Date: April 16, 2024
To: Hospital Preparedness Program (HPP) Grant Applicants
From: Renee Dickman, Chief
Bureau of Health Preparedness
Ohio Department of Health
Subject: HPP Competitive Solicitation (RP) FY25 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 HPP Program. The goal of the HPP Program is to improve the capacity of the health care system to plan for and respond to large scale emergencies and disasters.

The total amount of funds to be awarded is **$5,217,191** The funds will be awarded regionally as follows:

1.	Northeast Region	$794,118.30
2.	Northwest Region	$788,536.81
3.	Northeast Central Region	$881,067.55
4.	West Central Region	$544,953.36
5.	Southwest Region	$714,077.01
6.	Central Region	$870,041.76
7.	Southeast Region	$624,396.21

Funding for these grants is provided by the Administration for Strategic Preparedness and Response (ASPR) and are contingent upon the availability of funds.

All interested parties must submit a Notice of Intent to Apply for Funding (NOIAF) form, by **Monday, April 29, 2024** be eligible to apply for funding (attached to the solicitation).

All potential applicants are encouraged to attend a Bidder's Conference call on **Monday, May 6, 2024,2:00pm to 3:00pm**. The Bidder's Conference will provide an opportunity for interested parties to learn more about the solicitation. Information regarding date, time and instructions will be provided to those who submit a Notice of Intent to Apply for Funding (NOIAF). All grant applications must be submitted online using the Grant Management Information System (GMIS 2.0).

The solicitation will provide detailed information about the background, intent and scope of the grant, policies, procedures, performance expectations, and general information and requirements associated with the administration of the grant.

Please contact preparedness.grants@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

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF HEALTH PREPAREDNESS

HOSPITAL PREPAREDNESS PROGRAM SOLICITATION FOR FISCAL YEAR 2025 (07/01/24 – 06/30/25)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

_X_ Base Only Funding ___ Base and 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, **Monday, April 29, 2024, by 4:00 p.m**. 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, Electronic Funds Transfer (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 the applying 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:** Hospital Preparedness Program

C. **Purpose:** The Ohio Department of Health is the state agency responsible for oversight of the Hospital Preparedness Program (HPP) which is funded through the Administration for Strategic Preparedness and Response (ASPR). HPP funding enables the health care delivery system to save lives during emergencies and disaster events that exceed the day-to-day capacity and capability of existing health and emergency response systems. HPP funding supports healthcare delivery readiness, intended to improve patient outcomes, minimize the need for federal and supplemental state resources during emergencies, and enable rapid recovery.

HPP prepares the healthcare delivery system to save lives through the development of Healthcare Coalitions (HCCs) that incentivize diverse and often competitive healthcare organizations with differing priorities and objectives to work together.

A Healthcare Coalition (HCC) is a group of individual healthcare and response organizations (e.g., hospitals, emergency medical services (EMS), emergency management agencies (EMA), public health agencies, etc.) in a defined geographic location. HCCs play a critical role in developing healthcare delivery system preparedness and response capabilities. HCCs serve as a multi-agency coordinating group that supports and integrates ESF-8 activities in the context of incident command system (ICS) responsibilities.

HCCs coordinate activities among healthcare organizations and other stakeholders in their communities: these entities are comprised of HCC members that actively contribute to HCC strategic planning, operational planning and response, information sharing, resource coordination and management. As a result, HCCs collaborate to ensure each member has what it needs to respond to emergencies and planned events, including medical equipment and supplies, real-time information, communication systems, and educated and trained healthcare personnel.

An Administration for Strategic Preparedness and Response (ASPR) funded hospital in Ohio is defined as:

- A general, specialty heart, pediatric, or burns hospital under the Ohio Revised Code 3701.07,
- A Healthcare Coalition member active in their Regional Healthcare Coalition, and
- A hospital with a demonstrated commitment to improving the preparedness capabilities of their healthcare delivery system to save lives during emergencies and disaster events by:
    1. Attending Regional Healthcare Coalition meetings hosted by the Regional Healthcare Coordinator,
    2. Ensuring processes are in place to request, receive, and dispense medical countermeasures (MCM) received from the Ohio Department of Health (ODH),
    3. Completing Multi-Agency Radio Communication System (MARCS) radio checks as facilitated by ODH,
    4. Completing information required through the Ohio Points of Dispensing (OPOD) online system and ensures that information is regularly updated and maintained,
    5. Ensuring information is accurate within the Ohio Public Health Communication System (OPHCS), and regularly participates in any drills.
    6. Participating in the ODH Bed Availability and Patient Tracking Platforms.

This grant will provide funds to Regional Healthcare Coalitions to coordinate Ohio's healthcare delivery system to effectively plan for and coordinate a surge response during an emergency that may impact the public's health, including training and exercising for such a response. Funds will continue to support existing infrastructure while improving, where needed, additional opportunities to enhance planning and coordination, interoperable communications, and increased situational awareness. A portion of the grant funding must be distributed among all ASPR-funded hospitals and all members of the healthcare coalition executive steering committee, with no agency receiving less than $1,000.

D. **QualifiedApplicants:** All applicants must be a local public or non-profit agency. Applicants 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). Indicate whether local public and/or non-profit agencies are eligible to apply.

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted an application and all required attachments by **4:00 p.m. on Tuesday, May 28, 2024.**

Upon notification of award (receipt of NOA) for the Hospital Preparedness Grant, agencies must adhere to the following requirements:

- Identify an individual to fulfill the Regional Healthcare Coordinator (RHC) role within 60 days. RHC role is 1 FTE position.
- Submit an updated Attachment #1 immediately upon filling the RHC position.
- The identified RHC must demonstrate NIMS compliance through the completion of, at a minimum IS100, IS200, IS700, and IS800 and submit certificates within 30 days of hire.

Additionally, the agency agrees to adhere to the requirements as identified in the Regional Healthcare Coordination Subrecipient Expectations. (See Appendix E) and the Regional Healthcare Coalition Requirements (See Appendix L).

E. **Service Area:** See Appendix I.

F. **Number of Grants and Funds Available:** A total of $5,217,1911 will be awarded for up to (7) regions for Regional Healthcare Coordination (see Appendix I).

- The funds will be awarded as follows:

1.	Northeast Region	$794,118.30
2.	Northwest Region	$788,536.81
3.	Northeast Central Region	$881,067.55
4.	West Central Region	$544,953.36
5.	Southwest Region	$714,077.01
6.	Central Region	$870,041.76
7.	Southeast Region	$624,396.21

- Funds may not be distributed to an ASPR funded hospital who does not meet the requirements identified in Section C.

- HPP funding cannot be used for entities covered under the Centers for Medicare & Medicaid Emergency Preparedness Rule (CMS) to meet conditions of participation (i.e., writing plans and developing exercises).

*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 Tuesday May 28, 2024**. Applications and required attachments received after this deadline will not be considered for review.

Contact preparedness.grants@odh.ohio.gov with any questions.

H. **Authorization:** Authorization of funds for this purpose is contained in The Public Health Security and Bioterrorism Preparedness and Response Act of 2002. Public Law 107-188, Section 319C-1 of the Public Health Service Act, 42 U.S.C. 247d-3a and the Catalog of Federal Domestic Assistance (CFDA) Number 93.

I. **Goals:** The Four Healthcare Preparedness and Response Capabilities are:

- Capability 1: Foundation for Healthcare and Medical Readiness
  Goal of Capability 1: The community's healthcare organizations and other stakeholders—coordinated through a sustainable HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.
- Capability 2: Healthcare and Medical Response Coordination
  Goal of Capability 2: Healthcare organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.
- Capability 3: Continuity of Healthcare Service Delivery
  Goal of Capability 3: Healthcare organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled healthcare infrastructure. Healthcare workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.
- Capability 4: Medical Surge
  Goal of Capability 4: Healthcare organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for healthcare services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the healthcare delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

These four capabilities were developed based on guidance provided in the 2017-2022 Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness document. They support and cascade from guidance documented in the National Response Framework, National Preparedness Goal, and the National

Health Security Strategy to build community health resilience and integrate healthcare organizations, emergency management organizations, and public health agencies. New capabilities are being developed by ASPR for this program. New capabilities will be distributed to all coalitions once reviewed.

In addition:

1. Partner with stakeholders whose capabilities and services may support public health response, including reaching individuals with access and functional needs.
2. Develop and mature healthcare coalitions (HCCs).
3. Ensure plans incorporate an accurate hazard analysis and risk assessment, including identifying areas with individuals with access and functional needs, and ensure capabilities.

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

K. **Public Health Accreditation Board (PHAB) Standard(s):** The HPP program addresses the following PHAB standards,

- **Standard 1.3:** Analyze Public Health Data to IdentifyTrends 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.

PHAB Standards can be found here: http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

L. **Public Health Impact Statement:** All applicants 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* — Applicant agencies 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 IdentifyTrends 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 agency 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 Ohio's health data). https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment .

    2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused. 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) associatedwith 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, local industries, businesses, universities, businesses, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

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, deaths, or disabilities beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status,race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these factors.Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

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 the agency's target population that may include, but are not limited to the following:
   1. Populations at increased risk
   2. Mental health population
   3. Homeless population

b. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

_____Applicable ___X__Not Applicable to Hospital Preparedness Program

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 preparedness.ohio@odh.ohio.gov with questions.

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 **Tuesday, May 28, 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 is capable of attaining program objectives.
4. Describe Specific, Measurable, Attainable, Realistic, Time-Phased, Inclusive, and Equitable (S.M.A.R.T.I.E.) objectives, activities, milestones, and outcomes with respect to timelines and resources.
5. Estimates 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 inthe 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 74 on the Application Review Score Sheet (see Appendix D).

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,Bureau of Health Preparedness, Hospital Preparedness Program and as a sub-award of a grant issued by Hospital Preparedness Program (HPP) and 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. Reports must be received in accordance with the requirements of the OGAPP manual and this solicitation before the department will release 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 January 15, 2025 and June 15, 2025. **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.

__X__Program Reports Required _____No Program Reports Required

Period	Report Due Date
July 1 – December 31, 2024	January 15, 2025
January 1 – May 31, 2025	June 15, 2025

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

b. Subrecipient Reimbursement Expenditure Reports: Subrecipients can choose monthly or quarterly reimbursement (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
September 1 – 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 – 28/29, 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 31, 2024	October 10, 2024
October 1 – December 31, 2024	January 10, 2025
January 1 – March 31, 2025	April 10, 2025
October 1 – June 30, 2025	July 10, 2025

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

c. Final Expenditure Reports: A Subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before **August 5, 2025.** The information contained in this report must reflect the program's accounting records and supportive documentation.

d. 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 by the agency official and serves as electronic acknowledgment and acceptance of OGAPP rules and regulations.

e. Inventory Report: A list of all equipment purchased in whole or in part with current grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the subrecipient Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Subrecipient. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

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 in GMIS.

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

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building; unless allowable by the grant.
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
16. Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications.
17. Unallowable costs as described by the Administration for Strategic Preparedness and Response as described in the federal notice of funding opportunity for these sub-award funds.

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. Client Incentives and Client Enablers:

Client incentives and client enablers are an unallowable cost.

AB. **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 expend $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 costof 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 conductedin 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 afterthe 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:

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.

AC. **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 papers.
- Number all pages.
- Program narrative should not exceed 10 pages (excluded appendices, attachments, budget, andbudget 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
   - Primary Reason
   - Funding
   - Justification
   - Personnel
   - Other Direct Costs
   - Equipment
   - Contracts
   - Compliance Section
   - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability andTransparency 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.
    - Contact Information Sheet (Attachment #1)
    - Match Letter (Attachment #2)
    - 10 Letters of Support
    - Table of Organization
    - Regional Healthcare Coordination Subrecipient Expectations (Appendix E)

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 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. Awarded agencies may be required to submit budget and workplan information as requested by ASPR. All agencies will submit federally required documents as required by ODH or ASPR. ODH will communicate any needs to awarded

agencies.

B. Budget: Prior to completion of the budget section, please review page 12-13 of the Solicitation for unallowable costs.

A match of 7.7% is required by this program.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 I for additional information regarding match requirements. The subrecipient must submit the match letter (Attachment 2) with the grant application. The letter must be on the agency letterhead and signed by the Agency Head.

1. **Primary Reason and Justification Pages (For Deliverable Grants):** Provide a detailed budget narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and all allocability of the proposed costs. Describe the specific functions of the personnel, consultants, and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS).

2. **Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2024 to June 30, 2025.

   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 theinitiative/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 beensigned 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.

3. **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 submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

1. **Executive Summary:** Identify the target population, services, and programs to be offered and what agency or agencies will provide those services and describe the burden of health disparities and health inequities related to this grant funding. Describe 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. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Specifically, the applicant should describe:

- The agency structure as it relates to this program.
- How the agency will manage the program to enhance healthcare readiness in the region.
- Plan for hiring and training a RHC, if applicable, and a general overview of the agency staff who will work on the HPP grant deliverables.
- How the agency will transition the coalition into the new competitive year, build capacity utilizing the current deliverable framework, and enhance work previously done.
- How the agency will leverage partnerships to incorporate needs of vulnerable populations into their regional plans.
- A plan to describe 24/7/365 availability to assist with public health response and coordination of medical surge activities in the region.
- How the agency will coordinate with ASPR-funded hospitals to successfully achieve the mission of this grant.
- General overview on how the agency will recruit and engage new and diverse coalition members.
- A general overview of the agency's ability to successfully manage the financial responsibilities of this grant.
- A plan on how to leverage funding to improve planning across the region.

Describe the capacity of the organization, its 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 health status concern(s) that will be addressed by the program. Only provide national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of disparity (e.g., population, location) health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable in orderto serve as baseline data upon which evaluation will be based. Clearly identify the target population.

   Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by thisfunding opportunity.

   Include a description of other agencies/organizations, in the region, also addressing this problem/need.

   Methodology: In narrative form, identify the program goals, **SMARTIE** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

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 in order to submit the application.)

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 Tuesday, May 28, 2024.**

III APPENDICES

A. Notice of Intent to Apply for Funding
B. GMIS Training, User Access, Access Change or Deactivation
C. C1 Deliverable – Objective Descriptions
   C2 Deliverable – Objective Allocations
D. Appendix D-Application review score sheet
E. Appendix E-RHC expectations
F. Appendix F-ASPR participating hospital roster
G. Appendix G-ASPR membership roster
H. Appendix H-HPP regional map
I. Appendix I-Match requirements

ATTACHMENTS

1. Attachment 1-Contact information
2. Attachment 2-Match letter template
3. Attachment 3-Budget justification template

☐

Appendix A

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Bureau of Health Preparedness

ODH Program Title:

Hospital Preparedness Program

Submission Required

See due date below.

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

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

ALL 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 ☐ City Agency ☐ Hospital ☐ Higher Education ☐ Local Schools ☐ 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 updated in GMIS, please include a letter on 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 no, 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.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO

preparedness.grants@odh.ohio.gov BY **April 29, at 4:00 p.m.**

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. 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 their 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 – "GMISTraining 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 and Email: Maria.Kapenda@odh.ohio.gov

Appendix C1

Name of Subgrant Program: Hospital Preparedness Program (HPP)
Budget Period: July 1, 2024 – June 30, 2025 (BP1)
Number of deliverables: 13
Use Budget Justification Scenario #: Budget Justification – Attachment 3

Hybrid (100% base budget; deliverable values used for denials)

Deliverable – Objective 1: Healthcare Coalition Roster

Description: The Healthcare Coalition (HCC) is useful for all phases of Comprehensive Emergency Management, but its primary mission should be to support healthcare organizations during emergency response and recovery. An element of this mission is promoting integration and accessibility of Coalition member organizations into the broader community response. Subrecipients must track the organizations engaging in the HCC in its annual roster. The roster submission must demonstrate Regional Healthcare Coalition compliance with the ***BP1/SFY25 Coalition Requirements.***

Successful Completion of the Deliverable(s) Includes:

- **Objective 1.1**: By September 15, 2024, the subrecipient will submit into GMIS a current HCC roster using the ***BP1/SFY25 Coalition Membership Roster*** in accordance with all conditions and requirements therein._____2%

Deliverable – Objective 2: Healthcare Coalition Meetings

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

The Regional Healthcare Coordinator must lead regular Regional Healthcare Coalition meetings and demonstrate in meeting minutes compliance according to the ***BP1/SFY25 HCC Meeting Requirements, BP1/SFY25 Coalition Requirements,*** and Regional Healthcare Coordinator Subrecipient Expectations***.***

Successful Completion of the Deliverable(s) Includes:

- **Objective 2.1**: By August 1, 2024, the subrecipient will submit into GMIS a calendar schedule utilizing the ***BP1/SFY25 HCC Meetings Template*** for a minimum of six HCC meetings within the grant year in accordance with the ***BP1/SFY25 HCC Meeting Requirements.*** The submitted schedule will document the name of the meeting, type (full coalition, executive steering, etc.), date and time of the meeting, and the location and/or format the meeting will be held (e.g., MS Teams, WebEx, etc.) This Objective should be completed prior to your first meeting. _____1%

- **Objective 2.2:** By October 15, 2024, the subrecipient will submit into GMIS at least one full/general Regional Healthcare Coalition and one Executive Steering Committee agenda, minutes, presentations, attendance record and other documentation indicated in the ***BP1/SFY25 HCC Meeting Requirements,*** from each meeting within 21 days of the meeting occurrence. Attendance must identify name of the participating individuals and the agencies represented. The meeting materials must also be distributed to the meeting attendees, including the Regional Public Health Coordinator and ODH HPP Planner._____1%

- **Objective 2.3:** By January 15, 2025, the subrecipient will submit into GMIS at least one full/general Regional Healthcare Coalition agenda, minutes, presentations, attendance record and other documentation indicated in the ***BP1/SFY25 HCC Meeting Requirements,*** from each meeting within 21 days of the meeting occurrence. Attendance must identify name of the participating individuals and the agencies represented. The meeting materials must also be distributed to the meeting attendees, including the Regional Public Health Coordinator and ODH HPP Planner._____1%

- **Objective 2.4:** By April 15, 2025, the subrecipient will submit into GMIS at least one full/general Regional Healthcare Coalition and one Executive Steering Committee agenda, minutes, presentations, attendance record and other documentation indicated in the ***BP1/SFY25 HCC Meeting Requirements,*** from each meeting within 21 days of the meeting occurrence. Attendance must identify name of the participating individuals and the agencies represented. The meeting materials must also be distributed to the meeting attendees, including the Regional Public Health Coordinator and ODH HPP Planner._____1%

- **Objective 2.5:** By June 1, 2025, the subrecipient will submit into GMIS at least one full/general Regional Healthcare Coalition agenda, minutes, presentations, attendance record and other documentation indicated in the ***BP1/SFY25 HCC Meeting Requirements,*** from each meeting within 21 days of the meeting occurrence. Attendance must identify name of the participating individuals and the agencies represented. The meeting materials must also be distributed to the meeting attendees, including the Regional Public Health Coordinator and ODH HPP Planner._____1%

Deliverable – Objective 3: HCC Planning

Description: Health care and medical response coordination enables the health care delivery system and other organizations to share information, manage and share resources, and integrate their activities. During an emergency response, health care organizations and other HCC members contribute to the coordination of information-exchange and resource-sharing to ensure the best patient-care outcomes possible. HCCs and their members can best achieve enhanced coordination and improved situational awareness when there is active participation from hospitals, EMS, emergency management organizations, and public health agencies and by documenting roles, responsibilities, and authorities before, during, and immediately after an emergency.

Successful Completion of the Deliverable(s) Includes:

- **Objective 3.1:** By December 1, 2024, the subrecipient will (1) make necessary edits and updates to the existing HCC Response Plan, (2) develop a Response Plan Annex addressing the requirements in the supporting documents and submit a draft of each into GMIS._____4%

- **Objective 3.2:** By March 15, 2025, the subrecipient will submit into GMIS and the Coalition Assessment Tool (CAT) the updated HCC Response Plan and the Response Annex adopted in accordance with the requirements detailed in the ***BP1/SFY25 HCC Planning Guidance***._____4%

- **Objective 3.3:** By June 1, 2025, the subrecipient must submit into GMIS a completed ***BP1/SFY25 HCC Aggregate Record of Changes Workbook*** with updated information following the annual review of the HCC plans and annexes. _____2%

Deliverable – Objective 4 HCC Chemical Plan Improvement Activities

Description: Each HCC has an approved Chemical Surge Annex to its response plan and an After Action Report and Improvement Plan for their BP5/SFY24 Regional Chemical Surge Exercise. The HCC Chemical Surge Annex was developed to address regional relationships and actions, bridging the gap between local response and statewide efforts. Essential Elements of Information for chemical emergencies are listed in the Regional Chemical Surge Annex and will be documented in the Bed Availability Platform to aid in situational awareness. By July 1, 2024, the subrecipients will receive ODH's review feedback on their region's Chemical Surge Annex.. The subrecipients will address the identified items on the ***BP1/SFY25 Chemical Surge Improvement Record*** and submit planned activities for ODH's approval. Upon approval from ODH, the subrecipient will complete the planned activities. The planned activities and an updated Chemical Surge Annex will be submitted when complete.

Successful Completion of the Deliverable(s) Includes:

- **Objective 4.1**: By September 15, 2024, the subrecipient must submit into GMIS a ***BP1/SFY25 Chemical Surge Improvement Record*** that includes description of how all planned activities will be addressed and incorporated into the annex._____3%

- **Objective 4.2:** By January 15, 2025, the subrecipient will verify that all facilities have submitted chemical EEI data into EMResource and submit into GMIS the ***BP1/SFY25 Chemical EEI Attestation***._____1%

- **Objective 4.3:** By April 15, 2025, the subrecipient will submit into GMIS and the updated ***BP1/SFY25 Chemical Surge Improvement Record*** and the final HCC Chemical Surge Annex adopted in accordance with the HCC. The final HCC Chemical Surge Annex must also be submitted into the Coalition Assessment Tool (CAT)._____5%

Deliverable – Objective 5: Regional Hazard & Vulnerability Analysis (HVA)

Description: Each HCC has a regional HVA. The subrecipient will complete an annual review of their HVA using the ***BP1/SFY25 HCC HVA Workbook***. Health care facilities, EMS, and other health care organizations should provide input into the development of the regional HVA based on their facilities or organizations' HVAs. The assessment components should include regional characteristics, such as risks for natural or man-made disasters, geography, and critical infrastructure. The assessment components should also address population characteristics (including demographics) and consider those individuals who might require additional help in an emergency, such as children; pregnant women; seniors; individuals with access and functional needs, including people with disabilities; and others with unique needs.

Successful Completion of the Deliverable(s) Includes:

- **Objective 5.1:** By June 1, 2025, the subrecipient must complete an updated HVA for the region and submit into GMIS a completed ***BP1/SFY25 HCC HVA Workbook.*** The final HCC HVA must also be submitted into the Coalition Assessment Tool (CAT)._____13 %

Deliverable – Objective 6: Pediatric Facility Preparedness Program

Description: Each HCC has worked with the short term hospitals and children's hospitals in their respective regions to determine the pediatric capabilities of each facility against the Region V For Kids *Facility Preparedness Tool for Pediatric Considerations.* The subrecipient will build upon this collaboration by identifying an appropriate point of contact (POC) at each short-term hospital and children's hospital in the region. The subrecipient and facility POC will complete and submit the ***BP1/SFY25 Pediatric Facility Recognition Worksheet Requirements***. Upon agreement with the POC, the subrecipient will make the necessary updates to the regional pediatric capability tiers in the HCCs Pediatric Surge Annex, and to the ***BP1/SFY25 HPP Hospital List Pediatrics Update***.

Successful Completion of the Deliverable(s) Includes:

- **Objective 6.1:** By May 1, 2025, the subrecipient must complete and submit the following into GMIS._____10%
  (1) The ***BP1/SFY25 HPP Hospital List Pediatrics Update***
  (2) A copy of the required documents as instructed in the ***Pediatric Facility Recognition Worksheet Requirements***
  (3) An updated HCC Pediatric Surge Annex must also be uploaded into the CAT.

Deliverable – Objective 7: Ohio Department of Health Statewide Integrated Preparedness Planning Workshop (IPPW)

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 7.1:** By September 1, 2024, the Regional Healthcare Coordinator or designee must provide representation at the ODH Statewide IPPW and must complete the participant feedback survey and upload into GMIS the verification of attendance._____3%

Deliverable – Objective 8: BP1 – BP5 HCC Integrated Preparedness Plan (IPP)

Description: Subrecipients will submit the five-year (BP1-BP5) the HCC Integrated Preparedness Plan (IPP) with 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 coalition's HVA and include input from the Regional Public Health Coordinator. The coalition HVA will be submitted as an appendix to the overall HCC IPP.

The IPP deliverable is a foundation document guiding a successful training and exercise program as well as a method to increase whole community preparedness by outlining overall training and exercise program priorities and a detailed schedule of training and exercise activities designed to meet those priorities for the coalition. Deliverable submission checklists, additional information and requirements for the HCC IPP are located in the ***HCC IPP Template.***

Successful Completion of the Deliverable(s) Includes:

- **Objective 8.1:** By December 15, 2024, the subrecipient must submit into GMIS the five-year HCC IPP and associated appendices on the ***HCC IPP Template.***_____9%

Deliverable – Objective 9: Medical Response and Surge Exercise (MRSE) and Exercise Planning and Evaluation Tool

Description: The purpose of the Medical Response and Surge Exercise (MRSE) is to provide HCCs with an opportunity to test their surge response and preparedness capabilities. The scenario used in the MRSE is defined by the HCC, but all exercises will test an HCC and its members' capacity to accommodate a surge of patients equal to at least 20% of its staffed bed capacity. HCCs will utilize ASPR provided exercise documents to complete this deliverable. Deliverable submission checklists and additional information are located in the ***BP1/SFY25 Exercise Deliverable Technical Assistance*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 9.1:** By June 1, 2025, the subrecipient must update the Coalition Assessment Tool (CAT) and then complete and submit into GMIS the ASPR provided Exercise tools._____12%

Deliverable – Objective 10: Participate in the PHEP Regional Chemical Tabletop Exercise

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 coordinate with the Regional Public Health Coordinator to ensure participation of coalition partners. After the exercise, the subrecipient will document coalition-based activities from the exercise and complete an AAR/IP.

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 10.1**: 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._____2%

- **Objective 10.2**: By March 15, 2025, the subrecipient must submit into GMIS the HCC AAR/IP for the planned regional chemical TTX following requirements listed in the ***HPP AAR/IP Template***.__5%

Deliverable – Objective 11: Tactical Communication Drills

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

Successful Completion of the Deliverable(s) Includes:

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

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

- **Objective 11.1:** By December 15, 2024, the subrecipient must submit into GMIS the Communications Worksheet and alerting system message summary report. _____1%

- **Objective 11.2:** By June 15, 2025, the subrecipient must submit into GMIS the Communications Worksheet and alerting system message summary report. _____1%

Deliverable – Objective 12: CHEMPACK Interactive Training

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 ASPR funded hospital must attend a regional training. The RHC coordinator will be responsible for the coordination of the date, time, and facility location. The RHC coordinator will be responsible for tracking the attendance and uploading the completed attendance roster in GMIS.

- **Objective 12.1:** By June 15, 2025, the subrecipient must submit completed attendance roster in GMIS. _____10%

Deliverable – Objective 13: HPP Zone Engagement

Description: During the COVID-19 pandemic, the Ohio Department of Health established a hospital zone structure to enhance medical surge capacity and collaboration across hospital and healthcare facilities in the state. The HPP regions were placed into three zones led by several of the state's leading healthcare systems. The creation of the zone structure enhanced collaboration across HPP regions and harnessed clinical leadership during an increasingly complex medical surge emergency. The participation of RHCs, and their corresponding coalitions, in Zone activities is essential for the structure to best operate. RHCs will represent their coalitions in zone planning, training, and exercise activities to imbed zone activities into healthcare readiness activities beyond COVID-19.

As part of the zone support, HPP subrecipients will:

- Attend quarterly Zone meetings with ODH, Ohio Hospital Association, and Zone leads,

- Coordinate with the OHA to develop and disseminate planning guidance to address complex mass casualty events like burn, viral hemorrhagic fever, radiation, or those that include crisis standards of care,
- Provide training opportunities for healthcare coalition stakeholders on specific response processes to include burn surge and crisis standard of care,
- Provide regional review and comment on zone plans, processes, or protocols,
- Attend at least one discussion – based exercise regarding zone related activities as directed by ODH and OHA,
- Participate in exercise follow- up activities including hot-wash and review of the resulting After Action Report and Improvement Plan and,
- Engage subject matter experts within the regional healthcare coalition to increase participation of coalition members in zone activities.

Successful Completion of the Deliverable(s) Includes:

Participation will be demonstrated by OHA-provided documents recording participation. This can include meeting minutes, attendance reports, comments documentation, etc. OHA and ODH will provide a verification of engagement for deliverable submission.

The RHC coordinator will be responsible for tracking the attendance and uploading the completed attendance roster in GMIS.

- **Objective 13.1:** By June 15, 2025, the subrecipient must provide verification of participation in GMIS. _____8%

Appendix C2												
Name of Subgrant Program: Hospital Preparedness Program (HPP)												
Budget Period: 1												
# of Deliverables: 12												
Use Budget Justification Scenario #: 1												
X Base Only												
Base and Deliverables												
Deliverables Only												
SUBRECIPIENT		**Objective 1.1**	**Objective 2.1**	**Objective 2.2**	**Objective 2.3**	**Objective 2.4**	**Objective 2.5**	**Objective 3.1**	**Objective 3.2**	**Objective 3.3**	**Objective 4.1**	**Objective 4.2**
DELIVERABLE	**New Allocation**	Coalition Membership Roster	HCC Calendar	HCC Meetings I	HCC Meetings II	HCC Meetings III	HCC Meetings IV	HCC Response Plan Updates	HCC Response Planning Guidance	HCC Record of Changes Workbook	Chem Surge Improvement Plan	Chemical EEI Attestation
WEIGHT (%)		**2.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**4.00%**	**4.00%**	**2.00%**	**3.00%**	**1.00%**
Northeast	$ 794,118.30	$15,882.37	$7,941.18	$7,941.18	$7,941.18	$7,941.18	$7,941.18	$31,764.73	$31,764.73	$15,882.37	$23,823.55	$7,941.18
Southeast Central/SE	$ 624,396.21	$12,487.92	$6,243.96	$6,243.96	$6,243.96	$6,243.96	$6,243.96	$24,975.85	$24,975.85	$12,487.92	$18,731.89	$6,243.96
Central	$ 870,041.76	$17,400.84	$8,700.42	$8,700.42	$8,700.42	$8,700.42	$8,700.42	$34,801.67	$34,801.67	$17,400.84	$26,101.25	$8,700.42
Southwest	$ 714,077.01	$14,281.54	$7,140.77	$7,140.77	$7,140.77	$7,140.77	$7,140.77	$28,563.08	$28,563.08	$14,281.54	$21,422.31	$7,140.77
Northwest	$ 788,536.81	$15,770.74	$7,885.37	$7,885.37	$7,885.37	$7,885.37	$7,885.37	$31,541.47	$31,541.47	$15,770.74	$23,656.10	$7,885.37
West Central	$ 544,953.36	$10,899.07	$5,449.53	$5,449.53	$5,449.53	$5,449.53	$5,449.53	$21,798.13	$21,798.13	$10,899.07	$16,348.60	$5,449.53
Northeast Central	$ 881,067.55	$17,621.35	$8,810.68	$8,810.68	$8,810.68	$8,810.68	$8,810.68	$35,242.70	$35,242.70	$17,621.35	$26,432.03	$8,810.68
TOTAL	**$5,217,191**											

Objective 4.3	**Objective 5.1**	**Objective 6.1**	**Objective 7.1**	**Objective 8.1**	**Objective 9.1**	**Objective 10.1**	**Objective 10.12**	**Objective 11.1**	**Objective 11.2**	**Objective 12.1**	**Objective 13.1**
Improvement Record and Final Chem Surge Annex	HCC HVA Workbook	Pediatric Family Preparedness Program	Attend ODH Intergrated Preparedness Plan Workshop	HCC IPP	MRSE	Public Health Chem TTX	HPP AAR/IP	Communications Drill I	Communication Drill II	CHEMPACK Training	Zone Engagment Verification
5.00%	**13.00%**	**10.00%**	**3.00%**	**9.00%**	**12.00%**	**2.00%**	**5.00%**	**1.00%**	**1.00%**	**10.00%**	**8.00%**
$39,705.92	$103,235.38	$79,411.83	$23,823.55	$71,470.65	$95,294.20	$15,882.37	$39,705.92	$7,941.18	$7,941.18	$79,411.83	$63,529.46
$31,219.81	$81,171.51	$62,439.62	$18,731.89	$56,195.66	$74,927.55	$12,487.92	$31,219.81	$6,243.96	$6,243.96	$62,439.62	$49,951.70
$43,502.09	$113,105.43	$87,004.18	$26,101.25	$78,303.76	$104,405.01	$17,400.84	$43,502.09	$8,700.42	$8,700.42	$87,004.18	$69,603.34
$35,703.85	$92,830.01	$71,407.70	$21,422.31	$64,266.93	$85,689.24	$14,281.54	$35,703.85	$7,140.77	$7,140.77	$71,407.70	$57,126.16
$39,426.84	$102,509.79	$78,853.68	$23,656.10	$70,968.31	$94,624.42	$15,770.74	$39,426.84	$7,885.37	$7,885.37	$78,853.68	$63,082.94
$27,247.67	$70,843.94	$54,495.34	$16,348.60	$49,045.80	$65,394.40	$10,899.07	$27,247.67	$5,449.53	$5,449.53	$54,495.34	$43,596.27
$44,053.38	$114,538.78	$88,106.75	$26,432.03	$79,296.08	$105,728.11	$17,621.35	$44,053.38	$8,810.68	$8,810.68	$88,106.75	$70,485.40

Appendix D

HOSPITAL PREPAREDNESS PROGRAM GRANT
APPLICATION SCORE SHEET
FY25- July 1, 2024 – June 30, 2025

Agency Name: Click or tap here to enter text.

Project Key:

1. Was this the only entry for this jurisdiction:
   ☐ **Yes** ☐ **No**
2. Does ODH have issues with this application?
   ☐ **Yes** ☐ **No**
3. The response to question number 1 was "No" please see the agency's score below:

Agency is being referred to CAR: ☐ **Yes** ☐ **No**

Additional Comments:

	SECTION 1		
	PROGRAM ATTACHMENTS **(46 POINTS)**	Date: _____ Scorer's Name: _____	
	GRANT APPLICATION COMPONENT	**SCORE**	**COMMENTS**
1.	☐ Application submitted on time (Only applications submitted on time can be reviewed)	☐Yes ☐No	
2.	☐ Attachment #1 was submitted and complete **(5 points)**		
3.	☐ Match Letter was submitted **(2 points)** ☐ Match Letter is on Agency letterhead **(2 points)** ☐ Correct funding and match amount used **(2 points)** ☐ Match letter was signed by Agency Head **(2 points)**		
4.	☐ Appendix C2 (Budget Allocations) was submitted **(2 points)** ☐ Signed by Agency Head **(2 points)**		
5.	☐ Public Health Impact Statement Summary was submitted **(5 points)**		
6.	☐ No less than 10 Letters of support from Regional Healthcare Coalition Members representing the entire core four **(15 points)**		
7.	☐ Table of Organization was submitted **(5 points)**		
8.	☐ Regional Healthcare Coordination Subrecipient Expectations (Appendix E) was submitted **(2 points)** ☐ Signed by Agency Head **(2 points)**		
SECTION 1 TOTAL:			

SECTION 2				
PROJECT NARRATIVE				
(60 POINTS)			Date: _____ Scorer's Name:	
GRANT APPLICATION COMPONENT	**SME APPROVAL**	**PMP APPROVAL**	**FINAL SCORE**	**COMMENTS**
The agency summarizes their structure as it relates to this program and, as the lead agency. **(5 points)**				
The agency summarizes how it will manage the program to enhance healthcare readiness in the region **(5 points)**				
A) The agency describes plans for hiring and training a Regional Healthcare Coordinator, if applicable, providing a general overview of the agency staff who will be working on the HPP grant deliverables. OR B) The agency does not need to hire a Regional Healthcare Coordinator and identifies who will fill the role and how they meet the qualifications, providing a general overview of the agency staff who will be working on the HPP grant deliverables. **(10 points – A or B)**				
The agency describes how the subrecipient will transition the coalition into the new competitive year, build capacity utilizing the current deliverables framework, and enhance work previously done. **(5 points)**				
The agency provides a general overview of the agency staff who will be working on the HPP grant deliverables. **(5 points)**				
The agency describes how they will leverage partnership to incorporate needs of vulnerable populations into their regional plans. **(5 points)**				
Provide a description of how the agency will assure 24/7/365 availability to assist with a public health response and coordination of medical surge activities in the region. **(5 points)**				
Include a description of how the agency will coordinate with the ASPR funded hospitals to successfully achieve the mission of this grant. **(5 points)**				

General overview on how the applicant will recruit and engage new and diverse coalition members. **(5 points)**				
The agency provides a general overview of it's ability to successfully manage the financial responsibilities of the grant. **(5 points)**				
The agency describes how they would leverage funding to improve planning across the region. **(5 points)** **Total 60 points**				

SECTION 2 TOTAL:

	HPP (Max 106 points)	
	SECTION MAXIMUM	**AGENCY SCORE**
SECTION 1	46	
SECTION 2	60	
TOTAL	**106**	
***Minimum score needed**	**74**	

*A score total of less than 70% of Maximum points will not be funded

Agency is being referred to CAR: ☐ Yes ☐ No

Additional Comments:

PMPU Consultant:
Date review completed:

Appendix E

Regional Healthcare Coordinator Sub-Recipient Expectations

Successful applicant agencies for the Hospital Preparedness Program (HPP) Grant agree to serve as the primary planning resource and liaison to the Administration for Strategic Preparedness and Response (ASPR) hospitals and the Healthcare Coalitions (HCC) in their planning region. These program requirements are for the project period of July 1, 2024, through June 30, 2025. In Ohio, these roles are known as Regional Healthcare Coordinator (RHC), and nationally known as the HCC Readiness and Response Coordinator or HCC RRC.

Collaboration

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

Planning

- Review and identify gaps in regional response and preparedness plans as often as needed and update at least annually. Notify the Ohio Department of Health (ODH) of any barriers to collaboration and develop a plan to mitigate the barriers and promote greater collaboration.
- Provide, as requested, documentation such as minutes, emails, and/or signatures, indicating collaboration within the HCC, and with other partners and stakeholders, when reviewing and updating the regional healthcare response and preparedness plans.
- Assist HCC members, particularly ASPR-funded and ASPR-participating members, with development, review and technical assistance of public health emergency plans, manuals and standard operating procedures, utilizing local, state and federal guidelines and requirements. Regional Healthcare Coordinators (RHCs) should offer members technical assistance or consultive services in meeting the CMS Emergency Preparedness Rule.
- Coordinate efforts to expand communication and emergency response capabilities between members of the HCC and community agencies.
- Coordinate efforts to enhance the healthcare system in the region for responding to an incident, emergency or disaster.
- Be an accessible source of preparedness and response best practices for newly engaged provider types as they adapt to the requirements. Play a role in assisting members with closing planning gaps, as well as assuring integration with core coalition partners.

Situational Awareness and Data Sharing

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

Grant Administrative Requirements

- Ensure no funding provided by this grant can be allocated to fund entities in achieving the requirements stated in the CMS Emergency Preparedness Requirements Final Rule (i.e., writing plans and participating in exercises).
- As directed by ODH, the subrecipient must demonstrate a willingness to collaborate with any vendor under contract with the ODH BHP for the conduct of any regional and statewide initiatives under this award.
- The RHC can only be assigned to a single HCC; however, they are strongly encouraged to coordinate with neighboring HCCs to improve planning and operational readiness.
- The RHC is not required to live within the geographic boundaries of their HCC; however, their work duties are expected to occur within their HCC geographic area to strengthen their relationship with stakeholders and improve their ability to support HCC response activities. The individual should reside within a reasonable commuting radius, such that the individual can be present to work onsite with the HCC and its members on a daily basis.
- The RHC is responsible for ensuring that the HCC meets all HPP performance measures and benchmarks with special attention to the HCC response plans, roles, and operations.

Individual Training Requirements

Participate in and complete all training requirements, including:

- IS-100.C: Introduction to the Incident Command System
- 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

- IS-368: Including People with Disabilities & Others with Access & Functional Needs in Disaster Operations
- Bureau of Health Preparedness Systems trainings, including, situational awareness systems for bed availability, patient tracking, C-MIST, OPHCS, MARCS and other required 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: _____

Agency Head: _____
Signature Date

Appendix F

Title	Sub-Type	Region	ASPR Type	Capability_ED	Capability_Trauma	Active Member	City	State	County
Advanced Specialty Hospital of Toledo	LONG TERM	1-NW	ASPR - Participating	No	None	Yes	TOLEDO	OH	LUCAS
Arrowhead Behavioral Health	PSYCHIATRIC	1-NW	ASPR - Participating	No	None	Yes	MAUMEE	OH	LUCAS
Bellevue Hospital, The	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	BELLEVUE	OH	SANDUSKY
Blanchard Valley Bluffton Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	BLUFFTON	OH	ALLEN
Blanchard Valley Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	3	Yes	FINDLAY	OH	HANCOCK
Community Memorial Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	HICKSVILLE	OH	DEFIANCE
Encompass Health Rehab Hospital of Toledo	REHABILITATION	1-NW	ASPR - Participating	No	None	Yes	TOLEDO	OH	LUCAS
Firelands Regional Medical Center	SHORT TERM	1-NW	ASPR - Funded	Yes	3	Yes	SANDUSKY	OH	ERIE
Fisher-Titus Medical Center	SHORT TERM	1-NW	ASPR - Funded	Yes	3	Yes	NORWALK	OH	HURON
Fulton County Health Center	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	WAUSEON	OH	FULTON
Grand Lake Joint Township District Memorial	SHORT TERM	1-NW	ASPR - Participating	Yes	None	Yes	SAINT MARYS	OH	AUGLAIZE
Henry County Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	NAPOLEON	OH	HENRY
Institute For Orthopaedic Surgery	SHORT TERM SURGICAL	1-NW	ASPR - Participating	No	None	Yes	LIMA	OH	ALLEN
Lima Memorial Health System	SHORT TERM	1-NW	ASPR - Funded	Yes	2	Yes	LIMA	OH	ALLEN
Magruder Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	PORT CLINTON	OH	OTTAWA
Mercer Health	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	COLDWATER	OH	MERCER
Mercy Health - Defiance Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	DEFIANCE	OH	DEFIANCE
Mercy Health - Perrysburg Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	PERRYSBURG	OH	WOOD
Mercy Health - St Anne Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	TOLEDO	OH	LUCAS
Mercy Health - St Charles Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	3	Yes	OREGON	OH	LUCAS
Mercy Health - St Rita's Medical Center	SHORT TERM	1-NW	ASPR - Funded	Yes	2	Yes	LIMA	OH	ALLEN
Mercy Health - St Vincent Medical Center	SHORT TERM	1-NW	ASPR - Funded	Yes	1	Yes	TOLEDO	OH	LUCAS
Mercy Health - Tiffin Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	TIFFIN	OH	SENECA
Mercy Health - Willard Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	WILLARD	OH	HURON
Northwest Ohio Psychiatric Hospital	PSYCHIATRIC	1-NW	ASPR - Participating	No	None	Yes	TOLEDO	OH	LUCAS
OhioHealth Van Wert	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	VAN WERT	OH	VAN WERT
Parkview Bryan	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	BRYAN	OH	WILLIAMS
Parkview Montpelier	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	MONTPELIER	OH	WILLIAMS
Paulding County Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	PAULDING	OH	PAULDING
ProMedica Bay Park Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	OREGON	OH	LUCAS
ProMedica Defiance Regional Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	3	Yes	DEFIANCE	OH	DEFIANCE
ProMedica Flower Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	SYLVANIA	OH	LUCAS
ProMedica Fostoria Community Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	FOSTORIA	OH	SENECA
ProMedica Memorial Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	FREMONT	OH	SANDUSKY
ProMedica Russell J. Ebeid Children's Hospital	CHILDRENS	1-NW	ASPR - Funded	Yes	2	Yes	TOLEDO	OH	LUCAS
ProMedica Toledo Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	1	Yes	TOLEDO	OH	LUCAS
Regency Hospital of Toledo	LONG TERM	1-NW	ASPR - Participating	No	None	Yes	SYLVANIA	OH	LUCAS
Rehabilitation Hospital of Northwest Ohio	REHABILITATION	1-NW	ASPR - Participating	No	None	No	TOLEDO	OH	LUCAS
Sojourn At Seneca	PSYCHIATRIC	1-NW	ASPR - Participating	No	None	Yes	TIFFIN	OH	SENECA
University of Toledo Medical Center, The	SHORT TERM	1-NW	ASPR - Funded	Yes	2	Yes	TOLEDO	OH	LUCAS
Wood County Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	BOWLING GREEN	OH	WOOD
Ashtabula County Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	ASHTABULA	OH	ASHTABULA
Cleveland Clinic	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	CLEVELAND	OH	CUYAHOGA
Cleveland Clinic Avon Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	AVON	OH	LORAIN
Cleveland Clinic Euclid Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	EUCLID	OH	CUYAHOGA
Cleveland Clinic Fairview Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	2	Yes	CLEVELAND	OH	CUYAHOGA
Cleveland Clinic Hillcrest Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	2	Yes	MAYFIELD HEIGHTS	OH	CUYAHOGA
Cleveland Clinic Lakewood Emergency Department	FSED	2-NE	ASPR - Participating	Yes	None		lakewood	OH	Cuyahoga
Cleveland Clinic Lutheran Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	CLEVELAND	OH	CUYAHOGA
Cleveland Clinic Marymount Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	GARFIELD HEIGHTS	OH	CUYAHOGA
Cleveland Clinic Mentor Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None		Mentor	OH	LAKE
Cleveland Clinic South Pointe Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	WARRENSVILLE HEIGHTS	OH	CUYAHOGA
Glenbeigh Health Sources	PSYCHIATRIC	2-NE	ASPR - Participating	No	None	Yes	ROCK CREEK	OH	ASHTABULA
Highland Springs	PSYCHIATRIC	2-NE	ASPR - Participating	No	None	Yes	BEACHWOOD	OH	CUYAHOGA
Mercy Health - Allen Hospital	CRITICAL ACCESS HOSPITALS	2-NE	ASPR - Funded	Yes	None	Yes	OBERLIN	OH	LORAIN
Mercy Health - Lorain Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	3	Yes	LORAIN	OH	LORAIN
MetroHealth Brecksville Health and Surgery Center	FSED	2-NE	ASPR - Participating	Yes	None	Yes	BRECKSVILLE	OH	CUYAHOGA
MetroHealth Glick Center	SHORT TERM	2-NE	ASPR - Funded	Yes	1	Yes	CLEVELAND	OH	CUYAHOGA
MetroHealth Parma Hospital	SHORT TERM	2-NE	ASPR - Participating	Yes	3	Yes	PARMA	OH	CUYAHOGA
Southwest General Health Center	SHORT TERM	2-NE	ASPR - Funded	Yes	3	Yes	MIDDLEBURG HEIGHTS	OH	CUYAHOGA
St. Vincent Charity Community Health Center Psych FSED	FSED	2-NE	ASPR - Funded	Yes	None	Yes	CLEVELAND	OH	CUYAHOGA
University Hospitals Ahuja Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	BEACHWOOD	OH	CUYAHOGA
University Hospitals Beachwood Medical Center	SHORT TERM	2-NE	ASPR - Participating	Yes	None	Yes	BEACHWOOD	OH	CUYAHOGA
University Hospitals Cleveland Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	1	Yes	CLEVELAND	OH	CUYAHOGA
University Hospitals Conneaut Medical Center	CRITICAL ACCESS HOSPITALS	2-NE	ASPR - Funded	Yes	None	Yes	CONNEAUT	OH	ASHTABULA
University Hospitals Elyria Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	3	Yes	ELYRIA	OH	LORAIN
University Hospitals Geneva Medical Center	CRITICAL ACCESS HOSPITALS	2-NE	ASPR - Funded	Yes	None	Yes	GENEVA	OH	ASHTABULA

University Hospitals Lake West Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	WILLOUGHBY	OH	LAKE
University Hospitals Parma Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	3	Yes	PARMA	OH	CUYAHOGA
University Hospitals Rainbow Babies & Childrens Hospital	CHILDRENS	2-NE	ASPR - Funded	Yes	1	Yes	CLEVELAND	OH	CUYAHOGA
University Hospitals Regional Hospitals - Geauga Campus	SHORT TERM	2-NE	ASPR - Funded	Yes	3	Yes	CHARDON	OH	GEAUGA
University Hospitals Seidman Cancer Ctr	SHORT TERM	2-NE	ASPR - Funded	No	None		Cleveland	OH	CUYAHOGA
University Hospitals St John Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	3	Yes	WESTLAKE	OH	CUYAHOGA
University Hospitals Tripoint Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	CONCORD	OH	LAKE
VA Cleveland Louis Stokes	VA/MILITARY	2-NE	ASPR - Participating	Yes	None	Yes	CLEVELAND	OH	CUYAHOGA
Windsor Laurelwood Center For Behavorial Medicine	PSYCHIATRIC	2-NE	ASPR - Participating	No	None	Yes	WILLOUGHBY	OH	LAKE
Dayton Children's Hospital	CHILDRENS	3-WC	ASPR - Funded	Yes	1	Yes	DAYTON	OH	MONTGOMERY
Dayton Children's South Campus FSED	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Miamisburg	OH	MONTGOMERY
Kettering Health Dayton (Grandview)	SHORT TERM	3-WC	ASPR - Participating	Yes	3	Yes	DAYTON	OH	MONTGOMERY
Kettering Health Greene Memorial	SHORT TERM	3-WC	ASPR - Participating	Yes	None	Yes	XENIA	OH	GREENE
Kettering Health Huber Heights	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Huber Heights	OH	
Kettering Health Main Campus	SHORT TERM	3-WC	ASPR - Participating	Yes	2	Yes	KETTERING	OH	MONTGOMERY
Kettering Health Miamisburg	SHORT TERM	3-WC	ASPR - Participating	Yes	None	Yes	MIAMISBURG	OH	MONTGOMERY
Kettering Health Piqua	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Piqua	OH	Miami
Kettering Health Preble	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Eaton	OH	Preble
Kettering Health Soin Medical Center	SHORT TERM	3-WC	ASPR - Participating	Yes	3	Yes	BEAVER CREEK	OH	GREENE
Kettering Health Springfield Emergency	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Springfield	OH	Clark
Kettering Health Troy	SHORT TERM	3-WC	ASPR - Participating	Yes	None	Yes	TROY	OH	MIAMI
Kettering Health Washington Twp	SHORT TERM	3-WC	ASPR - Participating	Yes	None	Yes	DAYTON	OH	MONTGOMERY
Mercy Health - Dayton Springfield Emergency Center	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Fairborn	OH	Greene
Mercy Health - Springfield Regional Medical Center	SHORT TERM	3-WC	ASPR - Funded	Yes	None	Yes	SPRINGFIELD	OH	CLARK
Mercy Health - Urbana Hospital	CRITICAL ACCESS HOSPITALS	3-WC	ASPR - Funded	Yes	None	Yes	URBANA	OH	CHAMPAIGN
PAM Health Rehabilitation Hospital of Miamisburg	REHABILITATION	3-WC	ASPR - Participating	No	None	Yes	Miamisburg	OH	Montgomery
Premier Health Austin Emergency Care Center	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Miamisburg	OH	Montgomery
Premier Health Miami Valley Hospital	SHORT TERM	3-WC	ASPR - Funded	Yes	1	Yes	DAYTON	OH	MONTGOMERY
Premier Health Miami Valley Hospital Beavercreek ED	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Beavercreek	OH	Greene
Premier Health Miami Valley Hospital Jamestown ED	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Jamestown	OH	Greene
Premier Health Miami Valley Hospital North	SHORT TERM	3-WC	ASPR - Funded	Yes	None	Yes	DAYTON	OH	MONTGOMERY
Premier Health Miami Valley Hospital South	SHORT TERM	3-WC	ASPR - Funded	Yes	3	Yes	CENTERVILLE	OH	MONTGOMERY
Premier Health Upper Valley Medical Center	SHORT TERM	3-WC	ASPR - Funded	Yes	3	Yes	TROY	OH	MIAMI
Shriners Children's Ohio	CHILDRENS	3-WC	ASPR - Participating	No	None	Yes	DAYTON	OH	MONTGOMERY
Wayne HealthCare	SHORT TERM	3-WC	ASPR - Funded	Yes	None	Yes	GREENVILLE	OH	DARKE
Wilson Health	SHORT TERM	3-WC	ASPR - Funded	Yes	None	Yes	SIDNEY	OH	SHELBY
Adena Fayette Medical Center	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Funded	Yes	None	Yes	WASHINGTON CH	OH	FAYETTE
Avita Bucyrus Hospital	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Funded	Yes	None	Yes	BUCYRUS	OH	CRAWFORD
Avita Galion Hospital	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Funded	Yes	None	Yes	GALION	OH	CRAWFORD
Diley Ridge Medical Center	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	CANAL WINCHESTER	OH	FAIRFIELD
Fairfield Medical Center	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	LANCASTER	OH	FAIRFIELD
Fairfield Medical Center River Valley Campus	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Lancaster	OH	Fairfield
Knox Community Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	MOUNT VERNON	OH	KNOX
Licking Memorial Health	SHORT TERM	4-CEN	ASPR - Participating	Yes	None	Yes	NEWARK	OH	LICKING
Madison Health	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	LONDON	OH	MADISON
Mary Rutan Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	BELLEFONTAINE	OH	LOGAN
Memorial Health	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	MARYSVILLE	OH	UNION
Morrow County Hospital	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Funded	Yes	None	Yes	MOUNT GILEAD	OH	MORROW
Mount Carmel East	SHORT TERM	4-CEN	ASPR - Funded	Yes	2	Yes	COLUMBUS	OH	FRANKLIN
Mount Carmel Emergency Room Franklinton	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Columbus	OH	Franklin
Mount Carmel Grove City	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	GROVE CITY	OH	FRANKLIN
Mount Carmel Lewis Center	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Lewis Center	OH	Delaware
Mount Carmel New Albany Surgical Hospital	SHORT TERM	4-CEN	ASPR - Participating	No	None	Yes	NEW ALBANY	OH	FRANKLIN
Mount Carmel Reynoldsburg	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Reynoldsburg	OH	Fairfield
Mount Carmel St Ann's	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	WESTERVILLE	OH	FRANKLIN
Nationwide Children's Hospital	CHILDRENS	4-CEN	ASPR - Funded	Yes	1	Yes	COLUMBUS	OH	FRANKLIN
Nationwide Children's Hospital Lewis Center	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Delaware	OH	Delaware
Ohio State University East	SHORT TERM	4-CEN	ASPR - Participating	Yes	3	Yes	COLUMBUS	OH	FRANKLIN
Ohio State University Wexner Medical Center	SHORT TERM	4-CEN	ASPR - Participating	Yes	1	Yes	COLUMBUS	OH	FRANKLIN
OhioHealth Berger Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	CIRCLEVILLE	OH	PICKAWAY
OhioHealth Doctors Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	COLUMBUS	OH	FRANKLIN
OhioHealth Dublin Methodist Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	DUBLIN	OH	FRANKLIN
OhioHealth Emergency Care - Hilliard	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Hilliard	OH	Franklin
OhioHealth Emergency Care - New Albany	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	NEW ALBANY	OH	Franklin
OhioHealth Emergency Care - Obetz	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Obetz	OH	Franklin
OhioHealth Emergency Care - Powell	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Powell	OH	Franklin

OhioHealth Emergency Care - Reynoldsburg	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Reynoldsburg	OH	Franklin
OhioHealth Grady Memorial Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	DELAWARE	OH	DELAWARE
OhioHealth Grant Medical Center	SHORT TERM	4-CEN	ASPR - Funded	Yes	1	Yes	COLUMBUS	OH	FRANKLIN
OhioHealth Grove City Methodist Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	GROVE CITY	OH	FRANKLIN
OhioHealth Hardin Memorial Hospital	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Funded	Yes	None	Yes	KENTON	OH	HARDIN
OhioHealth Lewis Center	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Delaware	OH	Delaware
OhioHealth Marion General Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	MARION	OH	MARION
OhioHealth Pickerington Medical Campus	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Pickerington	OH	Franklin
OhioHealth Riverside Methodist Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	2	Yes	COLUMBUS	OH	FRANKLIN
OhioHealth Westerville	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Westerville	OH	Franklin
Select Specialty Hospital Columbus	LONG TERM	4-CEN	ASPR - Participating	No	None	No	COLUMBUS	OH	FRANKLIN
Select Specialty Hospital Columbus	LONG TERM	4-CEN	ASPR - Participating	No	None	Yes	COLUMBUS	OH	FRANKLIN
Wyandot Memorial Hospital	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Funded	Yes	None	Yes	UPPER SANDUSKY	OH	WYANDOT
Akron Children's Hospital	CHILDRENS	5-NECO	ASPR - Funded	Yes	1	Yes	AKRON	OH	SUMMIT
Akron Children's Hospital Mahoning Valley	CHILDRENS	5-NECO	ASPR - Funded	Yes	None	Yes	YOUNGSTOWN	OH	MAHONING
Aultman Alliance Community Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	ALLIANCE	OH	STARK
Aultman Main Campus	SHORT TERM	5-NECO	ASPR - Funded	Yes	2	Yes	CANTON	OH	STARK
Aultman Orrville	CRITICAL ACCESS HOSPITALS	5-NECO	ASPR - Funded	Yes	None	Yes	ORRVILLE	OH	WAYNE
Avita Ontario Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	ONTARIO	OH	RICHLAND
Cleveland Clinic Akron General Bath Emergency Department	FSED	5-NECO	ASPR - Participating	Yes	None	Yes	Akron	OH	Summit
Cleveland Clinic Akron General Green Emergency Department	FSED	5-NECO	ASPR - Participating	Yes	None	Yes	Uniontown	OH	Summit
Cleveland Clinic Akron General Lodi Hospital	CRITICAL ACCESS HOSPITALS	5-NECO	ASPR - Funded	Yes	None	Yes	LODI	OH	MEDINA
Cleveland Clinic Akron General Medical Center	SHORT TERM	5-NECO	ASPR - Funded	Yes	1	Yes	AKRON	OH	SUMMIT
Cleveland Clinic Akron General Stow Emegency Department	FSED	5-NECO	ASPR - Participating	Yes	None	Yes	Stow	OH	Summit
Cleveland Clinic Brunswick Emergency Department	FSED	5-NECO	ASPR - Participating	Yes	None	Yes	Brunswick	OH	Medina
Cleveland Clinic Medina Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	MEDINA	OH	MEDINA
Cleveland Clinic Mercy Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	2	Yes	CANTON	OH	STARK
Cleveland Clinic Twinsburg Emergency Department	FSED	5-NECO	ASPR - Participating	Yes	None	Yes	Twinsburg	OH	Summit
Cleveland Clinic Union Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	DOVER	OH	TUSCARAWAS
Crystal Clinic Orthopaedic Center	SHORT TERM SURGICAL	5-NECO	ASPR - Participating	No	None	Yes	AKRON	OH	SUMMIT
East Liverpool City Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	EAST LIVERPOOL	OH	COLUMBIANA
Generations Behavioral Health - Youngstown	PSYCHIATRIC	5-NECO	ASPR - Participating	No	None	No	YOUNGSTOWN	OH	MAHONING
Mercy Health - St Elizabeth Boardman Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	BOARDMAN	OH	MAHONING
Mercy Health - St Elizabeth Youngstown Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	1	Yes	YOUNGSTOWN	OH	MAHONING
Mercy Health - St Joseph Warren Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	3	Yes	WARREN	OH	TRUMBULL
OhioHealth Emergency Care - Ashland	FSED	5-NECO	ASPR - Participating	Yes	None	No	Ashland	OH	Ashland
OhioHealth Mansfield Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	2	Yes	MANSFIELD	OH	RICHLAND
OhioHealth Shelby Hospital	CRITICAL ACCESS HOSPITALS	5-NECO	ASPR - Funded	Yes	None	Yes	SHELBY	OH	RICHLAND
Pomerene Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	MILLERSBURG	OH	HOLMES
Salem Regional Medical Center	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	SALEM	OH	COLUMBIANA
Summa Health Akron City Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	1	Yes	AKRON	OH	SUMMIT
Summa Health Barberton Campus	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	BARBERTON	OH	SUMMIT
Summa Health Green Emergency Department	FSED	5-NECO	ASPR - Participating	Yes	None	Yes	Uniontown	OH	Summit
Summa Health Wadsworth-Rittman Medical Center	FSED	5-NECO	ASPR - Participating	Yes	None		Wadsworth	OH	Medina
Summa Rehab Hospital	REHABILITATION	5-NECO	ASPR - Participating	No	None	Yes	AKRON	OH	SUMMIT
Trinity Twin City Hospital	CRITICAL ACCESS HOSPITALS	5-NECO	ASPR - Funded	Yes	None	Yes	DENNISON	OH	TUSCARAWAS
Trumbull Regional Medical Center	SHORT TERM	5-NECO	ASPR - Funded	Yes	3	Yes	WARREN	OH	TRUMBULL
University Hospitals Portage Medical Center	SHORT TERM	5-NECO	ASPR - Funded	Yes	3	Yes	RAVENNA	OH	PORTAGE
University Hospitals Samaritan Medical Center	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	ASHLAND	OH	ASHLAND
Western Reserve Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	3	Yes	CUYAHOGA FALLS	OH	SUMMIT
Wooster Community Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	WOOSTER	OH	WAYNE
Adams County Regional Medical Center	CRITICAL ACCESS HOSPITALS	6-SW	ASPR - Funded	Yes	None	Yes	SEAMAN	OH	ADAMS
Adena Greenfield Medical Center	CRITICAL ACCESS HOSPITALS	6-SW	ASPR - Funded	Yes	None	Yes	GREENFIELD	OH	HIGHLAND
Christ Hospital, The	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	CINCINNATI	OH	HAMILTON
Christ Hospital, The - Liberty Township	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	LIBERTY TOWNSHIP	OH	BUTLER
Cincinnati Children's - Liberty Campus	CHILDRENS	6-SW	ASPR - Funded	Yes	None	Yes	LIBERTY TOWNSHIP	OH	BUTLER
Cincinnati Children's Hospital Medical Center	CHILDRENS	6-SW	ASPR - Funded	Yes	1	Yes	CINCINNATI	OH	HAMILTON
Clinton Memorial Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	WILMINGTON	OH	CLINTON
Highland District Hospital	CRITICAL ACCESS HOSPITALS	6-SW	ASPR - Funded	Yes	None	Yes	HILLSBORO	OH	HIGHLAND
Kettering Health Franklin Emergency Center	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Franklin	OH	Warren
Kettering Health Hamilton	SHORT TERM	6-SW	ASPR - Participating	Yes	3	Yes	HAMILTON	OH	BUTLER
Kettering Health Middletown	FSED	6-SW	ASPR - Participating	Yes	None		Middletown	OH	Butler
Margaret Mary Health	OTHER - SHORT TERM	6-SW	ASPR - Participating	Yes	None	Yes	BATESVILLE	IN	
Mercy Health - Anderson Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	CINCINNATI	OH	HAMILTON
Mercy Health - Clermont Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	BATAVIA	OH	CLERMONT
Mercy Health - Fairfield Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	FAIRFIELD	OH	BUTLER

Mercy Health - Harrison Medical Center	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Harrison	OH	Hamilton
Mercy Health - Mt. Orab	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Mt. Orab	OH	Brown
Mercy Health - Queen City Medical Center	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Cincinnati	OH	Hamilton
Mercy Health - Rookwood Medical Center	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Cincinnati	OH	Hamilton
Mercy Health - The Jewish Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	CINCINNATI	OH	HAMILTON
Mercy Health - West Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	CINCINNATI	OH	HAMILTON
Premier Health Atrium Medical Center	SHORT TERM	6-SW	ASPR - Funded	Yes	3	Yes	FRANKLIN	OH	WARREN
St Elizabeth Edgewood	OTHER - SHORT TERM	6-SW	ASPR - Participating	Yes	None	Yes	EDGEWOOD	KY	
St Elizabeth Florence	OTHER - SHORT TERM	6-SW	ASPR - Participating	Yes	None	Yes	FLORENCE	KY	
St Elizabeth Fort Thomas	OTHER - SHORT TERM	6-SW	ASPR - Participating	Yes	None	Yes	FORT THOMAS	KY	
St Elizabeth Covington	OTHER - SHORT TERM	6-SW	ASPR - Participating	Yes	None	Yes	COVINGTON	KY	
St Elizabeth Dearborn	OTHER - CRITICAL ACCESS	6-SW	ASPR - Participating	Yes	None	Yes	LAWRENCEBURG	IN	
TriHealth Bethesda Arrow Springs Emergency Department	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Lebanon	OH	Warren
TriHealth Bethesda Butler Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	HAMILTON	OH	BUTLER
TriHealth Bethesda North Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	3	Yes	CINCINNATI	OH	HAMILTON
TriHealth Good Samaritan Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	CINCINNATI	OH	HAMILTON
TriHealth Good Samaritan Western Ridge	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Cincinnati	OH	Hamilton
TriHealth McCullough-Hyde Memorial Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	OXFORD	OH	BUTLER
UC Health - Psych Emergency Svcs	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Cincinnati	OH	HAMILTON
UC Health Drake Center	LONG TERM	6-SW	ASPR - Participating	No	None	Yes	CINCINNATI	OH	HAMILTON
University of Cincinnati Medical Center	SHORT TERM	6-SW	ASPR - Funded	Yes	1	Yes	CINCINNATI	OH	HAMILTON
University of Cincinnati West Chester	SHORT TERM	6-SW	ASPR - Funded	Yes	3	Yes	WEST CHESTER	OH	BUTLER
VA Cincinnati	VA/MILITARY	6-SW	ASPR - Participating	Yes	None	Yes	CINCINNATI	OH	HAMILTON
Adena Pike Medical Center	CRITICAL ACCESS HOSPITALS	7-SEC	ASPR - Funded	Yes	None	Yes	WAVERLY	OH	PIKE
Adena Regional Medical Center	SHORT TERM	7-SEC	ASPR - Funded	Yes	None	Yes	CHILLICOTHE	OH	ROSS
Hocking Valley Community Hospital	CRITICAL ACCESS HOSPITALS	7-SEC	ASPR - Participating	Yes	None	Yes	LOGAN	OH	HOCKING
Holzer Medical Center Gallipolis	SHORT TERM	7-SEC	ASPR - Funded	Yes	None	Yes	GALLIPOLIS	OH	GALLIA
Holzer Medical Center Jackson	CRITICAL ACCESS HOSPITALS	7-SEC	ASPR - Funded	Yes	None	Yes	JACKSON	OH	JACKSON
Holzer Meigs Emergency Department	FSED	7-SEC	ASPR - Funded	Yes	None		Pomeroy	OH	Meigs
Kings Daughters Medical Center Ohio	SHORT TERM	7-SEC	ASPR - Funded	Yes	None	Yes	PORTSMOUTH	OH	SCIOTO
OhioHealth O'Bleness Hospital	SHORT TERM	7-SEC	ASPR - Funded	Yes	None	Yes	ATHENS	OH	ATHENS
Southern Ohio Medical Center	SHORT TERM	7-SEC	ASPR - Funded	Yes	None	Yes	PORTSMOUTH	OH	SCIOTO
Barnesville Hospital WVU	CRITICAL ACCESS HOSPITALS	8-SE	ASPR - Funded	Yes	None	Yes	BARNESVILLE	OH	BELMONT
Coshocton Regional Medical Center	SHORT TERM	8-SE	ASPR - Funded	Yes	None	Yes	COSHOCTON	OH	COSHOCTON
East Ohio Regional Hospital	SHORT TERM	8-SE	ASPR - Funded	Yes	None	Yes	MARTINS FERRY	OH	BELMONT
Genesis Hospital	SHORT TERM	8-SE	ASPR - Funded	Yes	3	Yes	ZANESVILLE	OH	MUSKINGUM
Genesis Perry County Medical Center	FSED	8-SE	ASPR - Funded	Yes	None		Somerset	OH	Perry
Harrison Community Hospital - WVU	CRITICAL ACCESS HOSPITALS	8-SE	ASPR - Funded	Yes	None	Yes	CADIZ	OH	HARRISON
Marietta Memorial Hospital	SHORT TERM	8-SE	ASPR - Funded	Yes	None	Yes	MARIETTA	OH	WASHINGTON
OhioHealth Southeastern Medical Center	SHORT TERM	8-SE	ASPR - Funded	Yes	None	Yes	CAMBRIDGE	OH	GUERNSEY
Selby General Hospital	CRITICAL ACCESS HOSPITALS	8-SE	ASPR - Funded	Yes	None	Yes	MARIETTA	OH	WASHINGTON
Trinity Medical Center West	SHORT TERM	8-SE	ASPR - Funded	Yes	None	Yes	STEUBENVILLE	OH	JEFFERSON

Appendix G

Region											
Hospital Preparedness Program (HPP)											
Executive Steering Committee											
Participating Members	Organization Type	If 'Other' Please Elaborate	Organization Name	Address	County	Primary Point of Contact (POC) Name	Primary POC Telephone Number(s)	Primary POC email address	Secondary POC Name	Secondary POC Telephone Number(s)	Secondary POC email address

REGION **Appendix G**

Hospital Preparedness Program (HPP)											
Regional Healthcare Coalition Membership Roster											
Participating Members	Organization Type	If '*Other*' please elaborate	Organization Name	Address	County	Primary Point of Contact (POC) Name	Primary POC Telephone Number(s)	Primary POC email address	Secondary POC Name	Secondary POC Telephone Number(s)	Secondary POC email address

Appendix H

Regions 7 and 8 are combined into one region for the purposes of this award.

Appendix I

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

(a) Basic rule: Costs and contributions acceptable.

With the qualifications and exceptions listed in paragraph (b) of this section, a matching or cost sharing requirement may be satisfied by either or both of the following:
(1) Allowable costs incurred by the grantee, sub grantee or a cost-type contractor under the assistance agreement. This includes allowable costs borne by non- Federal grants or by other cash donations from non-Federal third parties.

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

(b) Qualifications and exceptions—
(1) Costs borne by other Federal grant agreements.

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

For the purpose of this section, general revenue sharing funds distributed under 31
U.S.C. 6702 are not considered Federal grant funds.
(3) Cost or contributions counted towards other Federal costs-sharing requirements.

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

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

Contractors under a grant may earn income from the activities carried out under the contract in addition to the amounts earned from the party awarding the contract. No costs of services or property supported by this income may count toward satisfying a cost sharing or matching requirement unless other provisions of the grant agreement expressly permit this kind of income to be used to meet the requirement.
(6) Records. Code of Federal Regulations (CFR), Title 45, §92.24, Matching or Cost Sharing Page 2 of 4

Costs and third-party in-kind contributions counting towards satisfying a cost sharing or **matching** requirement must be verifiable from the records of grantees and sub grantee or cost-type contractors. These records must show how the value placed on third party in-kind contributions was derived. To the extent feasible, volunteer services will be supported by the same methods that the organization uses to support the allowability of regular personnel costs.

(7) Special standards for third party in-kind contributions.

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

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

(iii) A third-party in-kind contribution to a fixed-price contract may count towards satisfying a cost sharing or matching requirement only if it results in:

(A) An increase in the services or property provided under the contract (without additional cost to the grantee or sub grantee) or

(B) A cost savings to the grantee or sub grantee.

(iv) The values placed on third party in-kind contributions for cost sharing or matching purposes will conform to the rules in the succeeding sections of this part. If a third- party in-kind contribution is a type not treated in those sections, the value placed upon it shall be fair and reasonable.

(c) Valuation of donated services—

(1) Volunteer services.

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

(2) Employees of other organizations.

When an employer other than a grantee, sub grantee, or cost-type contractor furnishes free of charge the services of an employee in the employee's normal line of work, the services will be valued at the employee's regular rate of pay exclusive of the employee's fringe benefits and overhead costs. If the services are in a different line of work, paragraph (c)(1) of this section applies.

(d) Valuation of third party donated supplies and loaned equipment or space.

(1) If a third party donates supplies, the contribution will be valued at the market value of the supplies at the time of donation.

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

(e) Valuation of third party donated equipment, buildings, and land.

If a third party donates equipment, buildings, or land, and title passes to a grantee or sub grantee, the treatment of the donated property will depend upon the purpose of the grant or sub grant, as follows:

(1) Awards for capital expenditures.

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

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

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

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

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

Attachment 1

ATTACHMENT #1

Hospital Preparedness Program Regional Healthcare Coalition Subrecipient Information

Subrecipient must send updated form to the regional inbox and upload into GMIS within 15 days of change in position/staffing below.

Revision Date (mm/dd/yyyy): _____

Subrecipient Contact Information

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

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

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

2. HCC Clinical Advisor:

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

3. Identify 24/7 Contact:

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

4. Bed Availabilty & Patient Tracking Platform Contact:

	Bed Availability & Patient Tracking Platform Primary	Bed Availability & Patient Tracking Platform Back-Up
Name		
Phone		
E-mail		
Cell Phone		

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

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

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

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

7. **Identify additional staff (0.25 FTE and above) paid using HPP grant funds:**

	Additional grant staff	Additional grant staff
Name		
Phone		
E-mail		
Cell Phone		
Role		
	Additional grant staff	Additional grant staff
Name		
Phone		
E-mail		
Cell Phone		
Role		
	Additional grant staff	Additional grant staff
Name		
Phone		
E-mail		
Cell Phone		
Role		

Subrecipient Signature: _____

Submission Date (mm/dd/yyyy): _____

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 Hospital Preparedness Program (HPP) 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.

Sincerely,

Agency Head (must sign) _____

Match Category	Match Description	Match Amount
TOTAL MATCH AMOUNT		

Attachment 3

BUDGET JUSTIFICATION EXAMPLE (Base Only Funding)

NOTES:

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

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

PERSONNEL

Notes:

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

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

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

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

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

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

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

Total Personnel Cost **$209,005.13**

OTHER DIRECT COSTS

Notes:

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

Advertising

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

Client Expenses

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

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

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

Deliverable – Objectives

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

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

- Rent (Two Locations)

  Main Location (1234 Livingston Avenue)

  Agency is requesting funds to cover the cost of renting space at the Columbus Medical Association Foundation offices for the WIC program staff (1330 square feet) at $23.00 per square foot.

  WIC Clinic (567 Walnut Street)

  Agency is requesting funds to cover the cost of renting space for the WIC Clinic (250 square feet) at $17.50 per square foot. Building is owned by Community Health Foundation.

- Depreciation

  Reproductive Health and Wellness Clinic (321 N. Main Street)

  Agency has completed and attached the depreciation worksheet for the 321 N. Main Street clinic. Depreciation is estimated at $960.00 based on the completed worksheet.

- Interest on a Debt

  Immunization Action Plan (100 W. 1st Avenue)

  The interest for this location was $1,345.97 last year. We are estimating the interest will be the same for the upcoming year.

Fees

- WIC website

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

- Lab Fees

  This includes funds for lab tests provided to patients. Estimating $250.00 per month for 12 months.

  - Pap tests - Historically, 1,042 tests are done annually with a reflex rate of 14%.
  - Gonorrhea and Chlamydia tests - ODH grant funds will be allocated to pay for Chlamydia and Gonorrhea tests for individuals that do not qualify for Infertility Prevention Project.

- Background Check

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

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

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

Indirect

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

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

Maintenance/Lease

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

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

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

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

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

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

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

Other Costs

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

Subscriptions/Publications

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

Supplies

Notes:

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

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

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

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

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

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

Program Supplies

- **100 Toothbrushes** @ $1.50 each are used to support good dental hygiene and are distributed to kids under the age of 3 during each of their quarterly visits. This item does not include agency/program logos, messaging, agency name or slogans.
- **150 MyPlate plates** @ $2.75 each will be distributed to program participants to provide a useful tool to assist with healthy eating habits. This item does not include agency/program logos, messaging, agency name or slogans.

Educational Materials

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

- Grace Pack n Play
- Halo Sleep Sack
- Grace Pack n Play Sheet with “safe sleep message”
- Safe Sleep DVD

- "Sleep Baby Safe and Snug" Book

Travel/Training

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

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

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

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

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

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

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

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

Utilities/Phone Services

- Cell Phone
  - Replace one cell phone @ $240.00 to be used by the WIC nurses.
  - Service for 2 agency owned cell phones used by WIC only nurses at $66.70/month each.
  - $30.00 monthly cell phone stipend paid to the Health Educator and Program Coordinator positions. These positions are required to be on call 24 hours a day.
- Telephone Service
  - Agency phone expense is for landline services in the Springfield and New Carlisle offices. The Springfield office has 5 WIC only lines. The New Carlisle office has 12 lines at an average cost of $3,600.00 per year. A cost allocation plan is in place and 50% is the fair share for this program.

- Utilities
  - These include gas, electric and water & sewage. The budgeted amounts are based on historical expenses. Utilities are allocated based on actual costs. Cost allocation plan is in place and 26.7% is the fair share for this program.
    - Electric: AEP yearly average = $4,815.84.
    - Gas: Columbia Gas yearly average = $975.
    - Water: Columbus Water and Sewer yearly average = $547.20.

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

EQUIPMENT

Laptop Computer

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

Total Equipment Cost **$3,000.00**

CONTRACTS

Notes:

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

ACME Clinic

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

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

Warner Preparedness Enterprises

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

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

Speaker

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

- Personnel $3,000.00

Total Contract Cost **$13,250.00**

Budget Grand Total **$333,734.96**

Notes:

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

Subrecipient's authorized representative certifies the foregoing:

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

_____

[Signature]

_____

[Print Name & Title]

_____

[Date]