. Is well executed and can attain program objectives.
4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, (SMARTIE) milestones and outcomes with respect to timelines and resources.
5. Estimate reasonable cost to the ODH, considering the anticipated results.
6. Show that program personnel are well qualified by training and/or experience for their roles in the program, and the applicant organization has adequate facilities and personnel to reflect the communities served through grant funds.
7. Have an evaluation plan, including a design for determining program success and demonstrate that the community being served will be meaningfully engaged in formative and outcome evaluations.
8. Respond to the special concerns and program priorities specified in the Solicitation.
9. Have acceptable past performance in areas related to programmatic and financial stewardship of grant funds.
10. Are compliant with OGAPP.
11. Explicitly identify specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity.
12. Describe activities which support the requirements outlined in Sections I. thru M. of this Solicitation Program.
13. Achieve a minimal score of the following on the Application Review Score Sheet (See Appendix D):

PHEP Core-1

ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given solicitations. There will be no appeal of the Department's decision.

U. **Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture.

V. **Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

"This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Office of Health Preparedness, Public Health Emergency Preparedness and as a sub-award of a grant issued by Centers for Disease Control and Prevention under the Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements CDC-RFA- TP12-1201, and CFDA number 93.074."

W. **Reporting Requirements:** Successful applicants are required to submit subrecipient program and expenditure reports. The reports must be received in accordance with the requirements of the OGAPP manual and this solicitation before the department releases any additional funds.

Note: Failure to ensure the quality of reporting by 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: Subrecipients program reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. **Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

_____Program Reports Required __X__No Program Reports Required

Period	Report Due Date

Submission of subrecipient program reports via GMIS indicates acceptance of the OGAPP.

b. Subrecipient Reimbursement Expenditure Reports: Subrecipients can choose monthly or quarterly reimbursements (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient monthly reimbursement expenditure reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
July 1 – 31, 2024	*August 10, 2024*
August 1 – 31, 2024	*September 10, 2024*
September1 – 30, 2024	*October 10, 2024*
October 1 – 31, 2024	*November 10, 2024*
November 1 – 30, 2024	*December 10, 2024*
December 1 – 31, 2024	*January 10, 2025*
January 1 – 31, 2025	*February 10, 2025*
February 1 – 29, 2025	*March 10, 2025*
March 1 – 31, 2025	*April 10, 2025*
April 1 – 30, 2025	*May 10, 2025*
May 1 – 31, 2025	*June 10, 2025*
June 1 – 30, 2025	*July 10, 2025*

Subrecipient quarterly reimbursement expenditure reports **must** be completed and submitted **via GMIS** by the following dates: (**please see example below**).

Period	Report Due Date
July 1 – September 30, 2024	*October 10, 2024*
October 1 – December 31, 2024	*January 10, 2025*
January 1 – March 31, 2025	*April 10, 2025*
April 1 – June 30, 2025	*July 10, 2025*

Note: Obligations not reported in 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 5, 2025. The information contained in this report mustreflect the program's accounting records and supportive documentation. Any cash balances mustbe returned with the Subrecipient final expense report, which serves as an invoice to return unused funds.

- *Submission of the Monthly/Quarterly and Final subrecipient expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button constitutes an authorization of the submission the agency official and serves as an electronic acknowledgment and acceptance of OGAPP rules and regulations.*

X. **Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time-period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted to GMIS.

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

1. Advancement of political or religious points of view
2. Fund raising and investment management costs
3. Dissemination of factually incorrect or deceitful information
4. Consulting fee for salaried program personnel to perform activities related to grant objectives
5. Advertisement – other than for recruitment or procurement or if required by the specified program's Solicitation
6. Bad debts of any kind
7. Contributions to a contingency fund or reserve
8. Entertainment
9. Alcoholic Beverages
10. Fines and penalties
11. Legal fees incurred in defense of any civil or criminal fraud proceeding
12. Membership fees -- unless related to the program and approved by ODH
13. Loan or the principle amount of mortgage payments
14. Contributions made by program personnel
15. Costs to rent equipment or space owned by the funded agency
16. Impatient services

17. Purchase or improvement of land; the purchase, construction, or permanent improvement of any building
18. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds
19. Lodging, travel and meals over the current state rates. See Ohio Shared Services Website for hotel rates and Meals Per Diem at: http://www.ohiosharedservices.ohio.gov/TravelExpense
20. All costs related to out-of-state travel, unless prior approved by ODH
21. Training longer than one week in duration, unless prior approved by ODH
22. Contracts, for compensation, with advisory board members
23. Goods or services for personal use regardless if reported as taxable income to employee
24. Grant-related equipment costs greater than $1,000, unless justified and approved by ODH
25. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants
26. Gas Card/Vouchers unless specified in the Federal program guidelines and included in the Solicitation
27. Promotional items (include items with slogans, logos, agency name/address, messaging). Promotional like items must be preapproved prior to submitting in agency subgrant program budget (e.g., to water bottles, t-shirts, totes that do not include slogans, logos, agency name/address, messaging).
28. Office furniture (Refer to OGAPP Manual)
29. Costs identified as unallowable per the Centers for Disease Control and Prevention Public Health Emergency Preparedness federal notice of funding opportunity.

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.

AA. **Audit:** Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that spend $750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the $750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to https://harvester.census.gov/facweb/ or to the ODH Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subrecipient audit reports (finalized and published, and including the audit Management Letters, ifapplicable) **which include internal control findings, questioned costs or any other material findings, must include a cover letter which:**

- Lists and highlights the applicable findings.
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through ODH.
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP must be attached to the cover letter.

AB. Application Submission: Formatting Requirements:

- Properly label each item of the application packet (e.g., 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 on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program narrative should not exceed twelve (12) pages (**excludes** appendices, attachments, budget, and budget narrative).
- Use a 12-point Calibri font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

Complete & submit online.

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
   - Other Direct Costs
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form. Must have an active SAM.gov registration.
8. Change request in writing on agency letterhead **(Existing agency with tax identification number, name and/or address change(s)).**
9. If not previously submitted, if all federal funding expensed equals or exceeds $750,000, upload the current audit to https://harvester.census.gov/facweb/ or if less than $750,000, email audit to audits@odh.ohio.gov.
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program [(list each one or "NONE")]

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding is submitted to ODH.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application constitutes an authorization by the agency official and serves as an electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.

A. Application Information: Information on the applicant agency and its administrative staff must be accurately completed.This information will serve as the basis for necessary communication between the agency and ODH.

B. Budget: Prior to completion of the budget section, please review page 16-17 of the Solicitation for unallowable costs. The subrecipient must submit the Budget Justification (see Attachment #3) signed by the Agency Head.

A match of 7.7 % is required by this program contingent upon the federal award. This match amount must be included in the applicant share column of the Budget Summary page with a match plan in the narrative. See Appendix K for additional information regarding Match requirements. The subrecipient must submit the Match letter (Attachment 2) with the grant application. The letter must be on agency letterhead and signed by the Health Commissioner or Administrator who has been delegated authority by the Board to make decisions in place of the Health Commissioner. Match funds may support personnel, their training, travel (see OBM website: http://obm.ohio.gov/TravelRule/default.aspx, and supplies directly related to planning, organizing and conducting the initiative/program/activity described in this announcement.

1. **Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met.

2. **Personnel, Other Direct Costs, Equipment and Contracts:** For deliverable subgrants submit a budget for this section and the necessary form(s) to support costs forthe period July 1, 2024 to June 30, 2025. The applicant shall retain all original fully executed contracts on file.

   Funds may be used to support personnel, their 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 initiative/program/activity described in this announcement.

   All subrecipient personnel paid using any portion of this subgrant must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.

   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 service 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.

   The applicant shall itemize all equipment (minimum $1,000, unit cost value) to be purchased with grant funds in the Equipment Section.

   The applicant shall retain all original fully executed contracts on file.

3. **For base funded subgrants [Indirect (Facilities and Administration): Note to Applicant — please select one of the 3 options that apply.**

   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 on indirect costs, please see section B2.11 of OGAPP.

4. **Compliance Section:** Answer each question on this form in GMIS as accurately as possible.

C. Assurances Certification: Each subrecipient must submit the assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via 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 submitting the application, the subrecipient agency acknowledges the financial standards of conduct as stated herein.

D. Project Narrative:

1. **Executive Summary:** The applicant must identify the target population, funding for which the applicant is applying (refer to Appendix C2) and the public health problem(s) that the program will address.

2. **Description of Applicant Agency/Documentation of Eligibility/Personnel:**
Briefly discuss the applicant agency's eligibility to apply based on the criteria described in Section D. Summarize the agency's structure as it relates to this program and how it will manage the program.

Specifically, the applicant should describe:

a) The agency's existing preparedness capacity including the agency's preparedness staffing levels, triad, and epidemiology coverage.
b) The process to ensure timely submission of grant deliverables and other administrative requirements (expenditure reports, staffing changes, etc.)
c) Potential challenges for timely submission of grant deliverables and their plan for navigating those challenges to ensure deliverables can be submitted on time.
d) How the Emergency Response Coordinator/PHEP Program Coordinator will successfully manage the demands of the position and any competing roles/priorities.
e) How the Class A reporting number during and after business hours will be maintained.
f) How the local health department(s) is able to be contacted by ODH or any other local/state partners after business hours for the purposes of epidemiologic investigations.
g) The capacity of the organization, personnel, or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with Disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities. (see standards below)
    - National CLAS Standards

https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are, culturally%20and%20linguistically%20appropriate%20services.

- ADA Standards for Effective Communication https://www.ada.gov/effective-comm.htm

3. **Problem/Need:** Identify and describe the local preparedness capability and concern(s) that will be addressed by the program. Only provide national and state data if local data is not available. Include a description of other agencies/organizations, in your area, also addressing this problem/need.

4. **Methodology:** The program goals are supported through the completion of deliverables provided by the Bureau. Please describe how your agency will complete this work and build preparedness capacity in the jurisdiction.

Specifically, each applicant should describe:

a) How the agency identifies and plans to partner with access and functional needs organizations to address their needs during a public health emergency.

NOT APPLICABLE. See Original PH25 Public Health Emergency Preparedness Solicitation on December 6, 2023.

Regional applicants must also describe:

a) How the applicant would leverage funding to improve planning across the region.
b) Barriers to collaboration in the region and steps the agency would take to mitigate.
c) Communication and engagement plan for local health departments in their region.

CRI applicants must also describe:

a) How obtaining the CRI grant will support the jurisdiction's planning effort beyond PHEP Core activities.

E. **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire 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 online automatically with each application online.

F. **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grants are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, 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 new applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. 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 .

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

A minimum of an original and the indicated number of copies of non-Internet attachments are required.

G. Attachment(s): Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted in GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word, or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments must be uploaded in GMIS by **4:00** p.m. on or before **Wednesday, June 26, 2024, at 4:00 p.m.**

III APPENDICES

A. Notice of Intent to Apply for Funding
B. GMIS Access Request Form
C. C1. Deliverable Descriptions
   C2. Deliverable Allocations
D. Appendix D – Score Sheet
E. Appendix E – PHEP Epidemiologist Coverage and Position Requirements
F. Appendix F – PHEP Core Public Health Coordinator Expectations
G. Appendix G – PHEP Regional Public Health Coordinator Expectations
H. Appendix H – PHEP and HPP Regional Map
I. Appendix I– Cities Readiness Initiative Map
J. Appendix J– Match Guidance and Requirements
K. Appendix K – Epidemiology Verification Form

ATTACHMENTS

1. Attachment 1 - Subrecipient Contact Information
2. Match Letter Template
3. Budget Justification Narrative Template

Appendix A

Reimbursement Type
Select one of the options below:
☐ Monthly
OR
☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Bureau of Health Preparedness

ODH Program Title:
Public Health Emergency Preparedness

Submission Required
See due date below.

New Applicants must submit the GMIS Access form with the Notice of Intent to Apply for Funding Form

ALL THE INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency_____ Federal Tax Identification Number_____

Geographic Area Applying to Cover_____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency *(Check One)*

☐ County Agency ☐ Hospital ☐ Local Schools
☐ City Agency ☐ Higher Education ☐ Not-for Profit

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 for a new agency, NOIAF's will not be accepted if the name doesn't match what is listed in GMIS. If the agency head needs to be updated in GMIS, please include a letter on the agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who currently have access to the ODH GMIS system? YES ☐ NO ☐

If yes, no further action is needed. If not, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set up and 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 must be set-up and maintained in 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.

THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO preparedness.grants@odh.ohio.gov BY **June 12, 2024.**

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the duedate. NOIAF's considered late will not be accepted.

Appendix B

This form must be submitted with the Notice of Intent to Apply for Funding Form for all new ODH applicants.

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that the account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on the ODH web site:* https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/. *ODH Grants Page – "GMIS Training Resource" Section.*

Date: _____

Check the type of access and complete the information requested:

[_] Employee —needs GMISTraining

[_] New Employee —needs GMIS Access. Effective Date of Activation: _____

[_] Existing Employee —New GMIS User or GMIS User Access Change.

Effective/Change Date:_____

[ ] Deactivation —User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only:Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0):_____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

Employee Name (no nicknames):

Employee JobTitle:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

User Access Section: Please check all that applies and enter requested information:Email Notifications: [ ]Yes [ ] No

GMIS Project Number(s) user needs access to: _____ _____

_____ _____ _____

_____ _____ _____

Authorization Signature for User Access/Change/Deactivation:

_____ _____

Signature of Agency Head or Agency Financial Head | Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received:_____Date Processed:_____

Deliver Requests to Maria Kapenda, Data System Administrator, 614-620-5184

Scan & Email: Maria.Kapenda@odh.ohio.gov

Appendix C1

Name of Subgrant Program: Public Health Emergency Preparedness Core
Budget Period: July 1, 2024 – June 30, 2025 (BP1)
# of Deliverables: 15
Use Budget Justification Scenario #: PHEP Budget Justification – Attachment 3

100% Deliverables

Deliverable – Objective 1: Performance Measures
Domain: Countermeasures and Mitigation
Capability: 3, 8, 15

Description: CDC utilizes the performance measures as one method of measurement to assess progress across all six PHEP domains, strategies, activities, and outcomes. The information sharing and volunteer management deployment drills are outcome measures that are collected by ODH bi-annually, aggregated and submitted to CDC for a national picture of preparedness. The information sharing performance measure falls into the "Timely Communication of Situational Awareness and Risk Information by Partners" program measure and the volunteer deployment performance measure falls into the "Timely Coordination and Support of Response Activities with Health Care and Other Partners" program measure. In each of these drills, the subrecipient should involve their critical infrastructure personnel. Documenting performance measure outcomes through program measures is one of methods of assessment across all PHEP domains that aids in a national level of preparedness and PHEP program impact. Drill must occur at least 5 months apart.

Successful Completion of the Deliverable(s) Includes:

- **Objective 1.1:** By September 1, 2024, the subrecipient must submit into GMIS a completed ***Volunteer Deployment Performance Measure*** form and ***Information Sharing Performance Measure*** *form.* _____3%

- **Objective 1.2:** By April 1, 2025, the subrecipient must submit into GMIS a completed ***Volunteer Deployment Performance Measure*** form and ***Information Sharing Performance Measure*** *form.* _____3%

Deliverable – Objective 2: Ohio Department of Health Statewide Integrated Preparedness Planning Workshop (IPPW)
Domain: Community Resilience
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 ***BP1/SFY25 Exercise Deliverable Technical Assistance*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 2.1:** By September 1, 2024 the subrecipient's Emergency Response 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. _____3%

Deliverable – Objective 3: POD Staff Training
Domain: POD Essentials Training
Capability: 8

Description: In the event of a public health emergency, such as a pandemic or bioterrorism attack, the efficient dispensing of medical countermeasures to the affected population is critical to prevent further spread of disease. Trained workers can help to streamline the process by preparing vaccination and medication stations, managing queues, and providing accurate information to the public. Training workers for points of dispensing of medical countermeasures is of utmost importance as they play a significant role in providing relief during emergency situations.

The subrecipient must provide an in-person POD Essentials training, for their designated POD workers and identified volunteer staff. Coordination of this course will entail scheduling of location; date/time; providing materials for the course; and providing certificates of completion to those who have successfully completed the course. The subrecipient must utilize a sign-in sheet to account for attendance at the training. The training must cover:

- All aspect of setting up a POD, including location and accessibility,
- Address each type of POD,
- Address medical and non-medical POD types (Pills/vaccine vs PPE),
- Include an overview of each of the stations,
- Cover the duties and responsibilities for each position within the POD,
- Address any Just in Time training materiel that is available.

Successful Completion of the Deliverable(s) Includes:

- **Objective 3.1:** By October 1, 2024, the subrecipient must coordinate an in-person POD worker training that includes all identified POD staff positions, including volunteers is encouraged. Submit the sign in sheet and agenda to verify completion via GMIS. _____10%

Deliverable – Objective 4: Internal Information Exchange
Domain: Incident Management, Information Management
Capability: 3, 4, 6

Description: Internal information exchange during an incident provides the jurisdiction the ability to exchange health-related information and situational awareness. There are several strategies to share information and manage a response. One of the most common methods of information sharing is utilizing Situation Reports (SITREPs). SITREPs are communication tools that keep internal and external partners informed of evolving and changing circumstances during an emergency. While the information identified in a SITREP can vary based on applicability, the minimum information should include observed developments in the incident (such as changes in location or severity), resources requested or deployed, response actions taken, and the extent of damage incurred.

This deliverable is intended to ensure local health departments have a strategy for internal notification of an incident, and a means to distribute information that creates a common operating picture. The subrecipient must provide a Situation Report (SITREP) and list of internal partners that will receive the SITREP following an accidental chemical release scenario. Additionally, local health departments will document the notification, describing how and when incident information is shared.

Successful Completion of the Deliverable(s) Includes:

- **Objective 4.1:** By November 1, 2024, the subrecipient must submit into GMIS the subrecipient's SITREP, list of internal partners, and internal incident notification process with requirements according to the ***Internal Information Exchange Rubric***. _____8%

Deliverable – Objective 5: Risk Communication
Domain: Information Management
Capability: 1, 4, 6

Description: Strengthening risk communications activities improves the ability of jurisdictions to disseminate critical public health information and warnings. During an incident, risk communication and distribution strategies will strengthen the public's trust and response. Within public health preparedness, there is a special emphasis on addressing the needs of populations with access and functional needs. Specifically, the needs that interfere with their ability to access or receive emergency support before, during, or after a disaster/emergency. Local health departments must consider the Access and Functional Needs (AFN) and other special populations when developing a risk communication strategy, using tools such as the RAPT Tool and ODH Equity Dashboard.

The intent of this deliverable is for subrecipients to utilize collaborative partnerships to develop materials that could be distributed to their community, as well as ensuring their distribution strategy details how their agency will provide incident or emergency messaging in accordance with their current Communications Annex.

Successful Completion of the Deliverable(s) Includes:

- **Objective 5.1:** By December 1, 2024, the subrecipient must submit into GMIS a completed ***Risk Communication Distribution Strategy Workbook***, an example of incident/emergency messaging applicable to your population, and a list of partners to assist in external information distribution. _____9%

Deliverable – Objective 6: BP1 – BP5 PHEP Core Integrated Preparedness Plan (IPP)
Domain: Community Resilience
Capability: 1

Description: Subrecipients will submit the five-year (BP1-BP5) PHEP Core IPP to include jurisdictional content on preparedness activity considerations, overall preparedness priorities and reporting, training report, exercise report, a multi-year schedule of preparedness activities and completed Hazard Vulnerability Assessment (HVA). The proposed preparedness priorities and activities should be clearly linked to the jurisdictional HVA. The jurisdictional HVA will be submitted as an appendix to the overall PHEP Core IPP.

The IPP deliverable is a foundational 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 jurisdiction. Deliverable submission checklists and instructions for the PHEP Core IPP are located in the ***PHEP Core IPP Template.***

Successful Completion of the Deliverable(s) Includes:

- **Objective 6.1:** By December 15, 2024 the subrecipient must submit into GMIS the five-year jurisdictional IPP and required appendices on the ***PHEP Core IPP Template.*** _____11%

Deliverable – Objective 7: Tactical Communications
Domain: Information Management
Capability: 6

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 purpose of this deliverable is to sustain redundant, interoperable communications systems. Upon the completion of this deliverable, redundant communications systems will be tested and a report indicating message response rate will be generated.

Successful Completion of the Deliverable(s) Includes:
The subrecipient must conduct alerting drills utilizing the agency's redundant communication system to prompt agency-designated staff to respond to the activation of a dispensing campaign, simulated emergency, or volunteer activation. Template language for messaging is available, but not required.

1. The subrecipient must report the completed action on the ***Communications Worksheet***.
2. The subrecipient must attach a report from the alerting system that reflects responder acknowledgment rate of 75% or above within four hours of drill activation. If 75% acknowledgement is not achieved, the alerting drill must be conducted again until 75% acknowledgement is achieved prior to GMIS submission.

- **Objective 7.1:** By December 15, 2024, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report. _____2%

- **Objective 7.2:** By June 15, 2025, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report. _____2%

Deliverable – Objective 8: Volunteer Management Standard Operating Procedure
Domain: Volunteer Management
Capability: 15

Description*:* The implementation of mitigative measures to evaluate agency volunteers as physically and mentally capable of continuing response activities during acute and long-term responses can aid in preventing burn out in volunteer staff, and subsequently, supporting retention post-incident. Local public health agencies should identify a process as to how this measure will be addressed upon check in of volunteers to their shift.

Successful Completion of the Deliverable(s) Includes:

- **Objective 8.1:** By February 15, 2025, the jurisdiction will provide a standard operating procedure that details the volunteer check-in process. This process should be targeted to the provision of oversight and evaluation of volunteer mental and physical fitness for responding to an incident. _____5%

Deliverable – Objective 9: Participate in the Planning and Conduct of the PHEP Regional Chemical Tabletop Exercise (TTX) and After-Action Report/Improvement Plan
Domain: Community Resilience, Incident Management
Capability: 1, 3

Description: Subrecipients conduct exercises and complete subsequent after-action report/improvement plans (AAR/IPs) to capture demonstrated performance, local capability, and to identify gaps.

In BP1, subrecipients will participate in the planning and execution of the PHEP Regional Chemical TTX. The subrecipient will participate in all planning meetings that will be coordinated by the Regional Public Health Coordinator. As part of the planning, subrecipients will be required to invite applicable local partners to include at least one (1) access and functional needs (AFN) partner. After the exercise, the subrecipient will complete an AAR/IP that documents local exercise activities and the inclusion of all local partners in the planning and execution of the exercise.

Supporting information on exercise planning, exercise partners and the associated AAR/IP can be found in the ***BP1/SFY25 Exercise Deliverable Technical Assistance*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 9.1**: By March 15, 2025, the subrecipient will attend all planned tabletop exercise planning meetings and must submit into GMIS the completed verification of attendance of all exercise planning meetings sponsored by the Regional Public Health Coordinator. _____3%

- **Objective 9.2**: By March 15, 2025, the subrecipient must submit into GMIS a completed AAR/IP that documents jurisdictional exercise participation in the regional TTX following requirements listed in the ***PHEP AAR/IP Template***._____8%

Deliverable – Objective 10: Administrative Preparedness Plan
Domain: Incident Management
Capability: 3

Description: As defined by the CDC PHEP programmatic requirements, Administrative Preparedness plans identify and mitigate barriers to the timely acquisition of goods and services, the hiring or assignment of response personnel, the receipt and disposition of emergency funds, and legal determinations needed to implement protective health measures during a public health response. Creating and maintaining an Administrative Preparedness Plan ensures that the fiscal, legal, and administrative authorities and practices that govern funding, procurement, contracting, and hiring are integrated into all stages of emergency preparedness and response for acute and long-term responses.
The subrecipient will develop or update an Administrative Preparedness Plan, either as an annex to the subrecipient's Emergency Preparedness Plan (recommended) or as a standalone plan, that addresses emergency staffing processes to include strategies to surge human resources, receipt of emergency funds, expedited procurement and contracting, and emergency legal authorities.

Successful Completion of the Deliverable(s) Includes:

- **Objective 10.1:** By April 1, 2025, the subrecipient must submit into GMIS the subrecipient's completed/updated Administrative Preparedness Plan in accordance with the requirements detailed in the ***Administrative Preparedness Plan rubric***. _____11%

Deliverable – Objective 11: POD Use in Non-MCM Spaces
Domain: Countermeasures and Mitigation
Capability: 8

Description: Looking at the East Palestine incident response we now realize that local public health departments (LHDs) may need to think outside of the box for such rare incidents that could occur at any time given for any unpredicted incidents or events. This includes the need to designate a health assessment site for mass public support in response to chemical events. LHDs have identified POD locations for medical countermeasures (MCM) dispensing which could potentially serve as a site for health assessments in a chemical incident response. Health assessment sites require more resources and privacy than a typical POD would, therefore requiring careful thought in evaluation of POD locations to serve a dual purpose for health assessment sites as well.

The subrecipient is required to complete the ***Utilization of PODs in Non-MCM Spaces handbook*** for the utilization of POD sites to support mass public engagement for any unforeseen incident response or events that may be ongoing. The subrecipient will begin to assess current POD locations and potential challenges to implanting a health assessment site to assist with mass public support to meet the needs of the public within their jurisdictions, including AFN and other special populations.

Successful Completion of the Deliverable(s) Includes:

- **Objective 11.1:** By April 15, 2025, the subrecipient must submit into GMIS the completed ***Utilization of PODs in Non-MCM Spaces handbook.*** _____5%

Deliverable – Objective 12: Medical Countermeasures Community Profile – POD Sustainment and Recruitment Annex
Domain: Medical Countermeasures Dispensing
Capability: 8

Description: The Medical Countermeasures Community Portfolio (MCCP) strives to ensure all jurisdictions across Ohio have a sound, sustainable, and dynamic medical countermeasures program. The MCCP will provide a comprehensive overview of a community's individual medical countermeasures program while ensuring program continuity for local public health through an iterative evaluation, outreach, planning, and training approach.

The ***POD Sustainment and Recruitment Annex*** assesses a community's open and closed POD systems from an equity perspective. Equitable distribution of MCMs during an emergency response and having POD sites pre-identified for equitable distribution is crucial. The ***POD Sustainment and Recruitment Annex*** requires the subrecipient to utilize data systems to determine where POD sites for the equitable distribution of MCMs need to be located within their jurisdiction. Subrecipients will be required to facilitate discussions with the partners of potential POD sites that enhance equitable distribution of MCMs and to begin working towards an MOU to utilize the site.

Successful Completion of the Deliverable(s) Includes:

- **Objective 12.1:** By May 15, 2025, the subrecipient must submit to GMIS the competed ***POD Sustainment and Recruitment Annex.*** _____5%

Deliverable – Objective 13: CHEMPACK Interactive Training
Domain: Medical Countermeasures Dispensing
Capability: 8

Description: The dispensing of medical countermeasures during a chemical response is of utmost importance. Many chemical agents are highly toxic substances that can cause severe and potentially fatal effects. The prompt administration of antidotes such as atropine and pralidoxime can significantly increase the chances of survival and minimize long-term health complications. Nerve agents can rapidly spread and affect many people within a short period. By efficiently dispensing medical countermeasures, the spread of the agent can be contained, and the overall impact on public health can be minimized. The timely administration of medical countermeasures can also provide reassurance and a sense of security to the affected population, fostering trust in the emergency response system. The quick dispensing of medical countermeasures plays a crucial role in mitigating the detrimental effects of nerve agents and safeguarding the well-being of individuals and communities during such emergencies.

The CHEMPACK training will include:

- Overview of organophosphates and nerve agents
- Signs and symptoms of exposure
- Treatment
- CHEMPACK supplies.
- Requesting CHEMPACK
- Requesting additional emergency response personnel/equipment
- Use of auto-injectors
- Hands-on demonstration of the CHEMPACK containers and the handling of the contents

Successful Completion of the Deliverable(s) Includes:
A minimum of one representative from each PHEP CORE subrecipient jurisdiction must attend a regional training coordinated by the Regional Public Health Coordinator and led by ODH MCM Unit. Each subrecipient will need to upload their certificate of completion in GMIS.

- **Objective 13.1:** By June 15, 2025, the subrecipient must submit to GMIS their certificate of completion _____3%

Deliverable – Objective 14: Biostatistics or Epidemiology Training
Domain: Strengthen Bio-surveillance
Capability: 1, 3, 6, 13

Description: Ongoing training and skill development supports a well-trained workforce that can identify, analyze, and respond to infectious disease and outbreak issues. Courses or trainings that can support this development include college-level courses, online trainings, or travel to ODH-led training events.

Successful Completion of the Deliverable(s) Includes:

- The subrecipient must attend at least four hours of professional development training or courses related to epidemiology within the project period.

1. Any college-level course within an epidemiology or biostatistics track will qualify. Courses within a general public health track that have substantial evidence of epidemiological principles will qualify upon review by ODH.
2. Online trainings, or multiple online trainings to equal at least four hours, with a certificate of completion from a public health group will qualify (for example: CDC TRAIN, NEHA courses).
3. Attendance at an ODH Outbreak Training also qualifies.
4. Note: Attendance at the ongoing Epi Discussion Series (hosted by BID on Thursdays) does not qualify.
5. Attendance at the training should be made by the Designated or Additional Epidemiologist. If not feasible, attendance by the Communicable Disease nurse, Director of Nursing, Emergency Response Coordinator, or Health Commissioner can qualify.

Successful Completion of the Deliverable(s) Includes:

- **Objective 14.1:** By June 30, 2025, the subrecipient must submit into GMIS a copy of certificate of completion or attendance record showing the date and title of the training and subrecipient attendance. _____5%

Deliverable – Objective 15: Quarterly Statewide Epidemiology Meetings
Domain: Strengthen Bio-surveillance
Capability: 1, 3, 6, 13

Description: The quarterly statewide epidemiologists' meetings are a forum for disseminating information to the PHEP epidemiologists. These meetings build relationships between epidemiologists in various jurisdictions and allow epidemiologists to learn from one another. Topics may include: regional updates, outbreak investigation techniques, disease surveillance systems and methods, vulnerable populations, and more.

Successful Completion of the Deliverable(s) Includes:

1. The subrecipient must send representation of one of the following qualified staff members: Epidemiologist, Communicable Disease Nurse, Director of Nursing, Emergency Response Coordinator, or Health Commissioner.
2. Attendance at each meeting will be documented through means provided by ODH. This may include virtual meeting sign-in, post-meeting surveys, or other opportunities identified by ODH prior to, during, or following the meetings.
3. When demonstrating attendance, representatives serving multiple jurisdictions must indicate which subrecipients they serve to receive credit for attendance.
4. If you are attending on behalf of someone else, do not sign their name. Sign your own name next to the space for theirs.

- **Objective 15.1**: By June 30, 2025, the subrecipient will submit into GMIS the attendance record demonstrating representation at all four quarterly meetings. _____4%

NOT APPLICABLE. See Original PH25 Public Health Emergency Preparedness Solicitation on December 6, 2023.

Appendix C1

Name of Subgrant Program: Public Health Emergency Preparedness Regional

Budget Period: July 1, 2024 – June 30, 2025 (BP1)

# of Deliverables: 7

Use Budget Justification Scenario #: PHEP Budget Justification – Attachment 3

100% Deliverables

Deliverable – Objective 1: Ohio Department of Health (ODH) Statewide IPPW
Domain: Community Resilience
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 ***BP1/SFY25 Exercise Deliverable Technical Assistance*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 1.1:** By September 1, 2024, the Regional Public Health 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. _____6%

Deliverable – Objective 2: Healthcare Coalition Meeting Presentation and Participation
Domain: Community Resilience, Information Management, Surge Management
Capability: 1, 6, 15

Description: The healthcare coalition (HCC) meetings promote ongoing dialogue on topics related to capabilities and preparedness activities for hospitals, public health, 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 Public Health Coordinator must present regional public health activities and coordination opportunities at each of the (4) four full/general Regional Healthcare Coalition meetings. The Regional Public Health Coordinator will provide a written Regional Public Health Report of their participation utilizing the ***BP1/SFY25 HCC Meeting Presentation and Participation Template.***

Successful Completion of the Deliverable(s) Includes:
The verbal presentation and written report must be captured within the provided Regional Public Health Report format and include the following:

1. Public health preparedness activities occurring in the region
2. Opportunities for coordination and collaboration across the coalition
3. Requests of the coalition or partners

- **Objective 2.1:** By October 15, 2024, the subrecipient must submit into GMIS, one written report utilizing the ***BP1/SFY25 HCC Meeting Presentation and Participation Template*** describing the content presented by the

regional subrecipient at one full/general Regional Healthcare Coalition meeting._____3%

- **Objective 2.2:** By January 15, 2025, the subrecipient must submit into GMIS, one written report utilizing the ***BP1/SFY25 HCC Meeting Presentation and Participation Template*** describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting._____3%

- **Objective 2.3:** By April 15, 2025, the subrecipient must submit into GMIS, one written report utilizing the ***BP1/SFY25 HCC Meeting Presentation and Participation Template*** describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting._____3%

- **Objective 2.4**: By June 1, 2025, the subrecipient must submit into GMIS, one written report utilizing the ***BP1/SFY25 HCC Meeting Presentation and Participation Template*** describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting._____3%

Deliverable – Objective 3: BP1 – BP5 PHEP Regional Integrated Preparedness Plan (IPP)
Domain: Community Resilience
Capability: 1

Description: Subrecipients submit the PHEP Regional 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 region. Deliverable submission checklists and instructions for the PHEP Regional IPP are located in the ***PHEP Regional IPP Template***.

Successful Completion of the Deliverable(s) Includes:

- **Objective 3.1:** By December 15, 2024, the subrecipient must complete and upload into GMIS the five-year PHEP Regional IPP on the ***PHEP Regional IPP Template***.___ _____16%

Deliverable – Objective 4: Regional Communities of Practice (CoP)
Domain: Community Resilience & Information Management
Capability: 1, 6

Description: The Centers for Disease Control and Prevention defines a community of practice (CoP) as a group of people that regularly interact and share a common interest or concern to improve at what they do. The preparedness regions in Ohio have fundamentally created communities of practice over the last several years where there is collective learning, collaboration, and information sharing. To enhance the work previously conducted, regional subrecipients will formalize the regional capacity building using a CoP approach. The regional subrecipient will engage local health departments and relevant community stakeholders in the region to finalize a charter and implement activities to achieve the goals described within it. CoP Charters are created to allow local jurisdictions to work together to identify and leverage best practices and standards. Following the creation of the charter, the regional subrecipient will submit progress updates regarding the activities conducted to promote information sharing, professional development, best practices, and collaboration.

Successful Completion of the Deliverable(s) Includes:

- **Objective 4.1:** By January 15, 2025, the subrecipient will submit into GMIS the ***BP1/SFY25 Regional CoP Charter.*** _____10%
- **Objective 4.2:** By April 15, 2025, the subrecipient will submit into GMIS ***CoP Charter Winter Progress Report.*** _____4%
- **Objective 4.3:** By June 15, 2025, the subrecipient will submit into GMIS **CoP Charter Spring Progress** _____4%

Deliverable – Objective 5: Regional Communications Standard Operating Guide
Domain: Information Management
Capability: 1, 2, 3, 6

Description: Regional Public Health Coordinators (RPHCs) are key resources during a public health emergency. RPHCs are expected to communicate and share information with regional stakeholder agencies, ODH, and other state agencies to promote regional coordination during an emergency. Additionally, RPHCs will provide situational awareness during incidents with public health consequences.

This deliverable is intended to ensure continuity in regional communication strategy. Subrecipients will develop or update a Regional Communications Standard Operating Guide (SOG) that will define the RPHCs' communication strategy during a response, including actionable steps to achieving regional coordination and information sharing.

Successful Completion of the Deliverable(s) Includes:

- **Objective 5.1:** By February 1, 2025, the subrecipient must submit into GMIS the subrecipient's Regional Communications Standard Operating Guide according to the requirements in the ***Regional Communications SOG Rubric***._____16%

Deliverable – Objective 6: Regional Chemical Tabletop Exercise (TTX) After-Action Report/Improvement Plan
Domain: Community Resilience, Incident Management
Capability: 1, 3

Description: Subrecipients conduct exercises and complete subsequent after-action report/improvement plans (AAR/IPs) to capture demonstrated performance, regional and local capability, and to identify gaps.
In BP1, PHEP regional subrecipients will plan and conduct a regional chemical tabletop (TTX) that includes participation of all PHEP and HPP subrecipients in the region utilizing the *"Chemical Tabletop Exercise in A Box"* materials provided by ODH. The Regional Public Health Coordinator will host all planning meetings in which PHEP and HPP subrecipients are required to participate in.

After the exercise is complete, the subrecipient will complete a regional AAR/IP that documents exercise activities and the inclusion of all jurisdictions in the planning and execution of the exercise.

Supporting information on both the exercise and AAR/IP can be found in the ***BP1/SFY25 Exercise Deliverable Technical Assistance*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 6.1**: By March 1, 2025, the subrecipient must facilitate a regional public health Chemical TTX utilizing the ODH exercise materials. The exercise must have attendance from all PHEP and HPP subrecipients and associated partners in the region. Upon completion, the RPHC must upload into GMIS the attendance list or other verification of participation from subrecipients in the exercise_____9%

- **Objective 6.2**: By March 15, 2025, the subrecipient must submit into GMIS the completed AAR/IP for the planned regional chemical TTX following requirements listed in the ***PHEP AAR/IP Template***. _____10%

Deliverable – Objective 7: Facilitation of CHEMPACK Interactive Training
Domain: Medical Countermeasures Dispensing
Capability: 8

Description: The dispensing of medical countermeasures during a chemical response is of utmost importance. Many chemical agents are highly toxic substances that can cause severe and potentially fatal effects. The prompt administration

of antidotes such as atropine and pralidoxime can significantly increase the chances of survival and minimize long-term health complications. Nerve agents can rapidly spread and affect many people within a short period. By efficiently dispensing medical countermeasures, the spread of the agent can be contained, and the overall impact on public health can be minimized. The timely administration of medical countermeasures can also provide reassurance and a sense of security to the affected population, fostering trust in the emergency response system. The quick dispensing of medical countermeasures plays a crucial role in mitigating the detrimental effects of nerve agents and safeguarding the well-being of individuals and communities during such emergencies.

The CHEMPACK training will include:

- Overview of organophosphates and nerve agents
- Signs and symptoms of exposure
- Treatment
- CHEMPACK supplies.
- Requesting CHEMPACK
- Requesting additional emergency response personnel/equipment
- Use of auto-injectors
- Hands-on demonstration of the CHEMPACK containers and the handling of the contents

Successful Completion of the Deliverable(s) Includes:

The Regional Public Health Coordinator will coordinate the facility location for the regional CHEMPACK Interactive Training. The Regional Public Health Coordinator will coordinate the date for the training to be completed. The Regional Public Health Coordinator will be responsible for tracking the attendance of at least 1 representative from each PHEP CORE subrecipient within their jurisdiction and coordinating distribution of the certificate of completion. The template for the certificate will be provided by ODH.

- **Objective 7.1:** By June 15, 2025, The Regional Public Health Coordinator will submit into GMIS the attendance roster of the training completion of this deliverable. _____13%

NOT APPLICABLE. See Original PH25 Public Health Emergency Preparedness Solicitation on December 6, 2023.

Appendix C1

Name of Subgrant Program: Public Health Emergency Preparedness Cities Readiness Initiative
Budget Period: July 1, 2024 – June 30, 2025 (BP1)
# of Deliverables: 6
Use Budget Justification Scenario #: PHEP Budget Justification – Attachment 3

100% Deliverables

Deliverable – Objective 1: Medical Countermeasures Action Plan
Domain: Countermeasures and Mitigation
Capability: 8

Description: A medical countermeasure (MCM) action plan is used to help local public health agencies achieve an "established" level of implementation for all elements of the MCM Operational Readiness Review by 2024. If a jurisdiction has already reached "established" on all three elements (descriptive, planning, and operations), other inputs may be considered, including: technical application review comments, observations from receipt, improvement items from exercises or incidents, and strategic priorities of the jurisdiction.

Successful Completion of the Deliverable(s) Includes:
Quarterly, the subrecipient must:

1. Update and submit their MCM Action Plan to their CRI Coordinator. The MCM Action Plan must follow the provided CDC template.
2. Participate in a scheduled technical assistance call with their CRI Coordinator.
3. Upload the attendance record and MCM Action Plan into GMIS.

- **Objective 1.1: By October 1, 2024, the subrecipient must submit into GMIS the Quarter 1 MCM Action Plan *and quarterly technical assistance call attendance record***. _____2.5%

- **Objective 1.2:** By January 15, 2025, the subrecipient must submit into GMIS the ***Quarter 2 MCM Action Plan and quarterly technical assistance call attendance record.*** _____2.5%

- **Objective 1.3:** By April 1, 2025, the subrecipient must submit into GMIS the ***Quarter 3 MCM Action Plan and quarterly technical assistance call attendance record.*** _____2.5%

- **Objective 1.4:** By June 15, 2025, the subrecipient must submit into GMIS the ***Quarter 4 MCM Action Plan and quarterly technical assistance call attendance record.*** _____2.5%

Deliverable - Objective 2: Jurisdictional Capability Self-Assessment Tool
Domain: Surge Management, Countermeasures and Mitigation, Information Management, and Incident Management
Capability: 3, 4, 6

Description: The CDC is expanding the ORR to assess all-hazards readiness across all Public Health Emergency Preparedness and Response Capabilities and has developed interim guidance that outlines the associated reporting requirements and

evaluation criteria. The PHEP ORR guidance is organized into three sections: descriptive and demographic, planning, and operations. CRI jurisdictions must complete the ***CRI Jurisdictional Capability Self-Assessment Tool*** to help identify areas for improvement and to better prepare jurisdictions to meet ORR requirements.

Successful Completion of the Deliverable(s) Includes:

- **Objective 2.1:** By January 15, 2025, the subrecipient must complete and upload into GMIS the ***CRI Jurisdictional Capability Self-Assessment Tool*** following the requirements listed in the self-assessment tool._____14%

Deliverable – Objective 3: Medical Countermeasure Drill
Domain: Countermeasures and Mitigation
Capability: 8

Description: Annual medical countermeasure (MCM) dispensing drills provide jurisdictional evaluation and evidence of data collection for the operational readiness of the MCM dispensing capability. The purpose of these drills is to test communication methods, simulate activation, and set up of facilities to fully execute processes which are critical to efficiency in real world responses. The three MCM drills include: Site Activation, Staff Notification and Assembly, and Facility Set Up. For the completion of this deliverable each subrecipient must conduct a full site activation, full staff notification with assembly, complete setup of a primary POD, and conduct a throughput of a minimum of 25 people or 1% of the jurisdiction's population whichever is higher, within 2hrs (does not have to be different people, the same people can go back through).

Successful Completion of the Deliverable(s) Includes:

- **Objective 3.1:** By March 15, 2025, the subrecipient must submit into GMIS the completed ***Annual MCM Dispensing Drill Form***, and the supporting evidence (if requested), in accordance with the requirements detailed in the ***Annual MCM Dispensing Drill Requirements*** document. _____20%

Deliverable – Objective 4: CHEMPACK Tabletop Exercise and After-Action Report/Improvement Plan
Domain: Medical Countermeasures Dispensing
Capability: 8

Description: Subrecipients conduct exercises and complete subsequent after-action report/improvement plans (AAR/IPs) to capture demonstrated performance, local capability, and to identify gaps. Exercising how the jurisdiction will respond in the event of a chemical incident and provide timely administration of medical countermeasures to the affected population is crucial to the public health system that can be accomplished through a discussion-based exercise.
The intent of this deliverable is to ensure that CRI jurisdictions document how the agency and jurisdiction would assist in the deployment of CHEMPACK in response to a chemical incident. Subrecipients will conduct a tabletop exercise with applicable partners and critical staff utilizing the ODH-provided exercise materials to complete the tabletop exercise. Upon completion of the exercise, subrecipients will develop and submit an AAR/IP on the ***PHEP AAR/IP Template***.

Supporting information on the exercise and associated AAR/IP can be found in the ***BP1/SFY25 Exercise Deliverable Technical Assistance*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 4.1**: By May 1, 2025, the subrecipient must submit into GMIS the completed AAR/IP on the ***PHEP AAR/IP Template*** for the CHEMPACK TTX following requirements listed in the ***CHEMPACK Tabletop in A Box.***_____18%

Deliverable – Objective 5: Social Media Assessment
Domain: Information Management

Capability: 4

Description: Local Health Departments should be a place constituents turn to for information. This is even more important with the rise of mis and disinformation. Social media is a powerful tool when a community is facing an emergency. It is

useful in identifying trending questions, finding rumors, and getting true, real-time information to the community. Completing a social media assessment will prompt discovery of which platforms to focus on to get timely information to the community. This will also help create a communications strategy with the overall goal of building trust within the community – which is critical during an emergency.

This deliverable requires subrecipients to conduct and submit a social media assessment using the ***CRI Social Media Assessment Template*** showing all current social media platforms for the organization, follower counts with the demographics you reach, current sentiments, and SMART-IE goals for improving social media presence/ building trust.

Successful Completion of the Deliverable(s) Includes:

- **Objective 5.1:** By April 15,2025, the subrecipient will submit into GMIS the completed ***CRI Social Media Assessment Template*** _____20%

Deliverable – Objective 6: Equitable Distribution of Medical Countermeasures
Domain: Countermeasures and Mitigation
Capability: 8

Description: The equitable distribution of medical countermeasures during an event, especially during public health emergencies is of utmost importance. Equitable distribution ensures that essential medical countermeasures, such as vaccines, antiviral drugs, personal protective equipment (PPE), and other life-saving interventions, reach all individuals in need. This deliverable will be focused on enhancing the jurisdictions equitable distribution of medical countermeasures during an event.

The Equitable Distribution of Medical Countermeasures workbook will focus on the following areas:

- Identifying what data resources are available to identify Access and Functional Needs (AFN) and underserved populations within the jurisdiction.
- Identifying the top five categories of AFN and underserved population types within the jurisdiction.
- Create a map showing the concentrations of the identified AFN and underserved population types within the jurisdiction.
- Identifying the organizational partners that could be utilized to reach the identified populations.
- A summary of how the jurisdictions MCM distribution plans and procedures address the distribution and dispensing of medical countermeasures to the identified AFN and underserved population locations.

Successful Completion of the Deliverable(s) Includes:

- **Objective 6.1**: By May 3, 2025, the subrecipient must upload into GMIS the completed the ***Equitable Distribution of Medical Countermeasures workbook***. _____18%

Appendix C2

Appendix C2							
Name of Subgrant Program: Public Health							
Budget Period: 1							
# of Deliverables: 15							
Use Budget Justification Scenario #: 3							
_____ Base Only							
_____ Base and Deliverables							
__X_ Deliverables Only							
SUBRECIPIENT		Objective 1.1	Objective 1.2	Objective 2.1	Objective 3.1	Objective 4.1	Objective 5.1
DELIVERABLE	Allocation	Performance Measures I	Performance Measures II	Statewide Integrated Preparedness Planning Workshop	Staff POD Training	Internal Information Exchange Rubric	Communication Distribution Strategy Workbook
WEIGHT (%)		3% (Adjusted)	3%	3%	10%	8%	9%
Hardin	$ 65,000	$ 1,950	$ 1,950	$ 1,950	$ 6,500	$ 5,200	$ 5,850

Objective 6.1	Objective 7.1	Objective 7.2	Objective 8.1	Objective 9.1	Objective 9.2	Objective 10.1	Objective 11.1	Objective 12.1	Objective 13.1	Objective 14.1	Objective 15.1
Integrated Preparedness Plan	Communication Worksheet	Communication Worksheet	Volunteer Standard Operating Procedure	Exercise Planning Meeting Participation	After Action Report and Improvement Plan	Administrative Preaparedness Plan	POD Use in Non-MCM Space	Sustainment and Recruitment Annex	CHEMPACK Interactive Training	Biostatistics or Epidemiology Training	Quarterly Statewide Epidemiology Meetings
11%	2%	2%	5%	3%	8%	11%	5%	5%	3%	5%	4%
$ 7,150	$ 1,300	$ 1,300	$ 3,250	$ 1,950	$ 5,200	$ 7,150	$ 3,250	$ 3,250	$ 1,950	$ 3,250	$ 2,600

Appendix D

NOAIF

APPENDIX D

PUBLIC HEALTH EMERGENCY PREPAREDNESS GRANT
APPLICATION SCORE SHEET
FY25- July 1, 2024– June 30, 2025

Agency Name:

Project Key:

1. Notice of Intent to Apply for Funding (NOIAF) was submitted: ☐ Yes ☐ No

2. Notice of Intent to Apply for Funding (NOIAF) was submitted by December 15, 2023: ☐ Yes ☐ No

3. NOIAF identifies which health jurisdictions are included in the application: ☐ Yes ☐ No ☐ N/A

4. Application is for: ☐ PHEP Core ☐ Regional ☐ CRI

5. Application is for a multi-jurisdiction submission ☐ Yes (if Yes, complete 6-8) ☐ No

6. Letter of support submitted for each health jurisdiction within the county jurisdiction as applicable:
   ☐ Yes ☐ Not Applicable ☐ No - Which health jurisdiction is not accounted for in the Application:

7. Letters of support signed by each Health Commissioner/Agency Head
   ☐ Yes ☐ No

8. Does the letter of support identify how all deliverables will be addressed by each health jurisdiction for whom a Letter of support is submitted? ☐ Yes ☐ No

	SECTION 1		
	PROGRAM ATTACHMENTS **PHEP Core (27 POINTS)** **PHEP Regional (27 POINTS)** **PHEP CRI (23 POINTS)**		
1.	☐ Application submitted on time (Only applications submitted on time can be reviewed)	☐ Yes ☐ No	
	GRANT APPLICATION COMPONENT	**SCORE**	**COMMENTS**
2.	☐ Attachment #1 was submitted and complete (3 points)		
3.	☐ Match Letter was submitted (2 points) ☐ Match Letter is on Agency letterhead (2 points) ☐ Correct funding and match amount used (2 points) ☐ Letter is signed by the Health Commissioner/Agency Head (2 points)		
4.	☐ Attachment #3-Correct Budget Justification was submitted (10 points) ☐ Budget Justification signed by the Health Commissioner/Agency Head (2 points)		
5.	**PHEP CORE ONLY:** ☐ Appendix F was submitted and signed by the Health Commissioner/Agency Head (4 points)		
6.	**PHEP REGIONAL ONLY:** ☐ Appendix G was submitted and signed by the Health Commissioner/Agency Head (4 points)		
SECTION 1 TOTAL:			

	SECTION 2			
	AGENCY REQUIREMENTS **PHEP Core (40 POINTS)** **PHEP Regional (25 POINTS)** **PHEP CRI (25 POINTS)**			
	GRANT APPLICATION COMPONENT	**SME APPROVAL**	**SCORE**	**COMMENTS**
1.	**ALL APPLICANTS:** Agency has a Full Time Triad (20 points)	☐ Yes ☐ No		
2.	**ALL APPLICANTS:** Ohio's Profile Performance Database (OPPD) has been updated and information matches the Attachment #1 (5 points)	☐ Yes ☐ No		
3.	**PHEP CORE ONLY** Epidemiologist has required qualifications (10 points) and jurisdiction has adequate coverage (5 points)	☐ Yes ☐ No		
SECTION 2 TOTAL:				

SECTION 3

PROJECT NARRATIVE

PHEP Core (30 POINTS)
PHEP Regional (30 POINTS)
PHEP CRI (30 POINTS)

SCORE KEY:
0 Points- Agency does not address/provide
1 Point - Narrative section includes minimal information; items missing that are required in the RFP
3 Points –Meets Expectations: Narrative is minimally satisfactory, all items addressed
5 Points –Exceeds Expectations: Narrative is thorough and descriptive; all line items addressed

	GRANT APPLICATION COMPONENT ALL APPLICANTS	SME APPROVAL	SCORE	COMMENTS
1.	Narrative describes the agency's existing preparedness capacity including the agency's preparedness staffing levels, triad, and epidemiology coverage.	☐ Yes ☐ No		
2.	Narrative describes how agency identifies and plans to partner with access and functional needs organizations to address their needs during a public health emergency.	☐ Yes ☐ No		
3.	Narrative identifies the process to ensure timely submission of grant deliverables and other administrative requirements (expenditure reports, staffing changes, etc.)	☐ Yes ☐ No		
4.	Narrative identifies the potential challenges for timely submission of grant deliverables and their plan for navigating those challenges to ensure deliverables can be submitted on time.	☐Yes ☐No		
5.	Narrative identifies how the Emergency Response Coordinator/PHEP Program Coordinator will successfully manage the demands of the position and any competing roles/priorities.	☐ Yes ☐ No		
6.	The capacity of the organization, personnel, or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with Disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences.	☐Yes ☐No		

SECTION 4

PHEP Core (10 POINTS)
PHEP Regional (15 POINTS)
PHEP CRI (5 POINTS)

SCORE KEY:
0 Points- Agency does not address/provide
1 Point - Narrative section includes minimal information; items missing that are required in the RFP
3 Points –Meets Expectations: Narrative is minimally satisfactory, all items addressed
5 Points –Exceeds Expectations: Narrative is thorough and descriptive; all line items addressed

	GRANT APPLICATION COMPONENT	SME APPROVAL	SCORE	COMMENTS
1.	Narrative describes how the Class A reporting number during and after business hours will be maintained **(PHEP CORE ONLY).**	☐ Yes ☐ No		
2.	Narrative describes how the local health department(s) is able to be contacted by ODH or any other local/state partners after business hours for the purposes of epidemiologic investigations. **(PHEP CORE ONLY).**	☐ Yes ☐ No		

SECTION 4 Continued				
PROJECT NARRATIVE **SCORE KEY:** 0 Points- Agency does not address/provide 1 Point - Narrative section includes minimal information; items missing that are required in the RFP 3 Points –Meets Expectations: Narrative is minimally satisfactory, all items addressed 5 Points –Exceeds Expectations: Narrative is thorough and descriptive; all line items addressed				
	GRANT APPLICATION COMPONENT PHEP REGIONAL & CRI ONLY	**SME APPROVAL**	**SCORE**	**COMMENTS**
1.	Narrative describes how the applicant would leverage funding to improve planning across the region **(REGIONAL ONLY).**	☐ Yes ☐ No		
2.	Narrative identifies barriers to collaboration in the region and steps the agency would take to mitigate **(REGIONAL ONLY).**	☐ Yes ☐ No		
3.	Narrative describes communication and engagement plan for local health departments in their region **(REGIONAL ONLY).**	☐ Yes ☐ No		
4.	Narrative identifies how obtaining the CRI grant will support the CRI jurisdictions planning effort beyond PHEP Core activities. **(CRI ONLY)**	☐ Yes ☐ No		
SECTION 4 TOTAL:				

	PHEP CORE		**PHEP REGIONAL**		**Cities Readiness Initiative**	
	SECTION MAXIMUM	**AGENCY SCORE**	**SECTION MAXIMUM**	**AGENCY SCORE**	**SECTION MAXIMUM**	**AGENCY SCORE**
SECTION 1	27		27		23	
SECTION 2	40		25		25	
SECTION 3	30		30		30	
SECTION 4	10		15		5	
Possible	**107**		**97**		**83**	
Meets Expectations Score	**91**		**79**		**69**	
***Minimum score needed**	**75**		**68**		**59**	

*A score below the *minimum score needed* may result in denial of funding.

Agency is being referred to CAR: ☐ Yes ☐ No

Additional Comments:

PMPU Consultant:

Date review completed:

Appendix E

PHEP Epidemiologist Coverage and Position Requirements

The purpose of this document is to provide guidance and clarification on the Public Health Emergency Preparedness (PHEP) subgrant requirement for Epidemiology coverage.

1. One (1) designated Full Time Equivalent (FTE) epidemiologist will cover an area less than or equal to 300,000 population. For populations greater than 300,000, there will be an additional 0.5 designated FTE epidemiologist for each additional 150,000 population. For example:

    a. Populations less than or equal to 300,000: 1 designated FTEs.
    b. Populations 301,000 to 450,000 = at least 1.5 designated FTEs.
    c. Populations 450,001 to 600,000 = at least 2 designated FTEs.
    d. Populations 600,001 to 750,000 = at least 2.5 designated FTEs
    e. Population 750,001 to 900,000 = at least 3 designated FTEs
    f. Population 900,001 to 1,050,000 = at least 3.5 designated FTEs

    Preferably, the FTE primary epidemiologist is one staff member; if this position is made up of multiple individuals, for the first 1.0 FTE required to meet this staff-to-population ration, each individual must commit a minimum of 50% of his/her time to epidemiology and surveillance activities.

2. In addition to the designated epidemiologist(s), there will be at least one (1) additional epidemiologist available to provide consultation and support.

    a. Additional epidemiologists can be within the same organization or available on a contract or memorandum of understanding but cannot contribute toward the FTE contributions for the PHEP grant.

    b. Jurisdictions are advised to use caution for overall span of coverage for additional/consulting epidemiologists, given the potential for multi-jurisdictional events (e.g., COVID-19, statewide Hepatitis A outbreak, etc.).

3. All designated and consultation/support epidemiologists must meet at least the criteria below for a Tier 1 (Entry-Level or Basic Epidemiologist), adopted from the Council for State and Territorial Epidemiologists' (CSTE) and Centers for Disease Control and Prevention's (CDC) Applied Epidemiology Competencies (AECs). It is recommended that at least one epidemiologist (designated or consultation/support) meet the criteria below for a Tier 2 (Mid-Level Epidemiologist).

    a. Tier 1 Epidemiologists:

        i. Newly graduated Master's degree (with a focus on epidemiology and/or analysis and assessment of health-related data) with less than two years' experience; or
        ii. Bachelor's or other non-epidemiology professional degree or certification (e.g., RN, MD/DO, DDS/DMD, DVM, PhD, RS) without formal academic epidemiology training and with preferably 2 years' experience performing epidemiology work.

            1. If there is less than 2 years' experience performing epidemiology

work, the jurisdiction must indicate a training plan and strategy to ensure appropriate oversight, training, and support of the individual during their initial 2-year employment period.

b. Tier 2 Epidemiologists:
    i. Master's degree with a focus in epidemiology with 2 or more years' work experience in epidemiology in a public health agency; or
    ii. Doctoral-level degree in epidemiology or a related discipline (e.g., public health, biostatistics); or
    iii. Other non-epidemiology professional degree or certification (e.g., RN, MD/DO, DDS/DMD, DVM, PhD, RS) with specific epidemiology training (e.g., MPH degree, CDC Epidemic Intelligence Service program) with 2 or more years' experience performing epidemiology work; or
    iv. Other combination of background and experience, which must include at least 4 years' experience performing epidemiology work.

4. Designated epidemiologists cannot also serve as a member of the Triad (Health Commissioner, Director of Environmental Health, Director or Nursing).
    a. Jurisdictions are advised to use caution when having the designated epidemiologists cover other positions (e.g., Emergency Response Coordinator) or when having a member of the Triad serve as the additional/consultation epidemiologist to ensure adequate coverage in the event of public health responses.

Appendix F

PHEP Core Public Health Coordinator Grant Expectations

Successful applicant agencies for the Public Health Emergency Preparedness Core grant agree to serve as the primary planning resource for local public health departments in the county and serve as the primary point of contact with the Ohio Department of Health regarding the status of planning, response, and recovery throughout the county. The program requirements are for the budget period of **July 1, 2024 through June 30, 2025.** PHEP Core Subrecipients will:

1. Collaborate with any vendor under contract with the Ohio Department of Health's Bureau of Health Preparedness, for the conduct of any regional and statewide initiatives.
2. Solve problems under emergency conditions.
3. Maintain situational awareness of incidents that (may) impact public health in the county.
4. Manage information related to an emergency.
5. Use principles of crisis and risk communications during emergencies.
6. Report information potentially relevant to the identification and control of an emergency through the chain of command.
7. Coordinate, plan and conduct public-health-related emergency preparedness and response training, periodic disaster drills and exercises with applicable county departments, other government agencies and community agencies involved in public health emergency preparedness and response, as well as the general public.
8. Participate in local and regional meetings to ensure coordination and collaboration of preparedness activities. Compile meeting minutes and maintain documentation of strategies, activities, and responsibilities.
9. Collaborate with the Regional Public Health Coordinator and the Regional Healthcare Coordinator for local planning. Provide documentation that collaboration takes place. Promote greater collaboration and notify ODH of any barriers to collaboration.
10. Review and identify gaps in local response plans as often as needed but at least annually.
11. Participate in state-sponsored site visits, meetings, and training activities when requested
12. 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.
13. Submit an Exercise Request Form (ERF) for all planned exercises, on the current ***Exercise Request Form HEA 1100*** posted on OPHCS no later than 10 business days after the Initial Planning Meeting (IPM).
14. Facilitate creation of After-Action Report and Improvement Plans for public health responses in which the subrecipient activates its plans or Department Operations Center.
15. Provide data and information as requested by Ohio Department of Health (ODH) to assist with the completion of local, state, and federal reports, including completion of at least two (2) Volunteer Deployment, and two (2) Information Sharing Performance Measure drills per grant year.
16. Coordinate with their Regional Public Health Coordinator to report PHEP federal Capabilities Planning Guide (CPG) data for their jurisdiction upon request or provide CPG data as requested by ODH.
17. Must update all the jurisdiction's Open PODS, Closed PODS, and Drops Sites in OPOD.
18. Be an active partner in local preparedness efforts and effectively manage public health consequences of an incident, in coordination with local response partners.

19. Maintain familiarity with the county emergency operations plan (EOP) and support EOP maintenance by ensuring that public health roles, responsibilities, and information are accurately reflected therein.
20. Ensure that LHD plans correspond and integrate with the county EOP and other related documents.
21. Utilize developed plans and procedures in incident response.
22. Notify ODH of significant incidents with public health consequences and provide situational awareness to ODH throughout responses.
23. Ensure that public-health-led responses are NIMS-compliant, and that public health is appropriately integrated into the county's emergency management system.
24. Acquire and maintain proficiency in computer programs (Microsoft Office, Adobe Reader/Adobe Acrobat, and Virtual Meeting Platforms) needed to complete deliverables and to support preparedness, response, and recovery efforts within the county.
25. As resources are available, support public health response efforts in other jurisdictions, when the primary LHD is overwhelmed and a request for assistance is made by the LHD or ODH.
26. Be knowledgeable in applicable guidance documents, including but not limited to the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal and Territorial Public Health – October 2018; Updated January 2019, the National Response Framework, Comprehensive Preparedness Guide 101, Continuity Guidance Circulars, the National Health Security Strategy, Updated Preparedness and Response Framework for Influenza Pandemics, and this solicitation.
27. Expeditiously engage ODH with any questions that arise about the completion of deliverables.
28. Attend and actively participate in the regional healthcare coalition.
29. Ensure that preparedness and response activities are designed to serve the whole community.
30. Update the Public Health Surveillance and Epidemiologic Investigation Plan as changes occur.
31. Coordinate with local and regional partners to support vulnerable populations during public health emergencies.
32. Ensure all preparedness staff, for your agency, have the following required trainings:
    - IS-29.A: Public Information Officer Awareness--Online, 2.5 hours
    - 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-242.B: OR equivalent E/L/G course: Effective Communication--8 hours
    - IS-244.B: Developing and Managing Volunteers
    - IS-368: Including People with Disabilities & Others with Access & Functional Needs in Disaster Operations.
    - IS-1300: Introduction to Continuity of Operations
    - IS-700.B: An Introduction to the National Incident Management System--Online, 3.5 hours
    - IS-800.D: National Response Framework, an Introduction
    - Surgenet

- C-MIST, OPHCS, MARCS (trainings offered by ODH)
- Homeland Security Exercise and Evaluation 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)
- Disability Training for Emergency Planners: Serving People with Disabilities (available on OhioTrain)
- CDC Crisis and Emergency Risk Communication Course—Online, 2 hours
- Stronger Community, Better Response Connecting Community Organizations During Disaster (Ohio Train)

_____

Agency Name

I _____ agree to all roles and expectations as outlined in the

(Health Commissioner Name)

PHEP Core Public Health Coordinator Grant Expectations.

_____ _____

Health Commissioner Signature Date

NOT APPLICABLE. See Original PH25 Public Health Emergency Preparedness Solicitation on December 6, 2023.

Appendix G

PHEP Regional Public Health Coordinator Grant Expectations

Successful applicant agencies for the Regional Public Health Preparedness funding of the Public Health Emergency Preparedness Grant agree that the PHEP Regional Public Health Coordinator will serve as the primary planning resource to local health departments in the region and the primary point of contact with the Ohio Department of Health regarding the status of planning, response, and recovery throughout the region. These program requirements are for the budget period of **July 1, 2024 through June 30, 2025**. The Regional Public Health Coordinator will adhere to the following expectations:

1. Collaborate with any vendor under contract with the Ohio Department of Health's Bureau of Health Preparedness, for the conduct of any regional and statewide initiatives.
2. Assist LHDs in addressing staffing, resource, and other issues as needed during local and regional emergency response efforts.
3. Use principles of crisis and risk communications during emergencies to support regional stakeholder agencies and promote regional coordination.
4. Report to regional stakeholders and ODH information potentially relevant to the identification and control of an emergency.
5. Serve as a response liaison to collect and report data to ODH during incident responses.
6. Provide technical assistance to the development of emergency plans; Regional Public Health Coordinators must have preparedness knowledge in public health planning and response in order to fulfill this requirement.
7. Coordinate, plan and conduct public-health-related emergency preparedness and response training, periodic disaster drills and exercises with applicable county departments, other government agencies, and community agencies involved in public health emergency preparedness and response, as well as the general public.
8. Assemble and facilitate regional meetings to assure coordination and collaboration.
9. Compile meeting minutes and maintain documentation of strategies, activities and responsibilities related to regional public health activities.
10. Collaborate with the Regional Healthcare Coordinator and Emergency Management Agency staff in regional planning and assist in the integration of emergency management systems.
11. Review and identify preparedness gaps in regional response plans as often as needed, but at least annually. Provide documentation that collaboration takes place. Notify ODH of any barriers to collaboration and develop a plan to promote greater collaboration.
12. Participate in state-sponsored site visits, meetings, and training activities when requested, including but not limited to the ODH-sponsored Statewide Public Health Emergency Preparedness Planners Meeting.
13. 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.
14. Identify technical assistance and guidance needed and support coordination of training to local health departments (e.g., Radiological Training, C-MIST, etc.).
15. Facilitate communications and information sharing between state and local health departments and provide situational awareness during incidents with public health consequences.
16. Provide technical assistance to assist local health departments with development, and review of public health emergency plans, manuals and standard operating procedures, utilizing local, state

and federal guidelines and requirements. Notify ODH of any gaps in local capabilities that may hinder either local or regional planning efforts.

17. Maintain trained, primary and back-up OPHCS Administrators.
18. Serve as the regional OPHCS contact and coordinator of user accounts, including user access for local health departments within the region.
19. Provide an orientation to all newly hired PHEP planning staff to familiarize them with the regional partners and processes as well as to identify any opportunities for assistance.
20. Submit an Exercise Request Form (ERF) for all planned exercises, on the current ***Exercise Request Form HEA 1100*** posted on OPHCS no later than 10 business days after the Initial Planning Meeting (IPM)**.**
21. Provide data and information as requested by Ohio Department of Health (ODH) to assist with the completion of local, state, and federal reports, including completion of at least two (2) Volunteer Deployment, and two (2) Information Sharing Performance Measure drills per grant year.
22. Coordinate with all PHEP Core Subrecipients in their region to aggregate and report the PHEP federal Capabilities Planning Guide (CPG) data requirements for their region as requested by ODH.
23. Assist with and have visibility over jurisdiction's Open PODS, Closed PODS, and Drop Sites in OPOD.
24. Ensure that regional plans correspond and integrate with other response plans and related documents.
25. Utilize developed regional plans and procedures in incident coordination activities.
26. Acquire and maintain proficiency in computer programs (Microsoft Office, Adobe Reader/Adobe Acrobat, and Virtual Meeting Platforms) needed to complete deliverables and to support preparedness, response, and recovery efforts within the region.
27. As resources are available, support public health response efforts in other regions, when another region is overwhelmed and a request for assistance is made by another RPHC or ODH.
28. Be knowledgeable in applicable guidance documents, including but not limited to the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal and Territorial Public Health – October 2018; Updated January 2019, the National Response Framework, Comprehensive Preparedness Guide 101, Continuity Guidance Circulars, the National Health Security Strategy, Updated Preparedness and Response Framework for Influenza Pandemics, and this Solicitation.
29. Expeditiously engage ODH with any questions that arise about the completion of deliverables on the local and regional level.
30. Ensure that regional preparedness and response activities are designed to serve the whole community.
31. Must participate as a non-voting member of their Regional Healthcare Coalition's Executive Steering Committee, participate in regional healthcare coalition meetings, and fulfill all Executive Steering Committee roles, responsibilities, and participation requirements as outlined in the Regional Healthcare Coalition Requirements.

    Ensure all preparedness staff, for your agency, have the following required trainings:

    - 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-244.B: Developing and Managing Volunteers

- IS-700.B: An Introduction to the National Incident Management System
- IS-800.D: National Response Framework, an Introduction
- Surgenet
- C-MIST, OPHCS, MARCS (trainings offered by ODH)
- Homeland Security Exercise and Evaluation 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

I _____agree to all roles and expectations as outlined in
(Health Commisioner Name)
PHEP Regional Public Health Coordinator Grant Expectations.

_____
Health Commissioner Signature Date

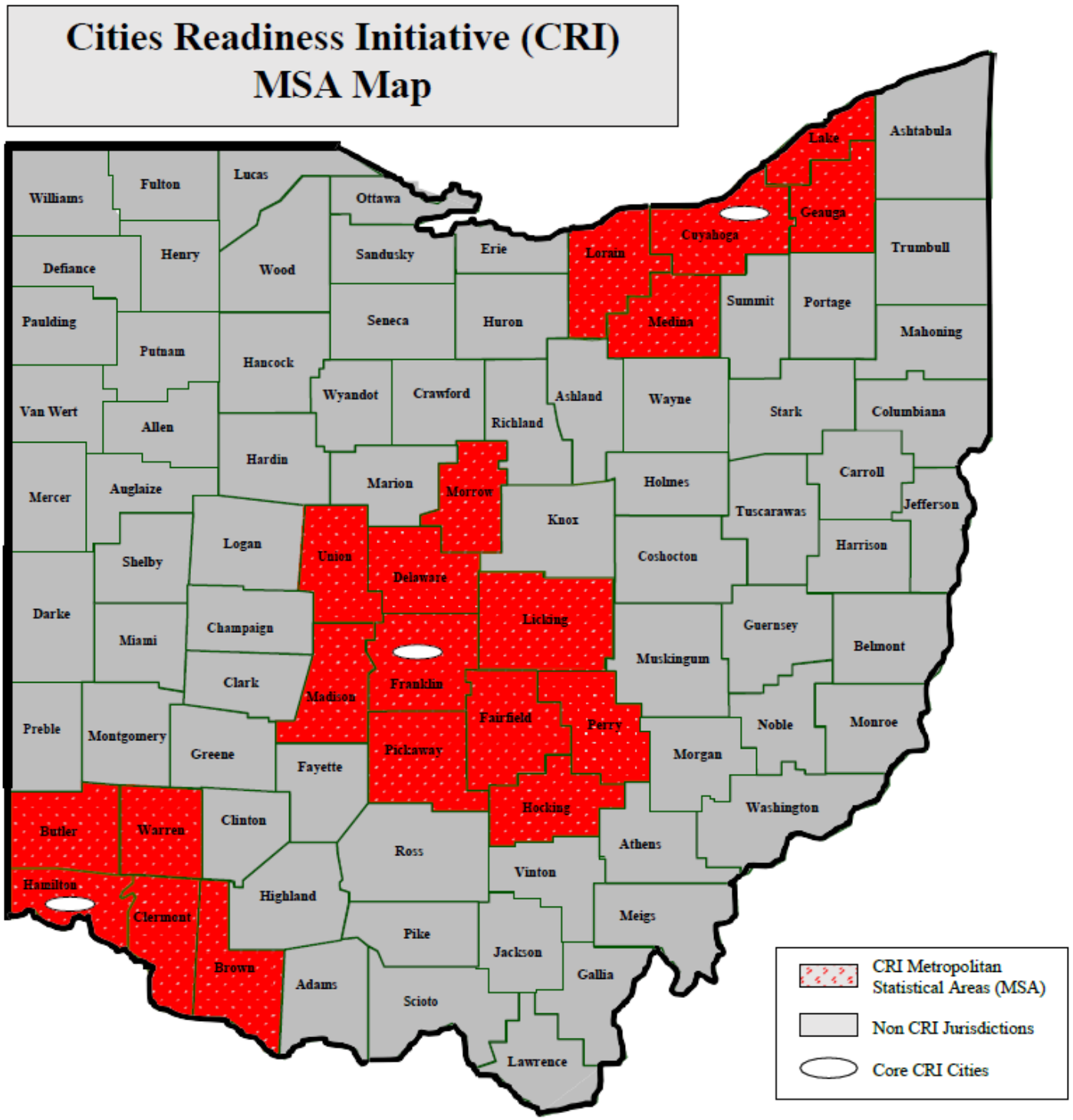
Appendix H

Public Health Emergency Preparedness Regions

Appendix H

NOT APPLICABLE. See Original PH25 Public Health Emergency Preparedness Solicitation on December 6, 2023.

Appendix I



Appendix J

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.

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.

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.

Appendix K

Appendix K

Public Health Emergency Preparedness Epidemiology Qualification Form

This form is required to be submitted during the application and upon any changes to epidemiology personnel designated by the grant.

----------**Section 1** ----------

PHEP Program Jurisdiction	
Jurisdiction Population (per 2020 Census)	
Epidemiology Coverage Needed (FTE from Appendix E)	

All designated and supporting epidemiologist are employed by another local health agency: ☐ Yes ☐ No

If yes, please list the employing agency:

If you answered "Yes" above, ODH will refer to the employing agency submission for review and processing of the designated epidemiology information in Section 2. Please consult with the employing agency to ensure accurate submission of this form. If your consulting/support epidemiologist is within your agency, please complete the "Consulting/Support PHEP Epidemiologist" section below.
If you answered "No" above, please complete Section 2.

----------**Section 2** ----------

	Designated PHEP Epidemiologist 1	**Consulting/Support PHEP Epidemiologist**
Name		
FTE contribution	☐1 Full Time Equivalent ☐0.5 Full Time Equivalent	
Education achieved	☐Master's degree with focus on epidemiology and/or analysis and assessment of health-related data ☐Bachelor's or other non-epidemiology professional degree or certification (e.g., RN, MD/OD, DDS/DMD, DVM, PhD, RS) ☐Other, please specify:	☐Master's degree with focus on epidemiology and/or analysis and assessment of health-related data ☐Bachelor's or other non-epidemiology professional degree or certification (e.g., RN, MD/OD, DDS/DMD, DVM, PhD, RS) ☐Other, please specify:
Date degree/certification obtained		
Years experience performing epidemiology work		
If there is less than 2 years' experience performing epidemiology work, the jurisdiction must indicate a training plan and strategy (see Section 3) to ensure appropriate oversight, training, and support of the individual during their initial 2-year employment period.		
Jurisdictions supported by designated Epidemiologist		

	Designated PHEP Epidemiologist 2	Designated PHEP Epidemiologist 3
Name		
FTE contribution	☐ 1 Full Time Equivalent ☐ 0.5 Full Time Equivalent ☐ Other _____	☐ 1 Full Time Equivalent ☐ 0.5 Full Time Equivalent ☐ Other _____
Education achieved	☐ Master's degree with focus on epidemiology and/or analysis and assessment of health-related data ☐ Bachelor's or other non-epidemiology professional degree or certification (e.g., RN, MD/OD, DDS/DMD, DVM, PhD, RS) ☐ Other, please specify:	☐ Master's degree with focus on epidemiology and/or analysis and assessment of health-related data ☐ Bachelor's or other non-epidemiology professional degree or certification (e.g., RN, MD/OD, DDS/DMD, DVM, PhD, RS) ☐ Other, please specify:
Date degree/certification obtained		
Years experience performing epidemiology work		
If there is less than 2 years' experience performing epidemiology work, the jurisdiction must indicate a training plan and strategy (see Section 3) to ensure appropriate oversight, training, and support of the individual during their initial 2-year employment period.		
Jurisdictions supported by designated Epidemiologist		

	Designated PHEP Epidemiologist 4	Designated PHEP Epidemiologist 5
Name		
FTE contribution	☐ 1 Full Time Equivalent ☐ 0.5 Full Time Equivalent ☐ Other _____	☐ 1 Full Time Equivalent ☐ 0.5 Full Time Equivalent ☐ Other _____
Education achieved	☐ Master's degree with focus on epidemiology and/or analysis and assessment of health-related data ☐ Bachelor's or other non-epidemiology professional degree or certification (e.g., RN, MD/OD, DDS/DMD, DVM, PhD, RS) ☐ Other, please specify:	☐ Master's degree with focus on epidemiology and/or analysis and assessment of health-related data ☐ Bachelor's or other non-epidemiology professional degree or certification (e.g., RN, MD/OD, DDS/DMD, DVM, PhD, RS) ☐ Other, please specify:
Date degree/certification obtained		
Years experience performing epidemiology work		
If there is less than 2 years' experience performing epidemiology work, the jurisdiction must indicate a training plan and strategy (see Section 3) to ensure appropriate oversight, training, and support of the individual during their initial 2-year employment period.		

Jurisdictions supported by designated Epidemiologist		

	Designated PHEP Epidemiologist 6	Designated PHEP Epidemiologist 7
Name		
FTE contribution	☐ 1 Full Time Equivalent ☐ 0.5 Full Time Equivalent ☐ Other _____	☐ 1 Full Time Equivalent ☐ 0.5 Full Time Equivalent ☐ Other _____
Education achieved	☐ Master's degree with focus on epidemiology and/or analysis and assessment of health-related data ☐ Bachelor's or other non-epidemiology professional degree or certification (e.g., RN, MD/OD, DDS/DMD, DVM, PhD, RS) ☐ Other, please specify:	☐ Master's degree with focus on epidemiology and/or analysis and assessment of health-related data ☐ Bachelor's or other non-epidemiology professional degree or certification (e.g., RN, MD/OD, DDS/DMD, DVM, PhD, RS) ☐ Other, please specify:
Date degree/certification obtained		
Years experience performing epidemiology work		
If there is less than 2 years' experience performing epidemiology work, the jurisdiction must indicate a training plan and strategy (see Section 3) to ensure appropriate oversight, training, and support of the individual during their initial 2-year employment period.		
Jurisdictions supported by designated Epidemiologist		

	Designated PHEP Epidemiologist 8	Designated PHEP Epidemiologist 9
Name		
FTE contribution	☐ 1 Full Time Equivalent ☐ 0.5 Full Time Equivalent ☐ Other _____	☐ 1 Full Time Equivalent ☐ 0.5 Full Time Equivalent ☐ Other _____
Education achieved	☐ Master's degree with focus on epidemiology and/or analysis and assessment of health-related data ☐ Bachelor's or other non-epidemiology professional degree or certification (e.g., RN, MD/OD, DDS/DMD, DVM, PhD, RS) ☐ Other, please specify:	☐ Master's degree with focus on epidemiology and/or analysis and assessment of health-related data ☐ Bachelor's or other non-epidemiology professional degree or certification (e.g., RN, MD/OD, DDS/DMD, DVM, PhD, RS) ☐ Other, please specify:
Date degree/certification obtained		

Years experience performing epidemiology work		
If there is less than 2 years' experience performing epidemiology work, the jurisdiction must indicate a training plan and strategy (see Section 3) to ensure appropriate oversight, training, and support of the individual during their initial 2-year employment period.		
Jurisdictions supported by designated Epidemiologist		

----------Section 3 ----------

Training Plan

This plan must be completed for **each** designated or consultation/support epidemiologist that does not meet Tier 1 qualifications.

1. Please identify at least three CSTE domains from the list below that will be enhanced by this training plan within the initial two-year employment period and identify at least one specific outcome goal for each domain (e.g., "Domain: Data Analytics and Assessment Skills. Outcome: Analyzes data as demonstrated by producing the annual data report for submission to LHD leadership").
    a. Data Analytics and Assessment Skills
    b. Public Health Sciences Skills
    c. Communication Skills
    d. Community Partnership Skills
    e. Management and Finance Skills
    f. Leadership and Systems Thinking Skills
    g. Policy Development and Program Planning Skills

2. Please include any academic courses, trainings, or other structured learning that is planned during the initial two-years of employment, including anticipated dates of completion.

*Continue to next page

3. Please describe how the consulting/surge epidemiologist will be involved in mentoring of the designated epidemiologist.

4. Please describe any day-to-day support of the designated epidemiologist (e.g., support available during first outbreak, first Class A disease report, etc.).

Attachment 1

Department of Health

ATTACHMENT #1 LOCAL HEALTH DEPARTMENT CONTACT INFORMATION

Initial Completion Date:

Any changes to this document must be submitted to ODH through the regional email box, within 15 days of the change occurring.

Jurisdiction

Agency Name:	Address:
City:	Zip:
Agency Phone:	Project Number:
County:	Please Select a Region

Health Commissioner

Date

SECTION 1. Triad Leadership: Provide the contact information for all fields:

Contact Information:	Health Commissioner:	Administrator: (Must be an individual delegated full authority to provide agency oversight in the absence of the Health Commissioner)	Full Time Director of Environmental Health:	FullTime Director of Nursing:
Name:				
Time Commitment:	☐ Full time ☐ Part time	☐ Full time ☐ Part time ☐ N/A	☐ Full time	☐ Full time
E-mail:				
Direct Phone line:	Extension:	Extension:	Extension:	Extension:
Fax:				
Back-up Phone: (i.e. Personal cell, Work cell)				

SECTION 2. Identify the lead contact for each of the following:

Contact:	Program Director:	Emergency Response Coordinator:	Primary Emergency Response Planner:	Fiscal Officer:
Name:				
E-mail Address:				
Direct Phone:	Extension:	Extension:	Extension:	Extension:
Fax:				
Back-up Phone: *Do not use personal cell phone unless it is also used for the position.				

	Designated PHEP Epidemiologist 1	Consulting/Support Epi:	Communicable Disease Nurse:	Regional Public Health Coordinator
Name:				
E-mail Address:				
Direct Phone:	Extension:	Extension:	Extension:	Extension:
Fax:				
Back-up Phone: *Do not use personal cell phone unless it is also used for the position.				

Complete the below table to for additional Epidemiologists, as applicable.

	Designated PHEP Epi 2:	Designated PHEP Epi 3:	Designated PHEP Epi 4:	Designated PHEP Epi 5:
Name:				
E-mail Address:				
Direct Phone:	Extension:	Extension:	Extension:	Extension:
Fax:				
Back-up Phone: *Do not use personal cell phone unless it is also used for the position.				

	Designated PHEP Epi 6:	Designated PHEP Epi 7:	Designated PHEP Epi 8:	Designated PHEP Epi 9:
Name:				
E-mail Address:				
Direct Phone:	Extension:	Extension:	Extension:	Extension:
Fax:				
Back-up Phone: *Do not use personal cell phone unless it is also used for the position.				

CRI Applicants ONLY - Please identify the CRI contacts for coordination with ODH:

Contact	CRI Primary	CRI Back-Up
Name:		
Employing Agency:		
Phone:		
E-mail:		
Back up Phone*:		

Ohio Responds/Medical Reserve Corps Contact Information

If yes, please answer the following questions. If no, the following questions in this section may be left blank.

MRC Unit Number:	
MRC Unit Housing Agency:	

Note: Only individuals listed in this section will be granted system administrative access to Ohio Responds for the unit listed above. These individuals do not have to be employed at the local health department and may be shared positions with multiple counties. Contact information must be consistent with the national MRC website.

Contact Information:	MRC Unit Coordinator	MRC Designee	MRC Designee (optional)	MRC Designee (optional)
Name:				
Employing Agency:				
LHDs Served:				
Phone:				
Email:				

SECTION 3: Provide the name of the Medical Director and the person designated to serve as a back-up in the absence of the Medical Director.

	Designated Medical Director	Back-up Medical Director
Name:		
Phone:	Extension:	Extension:
Back-up number:		
Fax:		

SECTION 4: Complete a table for each LHD within the county jurisdiction for which the agency coordinates emergency response, regardless of funding.

#1	Class A Reporting Number DURING Business Hours	Class A Reporting Number AFTER Business Hours
LHD:		
Phone:		
Cell:		
Pager/Other		
#2	Class A Reporting Number DURING Business Hours	Class A Reporting Number AFTER Business Hours
LHD:		
Phone:		
Cell:		
Pager/Other		
#3	Class A Reporting Number DURING Business Hours	Class A Reporting Number AFTER Business Hours
LHD:		
Phone:		
Cell:		
Pager/Other		
#4	Class A Reporting Number DURING Business Hours	Class A Reporting Number AFTER Business Hours
LHD:		
Phone:		
Cell:		
Pager/Other		
#5	Class A Reporting Number DURING Business Hours	Class A Reporting Number AFTER Business Hours
LHD:		
Phone:		
Cell:		
Pager/Other		

SECTION 5: Identify the ODRS trainer:

Note: This position does not have to be an epidemiologist

Contact	ODRS Trainer
LHD(s) Served	
Name:	
Address:	
Phone:	
E-mail:	

SECTION 6: Identify the designated users within the agency for the following:

Contact	Bed Availability and Patient Tracking Platforms	Bed Availability and Patient Tracking Platforms Back-Up
Name:		
Address:		
Phone:		
E-mail:		

SECTION 7: MARCS Contact Information

Name of LHD:		
Contact	MARCS Primary	MARCS Back-Up
Name:		
Address:		
Phone:		
E-mail:		
LHD's served:		

Name of LHD:		
Contact	MARCS Primary	MARCS Back-Up
Name:		
Address:		
Phone:		
E-mail:		
LHD's served:		

Name of LHD:		
Contact	MARCS Primary	MARCS Back-Up
Name:		
Address:		
Phone:		
E-mail:		
LHD's served:		

Name of LHD:		
Contact	MARCS Primary	MARCS Back-Up
Name:		
Address:		
Phone:		
E-mail:		
LHD's served:		

SECTION 8: OPHCS Contact Information

Name of LHD:		
Contact	OPHCS Primary	OPHCS Back-Up
Name:		
Address:		
Phone:		
E-mail:		
LHD's served:		

Name of LHD:		
Contact	OPHCS Primary	OPHCS Back-Up
Name:		
Address:		
Phone:		
E-mail:		
LHD's served:		

Name of LHD:		
Contact	OPHCS Primary	OPHCS Back-Up
Name:		
Address:		
Phone:		
E-mail:		
LHD's served:		

Name of LHD:		
Contact	OPHCS Primary	OPHCS Back-Up
Name:		
Address:		
Phone:		
E-mail:		
LHD's served:		

Attachment 2

Match Documentation Letter

Date:

Name of Health Commissioner/Agency Head
Agency Name
Address

Dear ODH:

Our agency is required to contribute a total of _____. Matching funds to the Public Health Emergency Preparedness (PHEP) grant, project #_____ for the period of July 1, 2024 – June 30, 2025. 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 from our health department. 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 _____of my staff.

Sincerely,

_____
Health Commissioner or Agency Head (must be signed)

Match Category	Match Description	Match Amount
	TOTAL MATCH AMOUNT	

Attachment 3

Attachment Three

PHEP CORE
BUDGET JUSTIFICATION
SCENARIO: 1

Deliverable 1 **Total $_____**

Objective 1.1: By September 1, 2024, the subrecipient must submit into GMIS a completed ***Volunteer Deployment Performance Measure*** **form and** ***Information Sharing Performance Measure form*** **$_____**

Objective 1.2: By April 1, 2025, the subrecipient must submit into GMIS a completed ***Volunteer Deployment Performance Measure*** **form and** ***Information Sharing Performance Measure form***. **$_____**

Deliverable 2 **Total $_____**

Objective 2.1: By September 1, 2024, the subrecipient's Emergency Response 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.

Deliverable 3 **Total $_____**

Objective 3.1: By October 1, 2024, the subrecipient must coordinate an in-person POD worker training that includes all identified POD staff positions, including volunteers is encouraged. Submit the sign in sheet and agenda to verify completion via GMIS.

Deliverable 4 **Total $_____**

Objective 4.1: By November 1, 2024, the subrecipient must submit into GMIS the subrecipient's SITREP, list of internal partners, and internal incident notification process with requirements according to the ***Internal Information Exchange Rubric***

Deliverable 5 **Total $_____**

Objective 5.1: By December 1, 2024, the subrecipient must submit into GMIS a completed ***Risk Communication Distribution Strategy Workbook***, an example of incident/emergency messaging applicable to your population, and a list of partners to assist in external information distribution.

Deliverable 6 **Total $_____**

Objective 6.1: By December 15, 2024, the subrecipient must submit into GMIS the five-year jurisdictional IPP and required appendices on the ***PHEP Core IPP Template***

Deliverable 7 **Total $_____**

Objective 7.1: By December 15, 2024, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report **$_____**

Objective 7.2: By June 15, 2025, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report **$_____**

Deliverable 8 **Total $_____**

Objective 8.1: By February 15, 2025, the jurisdiction will provide a standard operating procedure that details the volunteer check-in process. This process should be targeted to the provision of oversight and evaluation of volunteer mental and physical fitness for responding to an incident.

Deliverable 9 **Total $_____**

Objective 9.1: By March 15, 2025, the subrecipient will attend all planned tabletop exercise planning meetings and must submit into GMIS the completed verification of attendance of all exercise planning meetings sponsored by the Regional Public Health Coordinator.

Objective 9.2: By March 15, 2025, the subrecipient must submit into GMIS a completed AAR/IP that documents jurisdictional exercise participation in the regional TTX following requirements listed in the ***PHEP AAR/IP Template***

Deliverable 10 **Total $_____**

Objective 10.1: By April 1, 2025, the subrecipient must submit into GMIS the subrecipient's completed/updated Administrative Preparedness Plan in accordance with the requirements detailed in the ***Administrative Preparedness Plan rubric.***

Deliverable 11 **Total $_____**

Objective 11.1: By April 15, 2025, the subrecipient must submit into GMIS the completed ***Utilization of PODs in Non-MCM Spaces handbook.***

Deliverable 12 **Total $_____**

Objective 12.1: By May 15, 2025, the subrecipient must submit to GMIS the competed ***POD Sustainment and Recruitment Annex***.

Deliverable 13 **Total $_____**

Objective 13.1: By June 15, 2025, the subrecipient must submit to GMIS their certificate of completion.

Deliverable 14 **Total $_____**

Objective 14.1: By June 30, 2025, the subrecipient must submit into GMIS a copy of certificate of completion or attendance record showing the date and title of the training and subrecipient attendance.

Deliverable 15 **Total $_____**

Objective 15.1: By June 30, 2025, the subrecipient will submit into GMIS the attendance record demonstrating representation at all four quarterly meetings.

Total PHEP Core Funding (sum of Deliverables 1 -15 above) $_____

Notes:

- **Budget justification line items MUST be in the same order as in the GMIS budget.**
- **Provide the amount of funding for which the subrecipient will seek reimbursement based on the percentage ascribed to the deliverables on B2.**
- **The budget justification must be signed by the agency head listed in GMIS.**
- **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.
- None of the funds made available under this agreement may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.
- By accepting this award, the subrecipient/ subcontractor agrees that it is opposed to the practices of prostitution and sex trafficking because of the psychological and physical risks they pose for women, men, and children.

_____

Signature

_____

Print Name & Title

_____

Date