



Department
of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Stephanie McCloud, Director

MEMORANDUM

Date: December 8, 2020

To: PHEP FY21 Subrecipients

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

Subject: Subrecipient PH22 Grant Solicitation |

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

All electronic applications and attachments are due by 4:00 p.m., January 19, 2021. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

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

If you have questions, please contact Renee Dickman at
renee.dickman@odh.ohio.gov.

614.644.1912 or email at

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CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

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

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: July 01, 2021 – June 30, 2022 of the total project period, July 01, 2019 – June 30, 2024. Reference the competitive Solicitation for more information.

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

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

B. Number of Grants and Funds Available:

Up to 88 Public Health Emergency Preparedness Core grants may be awarded for a total amount of \$9,483,785.

Up to 8 Public Health Emergency Preparedness Regional grants may be awarded for a total amount of \$620,568.

Up to 23 Public Health Emergency Preparedness Cites Readiness Initiative (CRI) grants may be awarded for a total amount of \$1,414,218.

No grant award will be issued for less than **\$30,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for

less than the minimum amount will not be considered for review.

C. Formatting Requirements for Attachments

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

D. Qualified Applicants

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, (January 19, 2021).**

II. PROGRAM UPDATES:

A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application. **Not Applicable to PHEP**

B. Program Narrative: Complete and submit a narrative statement which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. **Not Applicable to PHEP**

C. Objectives and Work Plan: Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. **Not Applicable to PHEP**

D. Documentation & Progress on Health Disparity/Inequity Activities: The *Place Matters Documentation Spreadsheet* is not currently applicable to the PHEP grant. The Bureau of Health Preparedness and the Office of Health Equity will work collaboratively with subrecipients to incorporate health equity principles into their preparedness plans utilizing a whole community approach. ODH will provide guidance and other supporting documents to assist subrecipients in this process for FY22. The *Place Matters Documentation Spreadsheet*

is not a required document for the application.

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

- 1. Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met using the template provided.

For your convenience, a budget justification narrative template is available on the Ohio Public Health Communication System.

A match of 7.7% is required by the program. Please utilize the Match Letter Template Attachment 2 and upload the completed document into GMIS with the application.

- 2. Fiscal Year 2022 Budget via GMIS:** Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period July 01, 2021 to June 30, 2022.

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

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

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

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

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

F. Other Application Requirements:

Program Specific Attachments:

All Applicants must complete and submit the following Attachments and Forms:

Attachment 1 – Contact Information Sheet

Attachment 2 – Match Letter

Attachment 3 – Budget Justification

Appendix A - Reimbursement Type Form (Due 12/15/2020)

PHEP Core applicants must also submit Appendices E-G.

Appendix E: PHEP Epidemiologist Position Requirements and Expectations

Appendix F: Public Health Surveillance and Epidemiology Investigation Standards

Appendix G: Roles and Expectations of PHEP Regional Subrecipients

PHEP Regional applicants must also submit Appendix H.

Appendix H: Roles and Expectations of PHEP Regional Subrecipients

a. Other Required Documentation:

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

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

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

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant

funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

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

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

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

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

- **For Non-Profit Organizations Only:**
 1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. **Attach the current Certificate of Insurance Liability in GMIS.**
 2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

G. Human Trafficking:

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

- a. Victims of human trafficking are included in your agency’s target population;
 1. At-risk population
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

|Not Applicable to the PHEP Continuation Grant|

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

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

Reports shall be submitted as follows:

a. Program Reports: Subrecipient Program Reports are not required.

____ Program Reports Required X____ No Program Reports Required

<i>Period</i>	<i>Report Due Date</i>

b. Subrecipient Expenditure Reports: Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – 31, 2021</i>	<i>August 10, 2021</i>
<i>August 1 – 31, 2021</i>	<i>September 10, 2021</i>
<i>September 1 – 30, 2021</i>	<i>October 10, 2021</i>
<i>October 1 – 31, 2021</i>	<i>November 10, 2021</i>
<i>November 1 – 30, 2021</i>	<i>December 10, 2021</i>
<i>December 1 – 31, 2021</i>	<i>January 10, 2022</i>
<i>January 1 – 31, 2022</i>	<i>February 10, 2022</i>
<i>February 1 – 28, 2022</i>	<i>March 10, 2022</i>
<i>March 1 – 31, 2022</i>	<i>April 10, 2022</i>
<i>April 1 – 30, 2022</i>	<i>May 10, 2022</i>
<i>May 1 – 31, 2022</i>	<i>June 10, 2022</i>
<i>June 1 – 30, 2022</i>	<i>July 10, 2022</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – September 30, 2021</i>	<i>October 10, 2021</i>
<i>October 1 – December 31, 2021</i>	<i>January 10, 2022</i>
<i>January 1 – March 31, 2022</i>	<i>April 10, 2022</i>

April 1 – June 30, 2022	July 10, 2022
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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, 2022. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

APPENDICES

- a. Continuation Solicitation Reimbursement Type form
- b. B1 Deliverable – Objective Descriptions
B2 Deliverable – Objective Allocation
- c. Place Matters Documentation Spreadsheet
- d. Application Checklist
- e. PHEP Epidemiologist Position Requirements and Expectations
- f. Public Health Surveillance and Epidemiology Investigation Standards
- g. Roles and Expectations of PHEP Core Subrecipients
- h. Roles and Expectation of PHEP Regional Subrecipients
- i. Public Health Emergency Preparedness Grant Planning Map
- j. Cities Readiness Initiative (CRI) Map
- k. Match Description
- l. PHEP Epi Coverage Matrix
- m. Public Health Emergency Preparedness Trainings

ATTACHMENTS

1. Attachment #1 Contact Information Sheet
2. Attachment #2 Match Letter
3. Attachment #3 Budget Justification



CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

Submission
Required

Ohio Department of Health
Bureau of Health Preparedness

See due date below

ODH Program Title:
Public Health Emergency Preparedness

Reimbursement Type (check one) Monthly ☐ OR Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail
Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

Due to ODH by December 15, 2020.

Please email completed form to Karen Tinsley (karen.tinsley@odh.ohio.gov).

Name of Subgrant Program: Public Health Emergency Preparedness
Budget Period: 3 (July 01, 2021 – June 30, 2022)

Appendix B1

of Deliverables: 14

Use Budget Justification Scenario# 1: Public Health Emergency Preparedness Core Deliverables

100% Deliverables

Deliverable – Objective 1: Environmental Health Response Annex

Domain: Bio-surveillance, Community Resilience, Incident Management, & Information Management

Capability: #1, #3, #6, #13

Description: Environmental health is the science and practice of preventing human injury and illness and promoting well-being by (1) identifying and evaluating environmental sources and hazardous agents and (2) limiting exposures to hazardous physical, chemical, and biological agents in air, water, soil, food, and other environmental media or settings that may adversely affect human health. An LHD's Environmental Health Response Annex (EHRA) guides preparedness and response strategies related to environmental hazards. It describes expected actions and integrates environmental health response into the broader incident management process established in the Emergency Response Plan—Basic Plan.

The subrecipient will update the EHRA(s), in accordance with the requirements of the **Environmental Health Response Annex Rubric for FY22*.

Successful Completion of the Deliverable(s) Includes:

Objective 1.1: By April 30, 2022, the subrecipient must upload into GMIS the Environmental Health Response Annex(es) that has/have been updated and adopted in accordance with the requirements detailed in the **Environmental Health Response Annex Rubric for FY22* and all required documentation identified in the ** Environmental Health Response Annex Rubric for FY22*. _____

10%

Deliverable – Objective 2: Critical Infrastructure Personnel (CIP) Update

Domain: Countermeasures & Mitigation

Capability: #8

Description: Critical workforce refers to anyone whose occupation, skills, or license makes them essential to preserving the critical functions of a society or a given jurisdiction. Critical infrastructure personnel (CIP) within a public health agency's workforce are required to carry out essential functions and assist with the execution of the mass prophylaxis plans. Therefore, it is important to keep critical personnel information updated and determine how prophylaxis will be provided for health responders and their families to allow for the continuation of operations.

Successful Completion of the Deliverable(s) Includes:

Objective 2.1: By October 29, 2021, the subrecipient must upload into GMIS the **CIP Change of Record Worksheet* that has been updated in accordance with the requirements detailed in the **CIP Change of Record Worksheet*. _____ **3%**

Objective 2.2: By March 31, 2022, the subrecipient must upload into GMIS the **CIP Change of Record Worksheet* that has been updated in accordance with the requirements detailed in the **CIP Change of Record Worksheet*. _____ **3%**

Deliverable – Objective 3: Continuity of Operations (COOP) Plan

Domain: Community Resilience, Incident Management, & Surge Management

Capability: #2, #3

Description: Continuity of Operations (COOP), as defined in the National Continuity Policy Implementation Plan (NCPiP) and the National Security Presidential Directive-51/Homeland Security Presidential Directive-20 (NSPD-51/HSPD-20), is an effort within individual executive departments and agencies to ensure that Essential Functions (EFs) continue to be performed during a wide range of emergencies, including localized acts of nature, accidents and technological or attack-related emergencies. To achieve that goal, the objective for organizations is to identify their EFs and ensure that those functions can be continued throughout, or resumed rapidly after, a disruption of normal activities.

The subrecipient will update and submit the COOP Plan in accordance with the requirements of the **COOP Rubric for FY22* for each local health department in the jurisdiction, in accordance with the requirements detailed therein.

Successful Completion of the Deliverable(s) Includes:

Objective 3.1: By February 25, 2022, the subrecipient must upload into GMIS a COOP plan(s) that is/are completed in accordance with the requirements detailed in the **COOP Rubric for FY22* _____ **10%**

Deliverable – Objective 4: Whole Community Planning

Domain: Community Resilience, Incident Management

Capability: #1, #2, #3, and #4

Description: Within public health preparedness, there is a special emphasis on addressing the needs of populations with access and functional needs—needs that interfere with their ability to access or receive emergency support before, during, or after a disaster or emergency. This objective supports whole community planning by enhancing community relationships, securing resources, strengthening community data, monitoring vulnerable populations, and empowering individuals with access and functional needs. These organizations help jurisdictions to better anticipate the potential access and functional needs in their communities and to more effectively serve individuals with those needs.

Successful Completion of the Deliverable(s) Includes:

Objective 4.1: By September 17, 2021, the subrecipient must upload into GMIS the **Community Partner Roster* that is completed in accordance with the requirements detailed in the **Community Partner Roster for FY22*. _____ **5%**

Objective 4.2: By May 27, 2022, the subrecipient must upload into GMIS the **Community Partner Meeting Workbook for FY22* in accordance with the requirements detailed in the **Community Partner Meeting Workbook for FY22*. _____ **5%**

Deliverable – Objective 5: Outbreak Reporting by Submission of Ohio Disease Reporting – Investigation and Reports Attachment

Domain: Strengthen Bio-surveillance

Capability: #1, #3, #6, #13

Description: Disease surveillance can lead to the discovery of outbreaks in a community. Timely outbreak investigation may determine the source of the outbreak, lead to its removal and prevent future cases of illness.

Successful Completion of the Deliverable(s) Includes:

1. **The subrecipient must** enter outbreaks into the ODRS outbreak module for enteric, foodborne, communicable, vaccine-preventable, waterborne, zoonotic and other disease outbreaks by the end of the next business day after notification of a suspected outbreak and close within **90 days of date last case became ill**. Final report must be uploaded to ODRS upon outbreak closure. Final reports must capture the seven minimal elements contained in the **Outbreak Report Template*.
2. The subrecipient must enter outbreaks into the **National Outbreak Reporting System (NORS)** for all NORS-eligible outbreaks, including foodborne, zoonotic and waterborne within 7 business days of report to ODH and close within 90 days of date last case became ill. Final report must be attached to NORS upon outbreak closure. Final reports must capture the seven minimal elements contained in the **Outbreak Report Template*.
3. The subrecipient must upload a completed **Ohio Disease Reporting – Investigation and Reports – Outbreak Report Status Worksheet** via GMIS. The Worksheet must show that 100% of all outbreaks are closed within 90 days of date last case became ill.

Objective 5.1: Q1: By October 09, 2021 (for investigations reported May 17, 2021 – September 30, 2021, including any not closed after April 1, 2021), the subrecipient must upload into GMIS the **Outbreak Report Status Worksheet*. _____ **0.75%**

Objective 5.2: Q2: By January 08, 2022 (for investigations reported October 1, 2021 – December 31, 2021, including any not closed during the previous quarter), the subrecipient must upload into GMIS the **Outbreak Report Status Worksheet*. _____ **0.75%**

Objective 5.3: Q3: By April 09, 2022 (for investigations reported January 1, 2022 – March 31, 2022, including any not closed during the previous quarter), the subrecipient must upload into GMIS the **Outbreak Report Status Worksheet*. _____ **0.75%**

Objective 5.4: Q4: By May 31, 2022 (for investigations reported April 1, 2022 – May 15, 2022, including any not closed during the previous quarter), the subrecipient must upload into GMIS the **Outbreak Report Status Worksheet*. _____ **0.75%**

Deliverable – Objective 6: Local Health Department Preparedness Improvement Plan

Domain: All

Capability: All

Description: Each year PHEP recipients submit After Action Report/Improvement Plans (AAR/IP) that describe opportunities for the jurisdiction to improve their preparedness planning and/or operations. The subrecipient will select an AAR/IP Issue/Area for Improvement and Corrective action to address. The improvements/corrective action must be captured in a local or regional AAR/IP from a real-world event or exercise. The plan must include what activities will be performed, the capability addressed, how the activity will result in improvements described in the AAR/IP, and the benefits that will result and other items described in the **Subrecipient AAR/IP Improvement Implementation Activity Plan* template.

Successful Completion of the Deliverable(s) Includes:

Objective 6.1: By August 30, 2021, the subrecipient must submit into GMIS a completed **Subrecipient AAR/IP Improvement Implementation Activity Plan* in accordance with the requirements detailed in the *Subrecipient AAR/IP Improvement Implementation Activity Plan* template. _____ **10%**

Deliverable – Objective 7: Quarterly Statewide Epidemiology Meetings

Domain: Strengthen Bio-surveillance

Capability: #1, #3, #6, #13

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

Successful Completion of the Deliverable(s) Includes:

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

Objective 7.1: Q1: By October 1, 2021 the subrecipient will demonstrate representation at the quarterly meeting and submit into GMIS the designated attendance record. _____1%

Objective 7.2: Q2: By January 5, 2022, the subrecipient will demonstrate representation at the quarterly meeting and submit into GMIS the designated attendance record. _____1%

Objective 7.3: Q3: By April 1, 2022, the subrecipient will demonstrate representation at the quarterly meeting and submit into GMIS the designated attendance record. _____1%

Objective 7.4: Q4: By June 18, 2022, the subrecipient will demonstrate representation at the quarterly meeting and submit into GMIS the designated attendance record. _____1%

Deliverable – Objective 8: Attend Regional Training and Exercise Plan Workshop (TEPW)

Domain: Community Resilience

Capability: #1

Description: Subrecipients attend the Regional TEPW to identify and discuss exercise program priorities that will advance preparedness for their jurisdiction. Workshop attendance is necessary to collaborate on regional training and exercise planning efforts among all local jurisdictions and the regional health care coalition (HCC).

Successful Completion of the Deliverable(s) Includes:

Objective 8.1: By September 30, 2021, the subrecipient's Emergency Response Coordinator, or designee, must provide representation at the Regional TEPW, and must upload into GMIS the documentation verifying attendance. _____3%

Deliverable – Objective 9: Update the PHEP Core Multi-Year Training and Exercise Plan (MYTEP)

Domain: Community Resilience

Capability: #1

Description: Subrecipients update the PHEP Core MYTEP with adjustments that need to be made to the overall training and exercise program priorities, training report, exercise report, and the training and exercise projections. Deliverable submission checklists and instructions for the PHEP Core MYTEP are located in the **BP3/SFY22 Exercise Deliverable Technical Assistance* document.

Successful Completion of the Deliverable(s) Includes:

Objective 9.1: By December 10, 2021, the subrecipient must complete and upload into GMIS the updated jurisdictional PHEP Core MYTEP on the **ODH PHEP MYTEP Template*. 6 %

Objective 10: Submit an After-Action Report/Improvement Plan (AAR/IP) for a Tabletop (TTX), Functional (FE) or Full-Scale Exercise (FSE)

Domain: Community Resilience and Incident Management

Capability: #1 and #3

Description: Subrecipients complete an AAR/IP for all exercises and real-world responses to capture demonstrated performance, local capability, and to identify gaps. During each planned exercise, ratings must be assigned to a minimum of three PHEP Capabilities and any associated tasks evaluated. Deliverable submission checklists and instructions for the AAR/IP are located in the **BP3/SFY22 Exercise Deliverable Technical Assistance* document.

Successful Completion of the Deliverable(s) Includes:

Objective 10.1: By March 31, 2022, the subrecipient must complete and upload into GMIS the PHEP Core jurisdictional AAR/IP for a TTX, FE or FSE on the **ODH PHEP AAR/IP Template*. _____ **15%**

Deliverable – Objective 11: Distribution Strategies

Domain: Countermeasures & Mitigation

Capability: #9

Description: Subrecipients are responsible for establishing methods to allocate, distribute and transport MCMs and consider the impacts of cold storage on transporting MCMs. Identification of processes and written procedures for distribution strategies are critical during a public health emergency and can be referenced in the following **Resource Management and Distribution Annex*. Transportation agreements should be established to aid in the coordination and distribution of MCM assets between regional drop sites, points of dispensing (PODs) and other dispensing sites.

Successful Completion of the Deliverable(s) Includes:

Objective 11.1: By December 15, 2021, the subrecipient must upload into GMIS the completed MCM Distribution Annex and the completed **Distribution Strategy Planning Requirements* document. _____ **7%**

Deliverable – Objective 12: LHD AAR/IP Improvement Activity Report

Domain: All

Capability: All

Description: Upon completion and approval of PHEP Core Deliverable 6.1, the subrecipient will proceed with the activities described in the submitted plan. Once the activities have been completed, the LHD will submit a report describing a summary of the activities achieved, barriers faced, and how improvements will be sustained. The subrecipient will complete the **Subrecipient AAR/IP Improvement Implementation Activity Report* template and submit into GMIS.

Successful Completion of the Deliverable(s) Includes:

Objective 12.1: By May 27, 2022, the subrecipient will submit into GMIS a completed *Subrecipient AAR/IP Improvement Implementation Activity Report* in accordance with the requirements detailed in the **Subrecipient AAR/IP Improvement Implementation Activity Report* template. _____ **7%**

Deliverable – Objective 13: Tactical Communications Strategy

Domain: Information Management

Capability: #6:

Description: The establishment of a tactical communications strategy is essential to ensuring the availability of redundant communications in the event of a public health emergency.

The purpose of this deliverable is to develop, refine, and sustain redundant, interoperable communications systems. Upon the completion of this deliverable, redundant communications systems will be tested and a report indicating message response rate will be generated. This message summary report should then be utilized to improve communication to the personnel who did not respond to the drill.

Successful Completion of the Deliverable(s) Includes:

The subrecipient must conduct one alerting drill via the agency's redundant communication system per quarter to prompt agency-designated critical infrastructure staff to respond to the activation of a dispensing campaign. Template language for messaging is available, but not required.

- The subrecipient must report the completed action on the **Communications Worksheet*.
- The subrecipient must attach a report from the alerting system that reflects responder acknowledgment rate of 75% **or above** within four hours of drill activation.
- Alerting drills must be completed by the last business day of the first three quarters and no later than 25 May during the fourth quarter.

Objective 13.1: By October 9, 2021, the subrecipient must submit the **Communications Worksheet* and alerting system message summary report via GMIS. _____1%

Objective 13.2: By January 8, 2022, the subrecipient must submit the **Communications Worksheet* and alerting system message summary report via GMIS. _____1%

Objective 13.3: By April 9, 2022, the subrecipient must submit the **Communications Worksheet* and alerting system message summary report via GMIS. _____1%

Objective 13.4: By May 31, 2022, the subrecipient must submit the **Communications Worksheet* and alerting system message summary report via GMIS. _____1%

Deliverable – Objective 14: Annual MCM Dispensing Drills

Domain: Countermeasures and Mitigation

Capability: #8

Description: Annual MCM dispensing drills provide jurisdictional evaluation and evidence of data collection for the operational readiness of the medical countermeasure dispensing capability. The purpose of these drills is to test communication methods, simulate activation and set up of

facilities to fully execute processes which are critical to efficiency in real world responses. The three drills include: Site Activation, Staff Notification and Assembly, and Facility Set Up.

Successful Completion of the Deliverable(s) Includes:

Objective 14.1: By November 4, 2021, the subrecipient must complete and upload into GMIS the **Annual Dispensing Drills* form, and the supporting evidence, in accordance with the requirements detailed in the **Annual Dispensing Drill Requirements* document. _____5%

Name of Subgrant Program: Public Health Emergency Preparedness

Appendix B1

Budget Period: 3 (July 01, 2021 – June 30, 2022)

of Deliverables: 10

Use Budget Justification Scenario# 2: Public Health Emergency Preparedness Regional Deliverables

Deliverable – Objective 1: Volunteer and Surge Staffing Capacity Building

Domain: Community Resilience, Surge Management

Capability: #1 #15

Description: Engaging the whole community in emergency preparedness and response efforts is key to our nation's security. This deliverable is intended to enhance efforts regarding volunteer and community member capacity with the knowledge and skills necessary to prepare for and respond to emergencies that adversely affect the public's health, and to be able to withstand and recover from disasters. In SFY21, regional subrecipients completed the Regional Volunteer and Surge Staffing Workbook. Utilizing this workbook, the subrecipient will develop a plan for building capacity in at least three areas where additional capacity is needed and demonstrate meaningful progress toward completion of activities in an end of year report.

Successful Completion of the Deliverable(s) Includes:

Objective 1.1: By October 30, 2021 the subrecipient must upload into GMIS a plan of implementation for building capacity in at least three volunteer capabilities for their region. _____ **7.4%**

Objective 1.2: By May 30, 2022, the subrecipient must upload into GMIS the Volunteer and Surge Staffing end of year report demonstrating progress toward building surge staffing and volunteer capacity within their region. _____ **13.8%**

Deliverable –Objective 2: Regional Drop Site (RDS) Roster Call Down

Domain: Information Management, Countermeasures and Mitigation

Capability: #6 #9

Description: Each Ohio public health region has designated a RDS. The RDS will receive medical countermeasures from the State Receipt, Stage, Store (RSS) warehouse for distribution to pre-determined dispensing sites. Subrecipients have developed an operational plan that includes a process for staffing the RDS and maintaining a roster of personnel from each jurisdiction identified to participate in RDS operations.

Subrecipients must maintain and update their RDS staffing roster to promote accuracy of information and preparedness of response operations. Subrecipients will update the roster and complete one RDS staff call down drill every six months. The agency will utilize their redundant communication system and produce a report indicating message response rate.

Successful Completion of the Deliverable(s) Includes:

Objective 2.1: By July 30, 2021, the subrecipient must upload into GMIS, their updated RDS

employee roster and a system generated message summary report, per the requirements in the **RDS Roster Call Down Requirements* document. _____ **2.1%**

Objective 2.2: By January 28, 2022, the subrecipient must upload into GMIS, their updated RDS employee roster and a system generated message summary report, per the requirements in the **RDS Roster Call Down Requirements* document. _____ **2.1%**

Deliverable – Objective 3: Facilitation of Regional Training and Exercise Plan Workshop (TEPW)

Domain: Community Resilience

Capability: #1

Description: The Regional Public Health Coordinator develops and facilitates a Regional TEPW to identify and discuss exercise program priorities that will advance preparedness for their region. Workshop facilitation is necessary to convene PHEP and HPP subrecipients (PHEP Core, Cities Readiness Initiative and Regional Healthcare Coordinator). Deliverable submission checklists and instructions for the Regional TEPW are located in the **BP3/SFY22 Exercise Deliverable Technical Assistance* document.

Successful Completion of the Deliverable(s) Includes:

Objective 3.1: By September 30, 2021, the Regional Public Health Coordinator must facilitate a Regional TEPW for PHEP Core subrecipients, Cities Readiness Initiative subrecipients, and Regional Healthcare Coordinators. The Regional Public Health Coordinator must provide a copy of the completed attendance list or other verification of participation to all participants. The Regional TEPW agenda, presentation materials, minutes, and documentation verifying attendance must be uploaded into GMIS. _____ **12.6%**

Deliverable – Objective 4: Update the PHEP Regional Multi-Year Training and Exercise Plan (MYTEP)

Domain: Community Resilience

Capability: #1

Description: Subrecipients update the PHEP Regional MYTEP with adjustments that need to be made to the overall training and exercise program priorities, training report, exercise reports, and the training and exercise projections. Deliverable submission checklists and instructions for the PHEP Regional MYTEP are located in the **BP3/SFY22 Exercise Deliverable Technical Assistance* document.

Successful Completion of the Deliverable(s) Includes:

Objective 4.1: By December 10, 2021, the subrecipient must complete and upload into GMIS the updated PHEP Regional MYTEP on the **ODH PHEP MYTEP Template*. _____ **6.2%**

Deliverable – Objective 5: Submit After-Action Report/Improvement Plan (AAR/IP) from a Tabletop (TTX), Functional (FE), or Full-Scale Exercise (FSE)

Domain: Community Resilience and Incident Management

Capability: #1 and #3

Description: Subrecipients complete an AAR/IP for all exercises and real-world responses to capture demonstrated performance, regional capability, and to identify gaps. During each planned exercise, ratings must be assigned to a minimum of three PHEP Capabilities and any associated tasks evaluated. Deliverable submission checklists and instructions for the AAR/IP are located in the **BP3/SFY22 Exercise Deliverable Technical Assistance* document.

Successful Completion of the Deliverable(s) Includes:

Objective 5.1 By March 31, 2022, the subrecipient must complete and upload into GMIS the PHEP Regional AAR/IP for a TTX, FE or FSE on the **ODH PHEP AAR/IP Template* 18.8 %

Deliverable – Objective 6: Attend the Ohio Department of Health (ODH) Regional TEPW

Domain: Community Resilience

Capability: #1

Description: Subrecipients attend the ODH TEPW 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 the regional public health and healthcare coordinators.

Successful Completion of the Deliverable(s) Includes:

Objective 6.1: By July 30, 2021, the Regional Public Health Coordinator, or designee, must provide **representation** to the ODH TEPW and must complete the participant feedback survey and upload into GMIS the verification of attendance. 3.2%

Deliverable – Objective 7: Participate in the Health Care Coalition (HCC) Infectious Disease Tabletop Exercise

Domain: Community Resilience and Surge Management

Capability: #1 #10

Description: Attendance and participation in the Healthcare Coalition Infectious Disease TTX allows for collaboration between the HCC Core members and ODH to validate current state and regional plans. Deliverable submission instructions for the data sheet are located in the **BP3/SFY22 Exercise Deliverable Technical Assistance* document.

Successful Completion of the Deliverable(s) Includes:

Objective 7.1: By March 31, 2022, the Regional Public Health Coordinator, or designee, must **provide representation** and participation in the HCC Infectious Disease TTX. Upon completion of the TTX, the subrecipient must upload into GMIS verification of attendance. 5.2%

Deliverable – Objective 8: Infectious Disease Regional Plan

Domain: Community Resilience

Capability: #2, #4

Description: Over the last twenty years the world has faced many Ebola and other Special

Pathogen outbreaks that have traveled from country to country. Recent outbreaks such as Middle East Respiratory Syndrome Coronavirus (MERS_CoV) in Saudi Arabia (2018); ongoing Ebola Virus Disease (EVD) Outbreak in Democratic Republic of Congo (DRC) since 2018; Lassa Fever in Nigeria (2018); and Nipah Virus in India (2018) serve as a reminder that there are many HCIDs circulating at any given time. These outbreaks generate substantial public health, security, and economic consequences. The subrecipient must collaborate with their Regional Healthcare Coordinator to update their regional infectious disease plans following proposals and determinations of discussions from SFY21. The region will follow the direction of the regional coordinators and the Ohio Department of Health SFY21 discussions to update their infectious disease plans to include high consequence infectious diseases. The plan must be a collaborative effort between public health and healthcare partners.

Successful Completion of the Deliverable(s) Includes:

Objective 8.1: By May 3, 2022, the subrecipient must upload into GMIS, an updated regional infectious plan following guidance and approach determined in FY21_____16 %

Deliverable – Objective 9: Healthcare Coalition (HCC) Meeting Presentation and Participation

Domain: Community Resilience

Capability: #1

Description: The HCC Meetings promote an ongoing dialogue on topics related to capabilities and preparedness activities for hospitals and healthcare coalitions. Bi-monthly coalition meetings serve to bring coalition members together to plan, build relationships, and promote inter-agency communication, information sharing, and collaboration across various coalition member agencies, partners, and disciplines. The Regional Public Health Coordinator must present regional public health activities and coordination opportunities at **each** Healthcare Coalition Meeting. The Regional Public Health Coordinator will provide a written report of what they presented.

The verbal presentation and written report must include:

- 1) region's public health preparedness activities and
- 2) opportunities for coordination across the coalition
- 3) requests of the coalition

The written report must include the name of the presenter and the date of the meeting.

Objective 9.1: By January 7, 2022, the subrecipient must upload into GMIS, three PHEP regional written reports describing the content presented by the regional subrecipient at Regional Healthcare Coalition meetings_____6.3%

Objective 9.2: By May 27, 2022, the subrecipient must upload into GMIS, three PHEP regional written reports describing the content presented by the regional subrecipient at Regional Healthcare Coalition meetings_____6.3%

Name of Subgrant Program: Public Health Emergency Preparedness
Budget Period: 3 (July 01, 2021 – June 30, 2022)

Appendix B1

of Deliverables: 4

Use Budget Justification Scenario# 3: Public Health Emergency Preparedness CRI Deliverables

Deliverable – Objective 1: Medical Countermeasure (MCM) Operational Readiness Review (ORR) Upload

Domain: Countermeasures and Mitigation

Capability: #8

Description: As a requirement of the Centers for Disease Control and Prevention (CDC) all Cities Readiness Initiative (CRI) jurisdictions must submit the required Medical Countermeasure (MCM) Operational Readiness Review (ORR) forms in the CDC designated platform. These forms are used to measure a jurisdiction's ability to execute a large emergency response requiring MCM distribution and dispensing.

Successful Completion of the Deliverable(s) Includes:

The subrecipient must review and update all fields in each of the following MCM ORR forms and simultaneously submit the most recent, corresponding evidence for each form in OPOD. Forms should be reviewed and updated in the CDC-designated platform, downloaded, and submitted into GMIS.

Objective 1.1: By September 30, 2021, the subrecipient must upload into GMIS the following updated forms from the Centers for Disease Control Cities Readiness Initiative Platform:

- Jurisdictional Data Sheet (JDS)
- Training and Exercise Planning Form
- Point of Dispensing (POD) Form
- Distribution Planning
- Dispensing Planning

and submit the most recent, corresponding evidence for each form in OPOD. _____ **55%**

Deliverable – Objective 2: Annual MCM Dispensing Drills

Domain: Countermeasures and Mitigation

Capability: #8

Description: Annual MCM dispensing drills provide jurisdictional evaluation and evidence of data collection for the operational readiness of the medical countermeasure dispensing capability. The purpose of these drills is to test communication methods, simulate activation and set up of facilities to fully execute processes which are critical to efficiency in real world responses. The three drills include: Site Activation, Staff Notification and Assembly, and Facility Set Up.

Successful Completion of the Deliverable(s) Includes:

All dispensing drills must be conducted for the same primary open POD location listed identically in both OPOD and the CDC – designated platform POD form, if applicable. Messaging and content for the drills must be related to an infectious disease scenario.

Objective 2.1: By November 5, 2021 the subrecipient must upload into GMIS the completed Site Activation, Staff Notification and Assembly, and Facility Set drills_____10%

Note: Refer to PHEP Deliverable #14

*Upon completion of this deliverable, CRI jurisdictions who are also PHEP subrecipients should place a note in GMIS to obtain reimbursement of PHEP deliverable #14.

Deliverable – Objective 3: Medical Countermeasure (MCM) Action Plan

Domain: Countermeasures and Mitigation

Capability: #8:

Description: An MCM Action Plan is used to help local health departments reach the goal of achieving an “Established” level of implementation for all elements of the MCM ORR by 2022. If a jurisdiction has already reached “established” on all three elements (descriptive, planning, and operations), other inputs may be considered, including technical application review comments, observations from receipt, improvement items from exercises or incidents, and strategic priorities of the jurisdiction.

Successful Completion of the Deliverable(s) Includes:

Objective 3.1: By September 3, 2021, the subrecipient must upload into GMIS the Quarter 1 MCM Action Plan that follows CDC Action Plan guidance._____5%

Objective 3.2: By December 6, 2021, the subrecipient must upload into GMIS the Quarter 1 MCM Action Plan that follows CDC Action Plan guidance._____5%

Objective 3.3: By March 4, 2022, the subrecipient must upload into GMIS the Quarter 3 MCM Action Plan that follows CDC Action Plan guidance._____5%

Objective 3.4: By June 3, 2022, the subrecipient must upload into GMIS the Quarter 1 MCM Action Plan that follows CDC Action Plan guidance._____5%

Deliverable – Objective 4: MCM Operational Readiness Review (ORR) Assessment

Domain: Countermeasures and Mitigation

Capability: #8:

Description: The Medical Countermeasures (MCM) Operational Readiness Review (ORR) Assessment is a rigorous, evidence-based assessment that evaluates local planning and operational functions. The ORR primarily focuses on evaluating a jurisdiction’s ability to execute a large response requiring MCM distribution and dispensing.

Successful Completion of the Deliverable(s) Includes:

Objective 4.1: By June 3, 2022, the subrecipient must participate in an MCM ORR Assessment scheduled and conducted by ODH and upload the MCM ORR Assessment Sign-In Sheet into GMIS. Any additional supporting evidence to the MCM ORR Assessment must be uploaded into OPOD, no later than **5 business days** after the assessment has been conducted. _____**15%**

Appendix B2 will be released to OPHCS 12/08/20

Public Health Emergency Preparedness (CORE)

Appendix B2											
Name of Subgrant Program: Public Health Emergency Preparedness (CORE)											
Budget Period: 3											
# of Deliverables: 14											
Use Budget Justification Scenario #: 1											
Base Only											
Base and Deliverables											
X Deliverables Only											
SUBRECIPIENT											
DELIVERABLE WEIGHT (2)	Allocation	Objective 1.1	Objective 2.1	Objective 2.2	Objective 3.1	Objective 4.1	Objective 4.2	Objective 5.1	Objective 5.2	Objective 5.3	Objective 5.4
		Environmental Health Response Annex (Adjusted)	CIP Change of Record	CIP Change of Record	Operations (COOP) Components Workbook	Whole Community Planning Roster	Whole Community Planning Workbook	Disease/Outbreak Reporting Q2	Disease/Outbreak Reporting Q2	Disease/Outbreak Reporting Q3	Disease/Outbreak Reporting Q4
		10.00%	3.00%	3.00%	10.00%	5.00%	5.00%	0.75%	0.75%	0.75%	0.75%
Adams County	\$ 64,807	\$6,484.00	\$1,944.00	\$1,944.00	\$6,481.00	\$3,240.00	\$3,240.00	\$486.00	\$486.00	\$486.00	\$486.00
Allen County	\$ 96,444	\$9,644.00	\$2,863.00	\$2,863.00	\$9,644.00	\$4,772.00	\$4,772.00	\$716.00	\$716.00	\$716.00	\$716.00
Ashland County	\$ 70,764	\$7,074.00	\$2,123.00	\$2,123.00	\$7,076.00	\$3,538.00	\$3,538.00	\$531.00	\$531.00	\$531.00	\$531.00
Ashtabula County	\$ 91,601	\$9,161.00	\$2,748.00	\$2,748.00	\$9,160.00	\$4,580.00	\$4,580.00	\$687.00	\$687.00	\$687.00	\$687.00
Athens County	\$ 76,209	\$7,621.00	\$2,286.00	\$2,286.00	\$7,621.00	\$3,810.00	\$3,810.00	\$572.00	\$572.00	\$572.00	\$572.00
Auglaize County	\$ 72,990	\$7,298.00	\$2,190.00	\$2,190.00	\$7,299.00	\$3,650.00	\$3,650.00	\$547.00	\$547.00	\$547.00	\$547.00
Belmont County	\$ 78,619	\$7,862.00	\$2,359.00	\$2,359.00	\$7,862.00	\$3,931.00	\$3,931.00	\$590.00	\$590.00	\$590.00	\$590.00
Brown County	\$ 72,470	\$7,241.00	\$2,174.00	\$2,174.00	\$7,247.00	\$3,624.00	\$3,624.00	\$544.00	\$544.00	\$544.00	\$544.00
Butler County	\$ 216,176	\$21,617.00	\$6,485.00	\$6,485.00	\$21,618.00	\$10,809.00	\$10,809.00	\$1,621.00	\$1,621.00	\$1,621.00	\$1,621.00
Carroll County	\$ 63,982	\$6,398.00	\$1,919.00	\$1,919.00	\$6,398.00	\$3,199.00	\$3,199.00	\$480.00	\$480.00	\$480.00	\$480.00
Champaign County	\$ 70,227	\$7,024.00	\$2,107.00	\$2,107.00	\$7,024.00	\$3,512.00	\$3,512.00	\$527.00	\$527.00	\$527.00	\$527.00
Clark County	\$ 108,801	\$10,890.00	\$3,267.00	\$3,267.00	\$10,890.00	\$5,445.00	\$5,445.00	\$817.00	\$817.00	\$817.00	\$817.00
Clermont County	\$ 135,784	\$13,578.00	\$4,074.00	\$4,074.00	\$13,578.00	\$6,789.00	\$6,789.00	\$1,018.00	\$1,018.00	\$1,018.00	\$1,018.00
Clinton County	\$ 71,150	\$7,105.00	\$2,135.00	\$2,135.00	\$7,115.00	\$3,558.00	\$3,558.00	\$534.00	\$534.00	\$534.00	\$534.00
Columbiana County	\$ 96,063	\$9,508.00	\$2,852.00	\$2,852.00	\$9,506.00	\$4,753.00	\$4,753.00	\$713.00	\$713.00	\$713.00	\$713.00
Coshocton County	\$ 68,729	\$6,878.00	\$2,062.00	\$2,062.00	\$6,873.00	\$3,436.00	\$3,436.00	\$516.00	\$516.00	\$516.00	\$516.00
Crawford County	\$ 71,979	\$7,199.00	\$2,159.00	\$2,159.00	\$7,198.00	\$3,599.00	\$3,599.00	\$540.00	\$540.00	\$540.00	\$540.00
Cuyahoga County	\$ 600,864	\$60,087.00	\$18,026.00	\$18,026.00	\$60,086.00	\$30,043.00	\$30,043.00	\$4,506.00	\$4,506.00	\$4,506.00	\$4,506.00
Darke County	\$ 70,299	\$7,021.00	\$2,108.00	\$2,108.00	\$7,029.00	\$3,513.00	\$3,513.00	\$527.00	\$527.00	\$527.00	\$527.00
DeLancey County	\$ 69,738	\$6,976.00	\$2,092.00	\$2,092.00	\$6,974.00	\$3,487.00	\$3,487.00	\$523.00	\$523.00	\$523.00	\$523.00
Delaware County	\$ 116,827	\$11,686.00	\$3,505.00	\$3,505.00	\$11,684.00	\$5,842.00	\$5,842.00	\$876.00	\$876.00	\$876.00	\$876.00
Erle County	\$ 84,918	\$8,491.00	\$2,548.00	\$2,548.00	\$8,492.00	\$4,246.00	\$4,246.00	\$637.00	\$637.00	\$637.00	\$637.00
Fairfield County	\$ 96,693	\$9,697.00	\$2,961.00	\$2,961.00	\$9,693.00	\$4,935.00	\$4,935.00	\$740.00	\$740.00	\$740.00	\$740.00
Fayette County	\$ 64,980	\$6,490.00	\$1,949.00	\$1,949.00	\$6,498.00	\$3,249.00	\$3,249.00	\$487.00	\$487.00	\$487.00	\$487.00
Columbus City HD	\$ 574,063	\$57,407.00	\$17,222.00	\$17,222.00	\$57,406.00	\$28,703.00	\$28,703.00	\$4,306.00	\$4,306.00	\$4,306.00	\$4,306.00
Fulton County	\$ 71,612	\$7,153.00	\$2,145.00	\$2,145.00	\$7,151.00	\$3,576.00	\$3,576.00	\$536.00	\$536.00	\$536.00	\$536.00
Gallia County	\$ 65,528	\$6,537.00	\$1,978.00	\$1,978.00	\$6,530.00	\$3,296.00	\$3,296.00	\$494.00	\$494.00	\$494.00	\$494.00
Geauga County	\$ 89,611	\$8,961.00	\$2,688.00	\$2,688.00	\$8,961.00	\$4,481.00	\$4,481.00	\$672.00	\$672.00	\$672.00	\$672.00
Greene County	\$ 119,695	\$11,961.00	\$3,590.00	\$3,590.00	\$11,966.00	\$5,983.00	\$5,983.00	\$897.00	\$897.00	\$897.00	\$897.00
Guernsey County	\$ 70,233	\$7,023.00	\$2,107.00	\$2,107.00	\$7,023.00	\$3,512.00	\$3,512.00	\$527.00	\$527.00	\$527.00	\$527.00
Hamilton County	\$ 387,911	\$38,732.00	\$11,637.00	\$11,637.00	\$38,791.00	\$19,396.00	\$19,396.00	\$2,909.00	\$2,909.00	\$2,909.00	\$2,909.00
Hancock County	\$ 79,456	\$7,940.00	\$2,384.00	\$2,384.00	\$7,946.00	\$3,973.00	\$3,973.00	\$596.00	\$596.00	\$596.00	\$596.00
Hardin County	\$ 66,509	\$6,652.00	\$1,995.00	\$1,995.00	\$6,651.00	\$3,325.00	\$3,325.00	\$499.00	\$499.00	\$499.00	\$499.00
Harrison County	\$ 61,092	\$6,109.00	\$1,832.00	\$1,832.00	\$6,109.00	\$3,054.00	\$3,054.00	\$458.00	\$458.00	\$458.00	\$458.00
Henry County	\$ 64,650	\$6,456.00	\$1,940.00	\$1,940.00	\$6,465.00	\$3,233.00	\$3,233.00	\$485.00	\$485.00	\$485.00	\$485.00
Highland County	\$ 71,880	\$7,187.00	\$2,156.00	\$2,156.00	\$7,188.00	\$3,594.00	\$3,594.00	\$539.00	\$539.00	\$539.00	\$539.00
Hooking County	\$ 65,190	\$6,516.00	\$1,956.00	\$1,956.00	\$6,518.00	\$3,260.00	\$3,260.00	\$493.00	\$493.00	\$493.00	\$493.00
Holmes County	\$ 71,211	\$7,121.00	\$2,136.00	\$2,136.00	\$7,121.00	\$3,561.00	\$3,561.00	\$534.00	\$534.00	\$534.00	\$534.00
Huron County	\$ 75,320	\$7,533.00	\$2,260.00	\$2,260.00	\$7,532.00	\$3,766.00	\$3,766.00	\$565.00	\$565.00	\$565.00	\$565.00
Jackson County	\$ 67,005	\$6,700.00	\$2,010.00	\$2,010.00	\$6,701.00	\$3,350.00	\$3,350.00	\$503.00	\$503.00	\$503.00	\$503.00
Jefferson County	\$ 78,806	\$7,881.00	\$2,364.00	\$2,364.00	\$7,881.00	\$3,940.00	\$3,940.00	\$591.00	\$591.00	\$591.00	\$591.00
Knox County	\$ 74,390	\$7,438.00	\$2,232.00	\$2,232.00	\$7,439.00	\$3,720.00	\$3,720.00	\$558.00	\$558.00	\$558.00	\$558.00
Lake County	\$ 162,051	\$16,199.00	\$4,862.00	\$4,862.00	\$16,205.00	\$8,103.00	\$8,103.00	\$1,215.00	\$1,215.00	\$1,215.00	\$1,215.00
Lawrence County	\$ 75,117	\$7,512.00	\$2,254.00	\$2,254.00	\$7,512.00	\$3,756.00	\$3,756.00	\$563.00	\$563.00	\$563.00	\$563.00
Linking County	\$ 116,861	\$11,806.00	\$3,542.00	\$3,542.00	\$11,806.00	\$5,903.00	\$5,903.00	\$885.00	\$885.00	\$885.00	\$885.00
Logan County	\$ 72,894	\$7,298.00	\$2,187.00	\$2,187.00	\$7,289.00	\$3,645.00	\$3,645.00	\$547.00	\$547.00	\$547.00	\$547.00
Lorain County	\$ 182,836	\$18,286.00	\$5,485.00	\$5,485.00	\$18,284.00	\$9,142.00	\$9,142.00	\$1,371.00	\$1,371.00	\$1,371.00	\$1,371.00
Lucas County	\$ 260,651	\$26,057.00	\$7,820.00	\$7,820.00	\$26,065.00	\$13,033.00	\$13,033.00	\$1,950.00	\$1,950.00	\$1,950.00	\$1,950.00
Madison County	\$ 72,196	\$7,219.00	\$2,168.00	\$2,168.00	\$7,220.00	\$3,610.00	\$3,610.00	\$541.00	\$541.00	\$541.00	\$541.00
Mahoning County	\$ 155,688	\$15,567.00	\$4,671.00	\$4,671.00	\$15,569.00	\$7,784.00	\$7,784.00	\$1,168.00	\$1,168.00	\$1,168.00	\$1,168.00
Marion County	\$ 71,022	\$7,702.00	\$2,311.00	\$2,311.00	\$7,702.00	\$3,821.00	\$3,821.00	\$578.00	\$578.00	\$578.00	\$578.00
Medina County	\$ 124,812	\$12,482.00	\$3,744.00	\$3,744.00	\$12,491.00	\$6,241.00	\$6,241.00	\$936.00	\$936.00	\$936.00	\$936.00
Meigs County	\$ 62,660	\$6,263.00	\$1,877.00	\$1,877.00	\$6,266.00	\$3,133.00	\$3,133.00	\$470.00	\$470.00	\$470.00	\$470.00
Mercer County	\$ 70,610	\$7,058.00	\$2,118.00	\$2,118.00	\$7,061.00	\$3,531.00	\$3,531.00	\$530.00	\$530.00	\$530.00	\$530.00
Miami County	\$ 91,973	\$9,195.00	\$2,759.00	\$2,759.00	\$9,197.00	\$4,599.00	\$4,599.00	\$690.00	\$690.00	\$690.00	\$690.00
Monroe County	\$ 61,083	\$6,100.00	\$1,832.00	\$1,832.00	\$6,102.00	\$3,054.00	\$3,054.00	\$458.00	\$458.00	\$458.00	\$458.00
Montgomery County	\$ 282,369	\$28,236.00	\$8,471.00	\$8,471.00	\$28,237.00	\$14,118.00	\$14,118.00	\$2,118.00	\$2,118.00	\$2,118.00	\$2,118.00
Morgan County	\$ 61,083	\$6,100.00	\$1,832.00	\$1,832.00	\$6,102.00	\$3,054.00	\$3,054.00	\$458.00	\$458.00	\$458.00	\$458.00
Morrow County	\$ 67,798	\$6,772.00	\$2,033.00	\$2,033.00	\$6,776.00	\$3,389.00	\$3,389.00	\$508.00	\$508.00	\$508.00	\$508.00
Muskingum County	\$ 85,829	\$8,595.00	\$2,575.00	\$2,575.00	\$8,583.00	\$4,291.00	\$4,291.00	\$644.00	\$644.00	\$644.00	\$644.00
Noble County	\$ 61,083	\$6,100.00	\$1,832.00	\$1,832.00	\$6,108.00	\$3,054.00	\$3,054.00	\$458.00	\$458.00	\$458.00	\$458.00
Onondaga County	\$ 70,854	\$7,087.00	\$2,126.00	\$2,126.00	\$7,086.00	\$3,543.00	\$3,543.00	\$531.00	\$531.00	\$531.00	\$531.00
Paulding County	\$ 61,488	\$6,149.00	\$1,845.00	\$1,845.00	\$6,149.00	\$3,074.00	\$3,074.00	\$461.00	\$461.00	\$461.00	\$461.00
Perry County	\$ 68,694	\$6,868.00	\$2,061.00	\$2,061.00	\$6,869.00	\$3,435.00	\$3,435.00	\$515.00	\$515.00	\$515.00	\$515.00
Pickaway County	\$ 71,994	\$7,197.00	\$2,160.00	\$2,160.00	\$7,199.00	\$3,600.00	\$3,600.00	\$540.00	\$540.00	\$540.00	\$540.00
Pike County	\$ 64,893	\$6,498.00	\$1,946.00	\$1,946.00	\$6,498.00	\$3,244.00	\$3,244.00	\$487.00	\$487.00	\$487.00	\$487.00
Portage County	\$ 115,176	\$11,914.00	\$3,575.00	\$3,575.00	\$11,918.00	\$5,969.00	\$5,969.00	\$894.00	\$894.00	\$894.00	\$894.00
Preble County	\$ 71,386	\$7,138.00	\$2,142.00	\$2,142.00	\$7,139.00	\$3,569.00	\$3,569.00	\$535.00	\$535.00	\$535.00	\$535.00
Putnam County	\$ 67,605	\$6,762.00	\$2,028.00	\$2,028.00	\$6,761.00	\$3,380.00	\$3,380.00	\$507.00	\$507.00	\$507.00	\$507.00
Richland County	\$ 102,826	\$10,284.00	\$3,085.00	\$3,085.00	\$10,283.00	\$5,110.00	\$5,110.00	\$771.00	\$771.00	\$771.00	\$771.00
Ross County	\$ 82,459	\$8,243.00	\$2,474.00	\$2,474.00	\$8,246.00	\$4,123.00	\$4,123.00	\$618.00	\$618.00	\$618.00	\$618.00
Sandusky County	\$ 71,322	\$7,198.00	\$2,158.00	\$2,158.00	\$7,193.00	\$3,597.00	\$3,597.00	\$539.00	\$539.00	\$539.00	\$539.00
Scioto County	\$ 83,134	\$8,315.00	\$2,494.00	\$2,494.00	\$8,314.00	\$4,167.00	\$4,167.00	\$624.00	\$624.00	\$624.00	\$624.00
Seneca County	\$ 74,848	\$7,471.00	\$2,239.00	\$2,239.00	\$7,485.00	\$3,732.00	\$3,732.00	\$560.00	\$560.00		

**Appendix B2 will be released to OPHCS 12/08/20
Public Health Emergency Preparedness (REGIONAL)**

[illegible]

**Appendix B2 will be released to OPHCS 12/08/20
Public Health Emergency Preparedness (CRI)**

# of Deliverables: 4								
Use Budget Justification Scenario #: 3								
Base Only								
Base and Deliverables								
X Deliverables Only								
SUBRECIPIENT		Objective 1.1	Objective 2.1	Objective 3.1	Objective 3.2	Objective 3.3	Objective 3.4	Objective 4.1
DELIVERABLE	ALLOCATION	MCM ORR Upload	Annual MCM Dispensing Drills	MCM Action Plan 1	MCM Action Plan 2	MCM Action Plan 1	MCM Action Plan 1	MCM ORR Assessment
WEIGHT (%)	(\$)	55%	10%	5%	5%	5%	5%	15%
Columbus	\$175,134.00	\$96,323.00	\$17,513.00	\$8,757.00	\$8,757.00	\$8,757.00	\$8,757.00	\$26,270.00
Union	\$17,770.00	\$9,771.00	\$1,777.00	\$889.00	\$889.00	\$889.00	\$889.00	\$2,666.00
Delaware	\$39,977.00	\$21,986.00	\$3,998.00	\$1,999.00	\$1,999.00	\$1,999.00	\$1,999.00	\$5,997.00
Morrow	\$14,780.00	\$8,129.00	\$1,478.00	\$739.00	\$739.00	\$739.00	\$739.00	\$2,217.00
Licking	\$40,522.00	\$22,288.00	\$4,052.00	\$2,026.00	\$2,026.00	\$2,026.00	\$2,026.00	\$6,078.00
Madison	\$16,756.00	\$9,215.00	\$1,676.00	\$838.00	\$838.00	\$838.00	\$838.00	\$2,513.00
Franklin	\$95,988.00	\$52,795.00	\$9,599.00	\$4,799.00	\$4,799.00	\$4,799.00	\$4,799.00	\$14,398.00
Fairfield	\$31,898.00	\$17,543.00	\$3,190.00	\$1,595.00	\$1,595.00	\$1,595.00	\$1,595.00	\$4,785.00
Perry	\$15,196.00	\$8,357.00	\$1,520.00	\$760.00	\$760.00	\$760.00	\$760.00	\$2,279.00
Pickaway	\$19,174.00	\$10,545.00	\$1,917.00	\$959.00	\$959.00	\$959.00	\$959.00	\$2,876.00
Hocking	\$13,636.00	\$7,499.00	\$1,364.00	\$682.00	\$682.00	\$682.00	\$682.00	\$2,045.00
Cincinnati	\$80,511.00	\$44,279.00	\$8,051.00	\$4,026.00	\$4,026.00	\$4,026.00	\$4,026.00	\$12,077.00
Butler	\$70,744.00	\$38,910.00	\$7,074.00	\$3,537.00	\$3,537.00	\$3,537.00	\$3,537.00	\$10,612.00
Warren	\$59,255.00	\$32,589.00	\$5,926.00	\$2,963.00	\$2,963.00	\$2,963.00	\$2,963.00	\$8,888.00
Hamilton	\$125,545.00	\$69,050.00	\$12,555.00	\$6,277.00	\$6,277.00	\$6,277.00	\$6,277.00	\$18,832.00
Clermont	\$55,553.00	\$30,553.00	\$5,555.00	\$2,778.00	\$2,778.00	\$2,778.00	\$2,778.00	\$8,333.00
Brown	\$18,516.00	\$10,183.00	\$1,852.00	\$926.00	\$926.00	\$926.00	\$926.00	\$2,777.00
Cleveland	\$107,309.00	\$59,022.00	\$10,731.00	\$5,365.00	\$5,365.00	\$5,365.00	\$5,365.00	\$16,096.00
Lorain	\$46,301.00	\$25,466.00	\$4,630.00	\$2,315.00	\$2,315.00	\$2,315.00	\$2,315.00	\$6,945.00
Medina	\$50,785.00	\$27,932.00	\$5,079.00	\$2,539.00	\$2,539.00	\$2,539.00	\$2,539.00	\$7,618.00
Cuyahoga	\$222,561.00	\$122,409.00	\$22,256.00	\$11,128.00	\$11,128.00	\$11,128.00	\$11,128.00	\$33,384.00
Geauga	\$30,951.00	\$17,021.00	\$3,095.00	\$1,548.00	\$1,548.00	\$1,548.00	\$1,548.00	\$4,643.00
Lake	\$65,356.00	\$35,945.00	\$6,536.00	\$3,268.00	\$3,268.00	\$3,268.00	\$3,268.00	\$9,803.00
TOTAL	\$1,414,218.00							

Place Matters Documentation Template (Not Applicable for PHEP)

County: Your County **Budget Period:**

GMISID:	Agency Name:	Subgrant Program:
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[illegible]

**FY22 APPLICATION CHECKLIST: July 1, 2021 -
June 30, 2022**

Agency Name:

Project Key:

- Reimbursement Type Form was submitted with the application ☐ Yes ☐ No
- Reimbursement Type Form was submitted by the required date of **December 15, 2020** ☐ Yes ☐ No

Review Date:

Reviewer's Name:

Program Evaluation			
PROGRAM ATTACHMENTS & APPENDICES			
PHEP Core PHEP Regional PHEP CRI			
GRANT APPLICATION COMPONENT		Y/N	COMMENTS
1.	<input type="checkbox"/> Application submitted on time		
2.	<input type="checkbox"/> Attachment #1 was submitted and complete <input type="checkbox"/> Attachment #1 received approval from BID		
3.	<input type="checkbox"/> Attachment #2 Match Letter was submitted <input type="checkbox"/> Match Letter is on Agency letterhead <input type="checkbox"/> Correct funding and match amount used <input type="checkbox"/> Letter is signed by the Health Commissioner/Agency Head		
4.	<input type="checkbox"/> Attachment #3 (Budget Justification) as per specified Program was submitted <input type="checkbox"/> Signed by Agency Head		
5.	PHEP CORE ONLY <input type="checkbox"/> Appendix E was submitted and signed by Health Commissioner <input type="checkbox"/> Appendix F was submitted and signed by Health Commissioner <input type="checkbox"/> Appendix G was submitted and signed by Health Commissioner		
6.	PHEP REGIONAL ONLY: <input type="checkbox"/> Appendix H was submitted and signed by HC		

PHEP Epidemiologist Position Requirements and Expectations

Goal

Epidemiologists will have advanced training in epidemiology/public health (preferably Masters prepared) and act as a resource in epidemiologic investigations and analyses to the local health jurisdictions(s) they support.

In order to serve as a PHEP-funded Primary Epidemiologist or Consulting Epidemiologist, applicants must meet the criteria below.

Note: No member of the Triad may serve as an Epi in either the Primary or Consulting roles.

Position Requirements

PRIMARY Epidemiologist Position Education/Experience Requirements (formerly known as Tier 1)

- Newly graduated Master's degree in Public Health or other similar field with minimal experience
- OR**
- Meet/exceed minimum educational criteria including basic epidemiology course and a graduate level course in epidemiology or biostatistics; **and**
- Bachelor's in Public Health, or other Bachelor's degree or non-epidemiology professional degree or certification (e.g. RN, RS) without formal academic epidemiology training; **and**
- Complete a basic epidemiology course (e.g., the Centers for Disease Control and Prevention (CDC) Principles of Epidemiology course or an undergraduate level course, which includes epidemiology, such as community health nursing course) within three months after being hired; **and**
- Complete at least one graduate level course in epidemiology or biostatistics within 12 months of being hired. The OSU Summer Program would not count for this unless the Public Health Certificate curriculum returns; **and**
- Continue epidemiology education/skill building at least annually (participate in graduate course work in epidemiology/public health/statistics, e.g., courses part of an MPH curriculum; participate in relevant courses, such as those offered through the OSU Summer Institute); **and**

- Ability to carry out simple data collection, analysis, and reporting in support of surveillance and epidemiologic investigations.

CONSULTING Epidemiologist Position Education/Experience Requirements (formerly known as Tier 2)

- Master's degree with two or more year's work experience in epidemiology
OR
- Bachelor's in Public Health, or other Bachelor's degree or non-epidemiology professional degree or certification (e.g. RN, RS) with specific epidemiology training and four years' experience in epidemiology; and
- Ability to carry out simple and more complex and non-routine data collection, analysis, and interpretation tasks and can work independently; or may supervise a unit or serve as a project leader or surveillance coordinator.

Position Expectations

General

- Actively use the Ohio Disease Reporting System (ODRS) for disease reporting, case management and analysis.
- Tabulate and analyze epidemiologic data by using appropriate statistical techniques in order to detect possible disease outbreaks. Thorough knowledge of statistical and database software needed for all data processing (Excel, Access, Epi Info or equivalent).
- Participate in quarterly statewide public health epidemiologists' meetings.
- Coordinate/assist with epidemiologic response among local health districts (LHDs) in the assigned jurisdiction(s) and within the region.
- Ensure regular communication with nursing, environmental health and other local health jurisdiction staff in the areas supported, and with disease reporters (e.g., physicians, infection preventionists, veterinarians, laboratories, pharmacists).
- Communicate with epidemiology colleagues within the region.
- Assure adequate resources to provide epidemiologic analysis of infectious disease data using statistical software such as Excel, Access, EpiInfo, STATA or other equivalent software and assist in coordination of outbreak investigations.
- Follow the Public Health Surveillance and Epidemiology Investigation Standards in Appendix F.

Surveillance/Disease Reporting

- Ensure overall data management for individual disease reports and outbreak investigations. Collect data for surveillance of communicable diseases in the community by abstracting data from confidential medical or public health records or through survey and other epidemiologic approaches.
- Ensure all Ohio notifiable infectious disease reports are submitted in accordance with Ohio Administrative Code (OAC) using ODRS.

- c. Establish and maintain the ability to receive, investigate, and conduct appropriate public health disease prevention and control interventions for Class A reports 24/7/365 for the jurisdictions in your region.
 - i. Submit all Class A disease reports to ODH immediately by phone and enter into ODRS by the next business day.
 - ii. Electronically submit all Ohio reportable infectious disease reports in accordance with Ohio Administrative Code (OAC) using ODRS in an accurate, complete and timely manner.
 - iii. Ensure timely review, investigation and reporting of infectious disease reports following OAC timelines.
- d. Data quality and review
 - i. Assure the appropriate case definitions are utilized for disease reporting.
 - ii. Maintain data integrity by ensuring individual disease/case reports entered into ODRS are timely, accurate and complete.
- e. Evaluate surveillance system
 - i. Timeliness and completeness of reports to local health jurisdictions (local reporting, ODRS, sentinel influenza surveillance, specialized disease or early event surveillance).
 - ii. Evaluate disease reports to identify gaps in reporting.
- f. Improving diseases surveillance
 - i. Work with other LHD staff to improve disease reporting in the jurisdiction(s).
 - ii. Use ODH guidance “Guidelines to Improve Infectious Disease Reporting in Local Health Jurisdictions.”(see Appendix AA)
- g. Data analysis
 - i. Conduct descriptive analysis of the epidemiology of reported diseases.
 - ii. Initiate investigation when disease reports (either routine disease reports or syndromic data) indicate an increase incidence.
 - iii. Monitor disease trends.
 - iv. Create statistical reports.
 - v. Perform early event surveillance activities (e.g., EpiCenter) in the designated area.
 - vi. Respond to requests for local data.
- h. Collaborate with health department staff, hospitals, infection preventionists, physicians, schools, ODH and others to provide a comprehensive approach to surveillance and follow-up of communicable diseases.

Investigation

- a. Interpret data and draw accurate conclusions based on sound scientific principles.
- b. Investigate potential epidemic situations of infectious diseases utilizing accepted epidemiologic methods to determine the cause, nature and consequences of reported diseases.
- c. Utilize the Infectious Disease Control Manual (IDCM) guidelines for investigation, prevention and control of infectious diseases.
- d. Know and implement the steps of an outbreak investigation.
- e. Assure that appropriate case definitions are utilized in outbreak investigations.
- f. Coordinate or assist local outbreak or case investigation(s).

- i. Develop instrument (questionnaire).
 - ii. Collect data.
 - iii. Review records.
 - iv. Coordinate with nursing, environmental health and other LHD staff about responsibilities and duties during an outbreak investigation.
 - v. Assist with preparing materials that can be distributed to the media, patients or the general public regarding the outbreak or disease under investigation.
- g. Coordinate, or assist with, cross-jurisdictional investigation.
 - i. Integrate with incident command structure for the investigation or event.
- h. Write or assist local health district in writing final summary report of disease outbreak investigations. Submit final outbreak report to ODH within **90 days of date last case became ill in ODRS.**
- i. Complete appropriate CDC forms for outbreak investigations (such as disease specific questionnaires) and ensure data is entered into the National Outbreak Reporting System (NORS) in a timely manner. Timely is defined as entered into NORS within 7 business days of report to ODH and closed within **90 days of date last case became ill in ODRS.**
- j. Use statistical and database software to collect and analyze outbreak data.
- k. Assist in developing disease specific protocols for investigation, case management and contact tracing.
- l. Participate in Regional Epidemiology Response Team (e.g., mobilize local health staff cross-jurisdictionally in a public health emergency) and assist with:
 - i. Planning
 - ii. Training
 - iii. Event response

Training

- a. Ensure training /in-services are provided on ODRS to public health staff and healthcare providers in the community.
- b. Assist/participate in local and regional training (e.g., ICS, tabletop exercises).
- c. Provide epidemiologic investigation training to LHD colleagues.

Agency Name: _____

Health Commissioner Signature

Date

APPENDIX F

Public Health Surveillance and Epidemiology Investigation Standards

Standard 1: Public Health detects health events that could result from naturally-occurring, man-made, or terrorist events in a timely manner.

Measure 1: Time in which knowledgeable public health professional answers a call of urgent public health consequence 24/7/365.

Target: A knowledgeable public health professional answers a call of urgent public health consequence 24/7/365 within 15 minutes of the time a call is initiated from a physician, laboratory, health care facility, or other local, state or federal agency.

Jurisdictional Measurement Level: State and all local health departments.

Data Source(s): Staff call logs, answering service, ID on Call. Time the call was initiated and received should be reported for LHD and ODH for Class A disease report, outbreak or bioterrorism event detected.

Rationale for Measure: Public health is responsible for receiving and responding to Class A events within 24/7/365 availability.

Purpose of Measure 1: Health events are received and responded to in a timely manner. This measure is a process measure.

Frequency of Measure: Minimum of semi-annually with at least one test annually during non-business hours.

Unit of Measure: Time in minutes from when the urgent public health call was placed until the time it was returned.

Limitations of Measure: This measure does not take into account whether the incident was responded to appropriately. It may not measure calls from private citizens and their ability to reach public health.

Standard 2: Public Health conducts epidemiologic investigations involving health events that could result from naturally-occurring, man-made, or terrorist events in a timely manner.

Measure 2: Time in which an initial report describing the public health event, including all known cases by person, place, and time, was produced.

Target: By the end of the next business day after identification of the index case or first known case or cases day for Class B and Class C reportable diseases.

Jurisdictional Measurement Level: State and all local health departments.

Data Source(s): Documentation e.g. Ohio Disease Reporting System (ODRS) entries, timestamps on email, faxes, Ohio Public Health Communications System (OPHCS) postings from drill, exercise, or real event, and EpiCenter alert entries.

Rationale for Measure: Exposure, agent and mode of transmission are identified in a timely manner and health events (disease) are controlled.

Purpose of Measure 2: Information is received, analyzed, interpreted and initial recommendations are made. This measure is an output measure.

Frequency of Measure: At least annually for reporting.

Unit of Measure: Time in hours from the initial report of the index case or first known case or cases to a preliminary report describing all known cases by person, place, and time.

Limitations of Measure: Some events develop too rapidly to describe all cases and last for more than one business day. During large events, the measure will have been met if an initial subset of 30 cases is described.

Standard 3: Public health provides recommendations for interventions and facilitates implementation of interventions involving health events that could result from naturally-occurring, man-made, or terrorist events in a timely manner.

Measure 3: Time in which a health alert that describes the initial report of a public health event - along with known cases, possible risk factors, and initial public health interventions - is developed and distributed via multiple means such as: Ohio Public Health Communications System (OPHCS), fax, and e-mail.

Target: Within 12 hours from initiation of the public health event investigation.

Jurisdictional Measurement Level: State and all local health departments.

Data source(s): Drill, exercise, or real event.

Rationale for Measure: After completing a risk and vulnerability assessment, public health agencies should recommend courses of action to minimize human health consequences of the identified risk/vulnerability and disseminate the information to public health partners.

Purpose of Measure: Health events (disease) are controlled.

Frequency of measure: For each real event; or at last annually during a drill, if no qualifying event occurred.

Unit of measure: Time in hours in which a health alert that describes the initial report of a public health event along with known cases, possible risk factors, and initial recommendations for public health interventions is distributed via multiple means such as: Ohio Public Health Communications System (OPHCS), fax, and e-mail.

Limitations of Measure: Not all health jurisdictions will have an event. Sometimes the index case of triggering event is only discovered after investigation.

Definitions and Other Guidance: Crisis & Emergency Risk Communication (CERC)

<https://emergency.cdc.gov/cerc/index.asp>

Agency Name

I _____ agree to all roles and expectations as outlined in Appendix F

(Print Name: Health Commissioner)

Health Commissioner Signature

Date

PHEP Core Public Health Coordinator Grant Expectations

Successful applicant agencies for the Public Health Emergency Preparedness Core grant agree to serve as the primary planning resource for local public health departments in the county and serve as the primary point of contact with the Ohio Department of Health regarding the status of planning, response, and recovery throughout the county. The program requirements are for the project period of **July 1, 2019 through June 30, 2024.**

1. Collaborate with any vendor under contract with the Ohio Department of Health's Bureau of Health Preparedness, for the conduct of any regional and statewide initiatives.
2. Solve problems under emergency conditions.
3. Maintain situational awareness of incidents that (may) impact public health in the county.
4. Manage information related to an emergency.
5. Use principles of crisis and risk communications during emergencies.
6. Report information potentially relevant to the identification and control of an emergency through the chain of command.
7. Coordinate, plan and conduct public-health-related emergency preparedness and response training, periodic disaster drills and exercises with applicable county departments, other government agencies and community agencies involved in public health emergency preparedness and response, as well as the general public.
8. Participate in local and regional meetings to ensure coordination and collaboration of preparedness activities. Compile meeting minutes and maintain documentation of strategies, activities and responsibilities.
9. Collaborate with the Regional Public Health Coordinator and the Regional Healthcare Coordinator for local planning. Provide documentation that collaboration takes place. Promote greater collaboration and notify ODH of any barriers to collaboration.
10. Review and identify gaps in local response plans as often as needed but at least annually.
11. Participate in state-sponsored site visits, meetings, and training activities when requested, such as the ODH sponsored May Planners meeting.
12. Provide representation, guidance and assistance as needed with local, regional and state planning partners for the purpose of developing and supporting local and regional partnerships and coalitions.
13. Subrecipients must submit an Exercise Request Form (ERF) for all planned exercises, on the current ****Exercise Request Form HEA 1100*** posted on OPHCS no later than 10 business days after the Initial Planning Meeting (IPM).
14. Provide data and information as requested by Ohio Department of Health (ODH) to assist with the completion of local, state, and federal reports, including completion of at least two (2) Volunteer Deployment, and two (2) Information Sharing Performance Measure drills per grant year. One (1) Information Sharing Performance Measure and one (1) Volunteer Deployment Performance Measure must be submitted into GMIS

- by December 31, 2021 and one (1) Information Sharing Performance Measure and one (1) Volunteer Deployment Performance Measure must be submitted by June 30, 2022.
15. Subrecipients must coordinate with their Regional Public Health Coordinator to report PHEP federal Capabilities Planning Guide (CPG) data for their jurisdiction upon request.
 16. All the jurisdiction's Open PODS, Closed PODS, and Drops Sites must be entered into OPOD with current information.
 17. Be an active partner in local preparedness efforts and effectively manage public health consequences of an incident, in coordination with local response partners.
 18. Maintain familiarity with the county emergency operations plan (EOP) and support EOP maintenance by ensuring that public health roles, responsibilities, and information are accurately reflected therein.
 19. Ensure that LHD plans correspond and integrate with the county EOP and other related documents.
 20. Utilize developed plans and procedures in incident response.
 21. Notify ODH of significant incidents with public health consequences and provide situational awareness to ODH throughout responses.
 22. Ensure that public-health-led responses are NIMS-compliant, and that public health is appropriately integrated into the county's emergency management system.
 23. Acquire and maintain proficiency in computer programs (Microsoft Office, Adobe Reader/Adobe Acrobat, and Virtual Meeting Platforms) needed to complete deliverables and to support preparedness, response, and recovery efforts within the county.
 24. As resources are available, support public health response efforts in other jurisdictions, when the primary LHD is overwhelmed and a request for assistance is made by the LHD or ODH.
 25. Be knowledgeable in applicable guidance documents, including but not limited to the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal and Territorial Public Health – October 2018; Updated January 2019, the National Response Framework, Comprehensive Preparedness Guide 101, Continuity Guidance Circulars, the National Health Security Strategy, Updated Preparedness and Response Framework for Influenza Pandemics, and this solicitation.
 26. Expeditiously engage ODH with any questions that arise about the completion of deliverables.
 27. Attend and actively participate in the regional healthcare coalition.
 28. Ensure that preparedness and response activities are designed to serve the whole community.
 29. Update the Public Health Surveillance and Epidemiologic Investigation Plan as changes occur.
 30. Ensure all preparedness staff, for your agency, have the following required trainings:
 - IS-29.A: Public Information Officer Awareness--Online, 2.5 hours
 - IS-100.C: Introduction to the Incident Command System, ICS 100

- IS-120.C: An Introduction to Exercises
- IS-130.A: How to be an Exercise Evaluator
- IS-200.C: Basic Incident Command System for Initial Response
- IS-242.B: OR equivalent E/L/G course: Effective Communication--8 hours
- IS-244.B: Developing and Managing Volunteers
- IS-368: Including People with Disabilities & Others with Access & Functional Needs in Disaster Operations.
- IS-1300: Introduction to Continuity of Operations
- IS-700.B: An Introduction to the National Incident Management System--Online, 3.5 hours
- IS-800.D: National Response Framework, an Introduction
- Surgenet
- C-MIST, OPHCS, MARCS (trainings offered by ODH)
- Homeland Security Exercise and Evaluation Program (HSEEP)
- Nationwide SAR Initiative (NSI) Training: Public Health and Health Care Partners (<https://www.dhs.gov/course/nsi-training-public-health-and-health-care-partners>)
- Disability Training for Emergency Planners: Serving People with Disabilities (available on OhioTrain)
- CDC Crisis and Emergency Risk Communication Course—Online, 2 hours

Agency Name

I _____ agree to all roles and expectations as outlined in the PHEP Core Public Health Coordinator Grant Expectations.

(Print Name: Health Commissioner)

Health Commissioner Signature

Date

PHEP Regional Public Health Coordinator Grant Expectations

Successful applicant agencies for the Regional Public Health Preparedness funding of the Public Health Emergency Preparedness Grant agree that the PHEP Regional Public Health Coordinator will serve as the primary planning resource to local health departments in the region and the primary point of contact with the Ohio Department of Health regarding the status of planning, response, and recovery throughout the region. These program requirements are for the project period of **July 1, 2019 through June 30, 2024**. The Regional Public Health Coordinator will adhere to the following expectations:

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

departments and provide situational awareness during incidents with public health consequences.

16. Provide technical assistance to assist local health departments with development, and review of public health emergency plans, manuals and standard operating procedures, utilizing local, state and federal guidelines and requirements. Notify ODH of any gaps in local capabilities that may hinder either local or regional planning efforts.
17. Maintain trained, primary and back-up OPHCS Administrators.
18. Serve as the regional OPHCS contact and coordinator of user accounts, including user access for local health departments within the region.
19. Provide an orientation to all newly hired PHEP planning staff to familiarize them with the regional partners and processes as well as to identify any opportunities for assistance.
20. Subrecipients must submit an Exercise Request Form (ERF) for all planned exercises, on the current ****Exercise Request Form HEA 1100*** posted on OPHCS no later than 10 business days after the Initial Planning Meeting (IPM).
21. Provide data and information as requested by Ohio Department of Health (ODH) to assist with the completion of local, state, and federal reports, including completion of at least two (2) Volunteer Deployment, and two (2) Information Sharing Performance Measure drills per grant year. One (1) Information Sharing Performance Measure and one (1) Volunteer Deployment Performance Measure must be submitted into GMIS by December 31, 2021 and one (1) Information Sharing Performance Measure and one (1) Volunteer Deployment Performance Measure must be submitted by June 30, 2022.
22. Subrecipients must coordinate with all PHEP Core Subrecipients in their region to aggregate and report the PHEP federal Capabilities Planning Guide (CPG) data requirements for their region upon request.
23. Assist with and have visibility over jurisdiction's Open PODS, Closed PODS, and Drop Sites in OPOD.
24. Ensure that regional plans correspond and integrate with other response plans and related documents.
25. Utilize developed regional plans and procedures in incident coordination activities.
26. Acquire and maintain proficiency in computer programs (Microsoft Office, Adobe Reader/Adobe Acrobat, and Virtual Meeting Platforms) needed to complete deliverables and to support preparedness, response, and recovery efforts within the region.
27. As resources are available, support public health response efforts in other regions, when another region is overwhelmed and a request for assistance is made by another RPHC or ODH.
28. Be knowledgeable in applicable guidance documents, including but not limited to the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal and Territorial Public Health – October 2018; Updated January 2019, the National Response Framework, Comprehensive Preparedness Guide 101, Continuity Guidance Circulars, the National Health Security Strategy, Updated Preparedness and Response Framework for

Influenza Pandemics, and this Solicitation.

29. Expediently engage ODH with any questions that arise about the completion of deliverables on the local and regional level.
30. Ensure that regional preparedness and response activities are designed to serve the whole community.
31. Must participate as a non-voting member of their Regional Healthcare Coalition's Executive Steering Committee, participate in regional healthcare coalition meetings, and fulfill all Executive Steering Committee roles, responsibilities, and participation requirements as outlined in the Regional Healthcare Coalition Requirements.
32. Ensure all preparedness staff, for your agency, have the following required trainings:
 - IS-100.C: Introduction to the Incident Command System, ICS 100
 - IS-120.C: An Introduction to Exercises
 - IS-130.A: How to be an Exercise Evaluator
 - IS-200.C: Basic Incident Command System for Initial Response
 - IS-244.B: Developing and Managing Volunteers
 - IS-700.B: An Introduction to the National Incident Management System
 - IS-800.D: National Response Framework, an Introduction
 - Surgenet
 - C-MIST, OPHCS, MARCS (trainings offered by ODH)
 - Homeland Security Exercise and Evaluation Program (HSEEP)
 - Nationwide SAR Initiative (NSI) Training: Public Health and Health Care Partners (<https://www.dhs.gov/course/nsi-training-public-health-and-health-care-partners>)

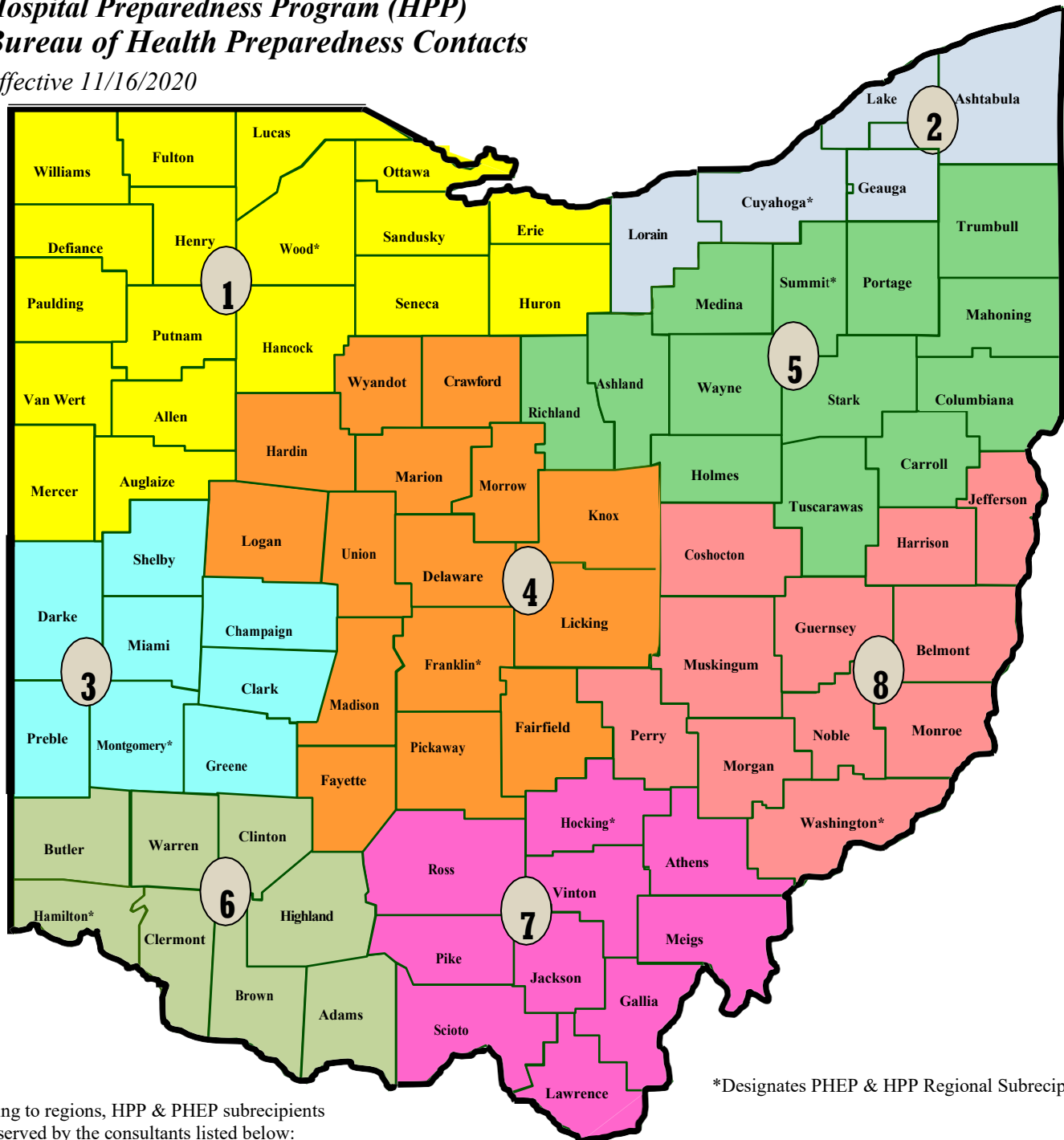
Agency Name

**I _____ agree to all roles and expectations as outlined in PHEP Regional Public Health Coordinator Grant Expectations.
(Print Name: Health Commissioner)**

Health Commissioner Signature

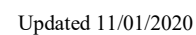
Date

Effective 11/16/2020



According to regions, HPP & PHEP subrecipients will be served by the consultants listed below:

Region	Regional Inbox	PMPU Public Health Consultant
1-NW	Nw.region1@odh.ohio.gov	Emilee Drerup emilee.drerup@odh.ohio.gov
2-NE	Ne.region2@odh.ohio.gov	
3-WC	Wc.region3@odh.ohio.gov	
4-CEN	Cen.region4@odh.ohio.gov	Sheronda Baker sheronda.baker@odh.ohio.gov
5-NECO	Neco.region5@odh.ohio.gov	
6-SW	Sw.region6@odh.ohio.gov	Frankie Bell-Griffin frankie.bell-griffin@odh.ohio.gov
7-SEC	Sec.region7@odh.ohio.gov	
8-SE	Sc.region8@odh.ohio.gov	
Main Bureau Line: (614) 644-6133		



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

- (a) Basic rule: Costs and contributions acceptable.

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

- (1) Allowable costs incurred by the grantee, sub grantee or a cost-type contractor under the assistance agreement. This includes allowable costs borne by non-Federal grants or by other cash donations from non-Federal third parties.
- (2) The value of third party in-kind contributions applicable to the period to which the cost sharing or matching requirement applies.

(b) Qualifications and exceptions—

- (1) Costs borne by other Federal grant agreements.

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

- (2) General revenue sharing.

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

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

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

- (4) Costs financed by program income.

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

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

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

- (6) **Records.**

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

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

- (i) Third party in-kind contributions count towards satisfying a cost sharing or matching requirement only where, if the party receiving the contributions were to pay for them, the payments would be allowable costs.
- (ii) Some third party in-kind contributions are goods and services that, if the grantee, sub grantee, or contractor receiving the contribution had to pay for them, the payments would have been indirect costs. Costs sharing or matching credit for such contributions shall be given only if the grantee, sub grantee, or contractor has established, along with its regular indirect cost rate, a special rate for allocating to individual projects or programs the value of the contributions.
- (iii) A third party in-kind contribution to a fixed-price contract may count towards satisfying a cost sharing or matching requirement only if it results in:
 - (A) An increase in the services or property provided under the contract (without additional cost to the grantee or sub grantee) or
 - (B) A cost savings to the grantee or sub grantee.
- (iv) The values placed on third party in-kind contributions for cost sharing or matching purposes will conform to the rules in the succeeding sections of this part. If a third party in-kind contribution is a type not treated in those sections, the value placed upon it shall be fair and reasonable.

(c) Valuation of donated services—

(1) Volunteer services.

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

(2) Employees of other organizations.

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

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

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

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

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

(1) Awards for capital expenditures.

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

(2) Other awards.

If assisting in the acquisition of property is not the purpose of the grant or sub grant, paragraphs (e)(2) (i) and (ii) of this section apply:

- (i) If approval is obtained from the awarding agency, the market value at the time of donation of the donated equipment or buildings and the fair rental rate of the donated land may be counted as cost sharing or matching. In the case of a sub grant, the terms of the grant agreement may require that the approval be obtained from the Federal agency as well as the grantee. In all cases, the approval may be given only if a purchase of the equipment or rental of the land would be approved as an allowable direct cost. If any part of the donated property was acquired with Federal funds, only the non-federal share of the property may be counted as cost-sharing or matching.
- (ii) If approval is not obtained under paragraph (e)(2)(i) of this section, no amount may be counted for donated land, and only depreciation or use allowances may be counted for donated equipment and buildings. The depreciation or use allowances for this property are not treated as third party in-kind contributions. Instead, they are treated as costs incurred by the grantee or sub grantee. They are computed and allocated (usually as indirect costs) in accordance with the cost principles specified in Sec.

92.22, in the same way as depreciation or use allowances for purchased equipment and buildings. The amount of depreciation or use allowances for donated equipment and buildings is based on the property's market value at the time it was donated.

(f) Valuation of grantee or sub grantee donated real property for construction/acquisition.

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

(g) Appraisal of real property.

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

PHEP Epi Coverage Matrix

The purpose of this document is to provide additional guidance and clarification on the Public Health Emergency Preparedness (PHEP) subgrant requirement for Primary Epidemiology coverage for populations greater than 300,000.

1. One (1) primary FTE epidemiologist will cover an area less than or equal to 300,000 population. Additionally, there will be at least one (1) consulting epidemiologist available for consultation to the primary epidemiologist. Preferably, the FTE primary epidemiologist is one staff member; if this position is made up of multiple individuals, for the first 1.0 FTE required to meet this staff-to-population ration, each individual must commit a minimum of 50% of his/her time to epidemiology and surveillance activities.
2. FTE requirements for proportion of populations up to 900,000 will be in .5 increments. Follow tables below.
3. FTE requirements for populations above 900,000 will be in .1 increments. Follow tables below.
4. Rounding of population is allowed to meet FTE requirements. Follow tables below.

POPULATION	FTE Requirement
1 – 300,000	1

POPULATION	Additional FTE Requirement (.5 increment)
300,001-375,000	1
375,001-525,000	1.5
525,001-600,000	2
600,001-675,000	2
675,001-825,000	2.5
825,001-900,000	3

POPULATION	Additional FTE Requirement (.1 increment)
900,001-915,000	3
915,001-930,000	3.1
930,001-960,000	3.2
960,001-990,000	3.3
990,001-1,020,000	3.4
1,020,001-1,050,000	3.5
1,050,001-1,080,000	3.6
1,080,001-1,110,000	3.7
1,110,001-1,140,000	3.8
1,140,001-1,170,000	3.9
1,170,001-1,185,000	3.9
1,185,001-1,200,000	4
1,200,001-1,215,000	4
1,215,001-1,230,000	4.1
1,230,001-1,260,000	4.2
1,260,001-1,290,000	4.3
1,290,001-1,320,000	4.4
1,320,001-1,350,000	4.5
1,350,001-1,380,000	4.6
1,380,001-1,410,000	4.7
1,410,001-1,440,000	4.8
1,440,001-1,470,000	4.9
1,470,001-1,485,000	4.9
1,485,001-1,500,000	5

Public Health Emergency Preparedness Trainings

As Emergency Preparedness professionals, it is expected we are knowledgeable and trained in various subjects of preparedness. The Bureau of Health Preparedness encourages that your agency takes advantage of the following trainings:

- Advanced Public Information Officer (E/L0388)—Out of State at EMI, 32 hours OR MGT-902: Managing Public Information for All Hazards Incidents—At CDP
- NIMS ICS All-Hazards PIO Course (E/L 952) — In person, 40 hours
- Basic Public Information Officer (G-290)—In person, 16 hours
- IS 545: Reconstitution Planning Workshop
- E/L 554: Pandemic Influenza (PI) Determined Accord Workshop, In-person OR IS 520: Introduction to Continuity of Operations Planning for Pandemic Influenzas—Online, 1 hour AND IS 522: Exercising Continuity Plans for Pandemic Course—Online, 8 hours (both Independent Study courses are required)
- E/L/G 548 Continuity of Operations Program Managers T-t-T Course—In person OR G 549: Continuity of Operations Program Manager Course—In person
- E/L/G 550: Continuity of Operations Planner's T-t-T Workshop
- G191: ICS/EOC Interface
- E/L/G 2300 Intermediate Emergency Operations Center Functions
- Homeland Security Exercise and Evaluation Program (HSEEP)
- IS-26 Guide to Points of Distribution
- IS-100.C: Introduction to the Incident Command System, ICS 100
- IS-1300: Introduction to Continuity of Operations
- IS-120.C: An Introduction to Exercises
- IS-130.A: How to be an Exercise Evaluator
- IS-139.A: Exercise Design and Development
- IS-200.C: Basic Incident Command System for Initial Response
- IS-230.D: Fundamentals of Emergency Management or equivalent E/L/G course: Principles of Emergency Management—Online, 6 hours
- IS-242.B Effective Communication—Online, 8 hours
- IS-244.B: Developing and Managing Volunteers
- IS-251: Integrated Public Alert and Warning System (IPAWS) for Alerting Authorities—Online, 2 hours
- IS-700.B: An Introduction to the National Incident Management System
- IS-704 NIMS Communications and Information Management—Online, 2 hours
- IS-800.D: National Response Framework, an Introduction
- G291/E-L0387: Joint Information System/Center Planning for Tribal, State, and Local Public Information Officers - In person, 8 hours
- L197: Integrating Access and Functional Needs into Emergency Planning
- POD Essentials Train the Trainer or POD Essentials (in person) (Train)
- RSS Training Video Strategic National Stockpile, ID 1004825 (Train)
- SNS Overview Course, ID 1041004 (Train)

- Nationwide SAR Initiative (NSI) Training: Public Health and Health Care Partners (<https://www.dhs.gov/course/nsi-training-public-health-and-health-care-partners>)

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



Department
of Health

ATTACHMENT #1 LOCAL HEALTH DEPARTMENT CONTACT INFORMATION

Initial Submission Date:

Revision Date:

Note: Each agency must complete the required portions of this document and submit this document in its entirety with the application.

- If there are any pending changes to the TRIAD please complete this form and submit clicking the appropriate regional email button above, immediately.
- Any changes to ANY other portions of this document must be submitted to ODH by clicking the appropriate regional email button above, within 10 days of the change occurring.

Facility Information

Agency Name:	Address:
City:	Zip:
Agency Phone:	Project Number:
County:	Region:

Note: By clicking the authentic signature box, you are verifying this form is accurate and complete.

Health Commissioner

Date

☐ Check to authenticate signature.

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

Contact Information:	Health Commissioner:	Administrator: (Must be an individual delegated full authority to provide agency oversight in the absence of the Health Commissioner)	Full Time Director of Environmental Health:	Full Time Director of Nursing:
Name:				
Time Commitment:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> N/A	<input type="checkbox"/> Full time	<input type="checkbox"/> Full time
E-mail:				
Direct Phone line:	Extension:	Extension:	Extension:	Extension:
Fax:				
Back-up Phone: (ie Personal cell, Work cell)	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

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

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

Contact:	Communicable Disease Nurse:	Regional Public Health Coordinator:
Name:		
E-mail Address:		
Direct Phone:	Extension:	Extension:
Fax:		
Back-up Phone: *Do not use personal cell phone unless it is also used for the position.		

SECTION 3. Complete this section for each Health Department located within the county jurisdiction

Health Department:	Name of Health Commissioner:	PHEP Funding provided to this agency:	Contract/ MOU in place:	Areas PHEP funding is utilized:	Agency has an ODH MARCS radio: Section 10	Agency has an OPHCS account: Section 11
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Epi Coverage <input type="checkbox"/> Planning <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Epi Coverage <input type="checkbox"/> Planning <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Epi Coverage <input type="checkbox"/> Planning <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Epi Coverage <input type="checkbox"/> Planning <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Epi Coverage <input type="checkbox"/> Planning <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Epi Coverage <input type="checkbox"/> Planning <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: EPIDEMIOLOGY SERVICES: PHEP Epidemiologist Contact Information

Each PHEP CORE subrecipient must complete Part A, B and/or C as relevant to your agency.

- **Part A:** To be completed ONLY by agencies who directly employ PHEP epidemiologists, regardless of the source of funding for the salary of the epidemiologist (i.e. PHEP funds, general revenue, etc.).
- **Part B:** To be completed ONLY by LHDs for which an epidemiologist is required for consultation.
- **Part C:** To be completed ONLY by agencies who contract for Epi coverage and/consultation.

Note: No member of the triad may serve in any capacity for Epi coverage primary or consultation.

PART A

PHEP Epidemiologist Contact Information	<p>List the designated epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of EpiCenter, and oversight of PHEP epidemiologic investigations for the jurisdiction:</p> <p><i>*If there are additional Epi staff in the agency providing Epi coverage (based on Appendix L, PHEP Epi coverage matrix), complete Attachment #1B (Supplemental Epi Contact Information Sheet)</i></p>		<p>**If the designated epidemiologist is not 1 FTE, provide the name of the second epidemiologist allocating 50% of time to PHEP epidemiologic activities</p>	
Name:				
Direct Phone Number:	Extension:	Extension:		
Email:				
Fax:				
Back-up Phone: <i>*Do not use personal cell phone unless it is also used for the position.</i>				
THIS epidemiologist is an employee of THIS agency: <i>*Note: The FTE as defined by the agency for a full time equivalent position, regardless of pay source</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Must Complete PART B)		<input type="checkbox"/> Yes <input type="checkbox"/> No (Must Complete PART B)	
	<input type="checkbox"/> Agency Personnel <input type="checkbox"/> Contractor	One (1) FTE* <input type="checkbox"/> .5 FTE ** <input type="checkbox"/> 1 FTE <i>*Must be at least .5</i>	<input type="checkbox"/> Agency Personnel <input type="checkbox"/> Contractor	One (1) FTE* <input type="checkbox"/> .5 FTE ** <input type="checkbox"/> 1 FTE <i>*Must be at least .5</i>

SECTION 4: EPIDEMIOLOGY SERVICES: PHEP Epidemiologist Contact Information

<p>PHEP Epidemiologist Contact Information</p>	<p>List the designated epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of EpiCenter, and oversight of PHEP epidemiologic investigations for the jurisdiction:</p> <p><i>*If there are additional Epi staff in the agency providing Epi coverage (based on Appendix L, PHEP Epi coverage matrix), complete Attachment #1B (Supplemental Epi Contact Information Sheet in Section 14)</i></p>			<p>**If the designated epidemiologist is not 1 FTE, provide the name of the second epidemiologist allocating 50% of time to PHEP epidemiologic activities</p>		
<p>This epidemiologist meets the education and experience requirements as per Appendix E to serve as a:</p>	<p><input type="checkbox"/> Primary Epidemiologist (Agency must complete Section 5)</p> <p><input type="checkbox"/> Consulting Epidemiologist</p>			<p><input type="checkbox"/> Primary Epidemiologist (Agency must complete Section 5)</p> <p><input type="checkbox"/> Consulting Epidemiologist</p>		
<p>Additional positions held within the agency: (i.e. MRC Coordinator, Emergency Response Coordinator, Program Director)</p>						
<p>Our agency pays for THIS epidemiologist through the identified funding:</p>	<p>(Check all that apply)</p> <p><input type="checkbox"/> PHEP funds _____% of time on budget Note: (This amount should match time and activity records)</p> <p><input type="checkbox"/> General revenue or other county funds</p> <p><input type="checkbox"/> Contract with other LHDs</p>			<p>(Check all that apply)</p> <p><input type="checkbox"/> PHEP funds _____% of time on budget Note: (This amount should match time and activity records)</p> <p><input type="checkbox"/> General revenue or other county funds</p> <p><input type="checkbox"/> Contract with other LHDs</p>		
<p>List all local Health Departments for which a contract/MOU is in place for which THIS epidemiologist provides primary Epi Coverage</p> <p>To determine population, use the following link only: https://www.census.gov/2010/census/data/ </p>	<p>This Epi provides coverage for the following counties</p>	<p>Population</p>	<p>Contract / Population MOU Exists</p>	<p>This Epi provides coverage for the following counties</p>	<p>Population</p>	<p>Contract / Population MOU Exists</p>
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>Population Total: 0</p>			<p>Population Total: 0</p>		

SECTION 4: EPIDEMIOLOGY SERVICES: PHEP Epidemiologist Contact Information

PHEP Epidemiologist Contact Information	List the designated epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of EpiCenter, and oversight of PHEP epidemiologic investigations for the jurisdiction: *If there are additional Epi staff in the agency providing Epi coverage (based on Appendix L, PHEP Epi coverage matrix), complete Attachment #1B (Supplemental Epi Contact Information Sheet)		**If the designated epidemiologist is not 1 FTE, provide the name of the second epidemiologist allocating 50% of time to PHEP epidemiologic activities	
%FHSFF T \$FSUJGJDBUJPO T OCUBJOFE	\$IFDL BMM UIBU BQQMZ	%BUF PCUBJOFE	\$IFDLBMMUIBUBQQMZ	%BUF PCUBJOFE
	<input type="checkbox"/> BS/BA		<input type="checkbox"/> BS/BA	
	<input type="checkbox"/> BSN		<input type="checkbox"/> BSN	
	<input type="checkbox"/> MPH / MS		<input type="checkbox"/> MPH / MS	
	<input type="checkbox"/> RS		<input type="checkbox"/> RS	
	<input type="checkbox"/> RN		<input type="checkbox"/> RN	
	<input type="checkbox"/> OTHER: (specify)		<input type="checkbox"/> OTHER: (specify)	
/VNCFS PG ZFBST BOE MPDBUJPOTTQFOUJOBQVCMJD IFBMUI BHFODZ QSPWJEJOH &QJ TFSWJDFT	-PDBUJPO PGZFBST		-PDBUJPO PGZFBST	
G UIF FQJEFNJPMPHJTU EPFT OPU IPME BO .1) PS .4 JO 1VCMJD)FBMUI OBNF PG # "4\$ FQJEFNJPMPHZ DMBTT BOE EBUF DPNQMFUFE	Name of Basic Course:	Date:	Name of Basic Course:	Date:
	Name of Graduate Course:	Date:	Name of Graduate Course:	Date:
	<input type="checkbox"/> Not eligible for Graduate course work		<input type="checkbox"/> Not eligible for Graduate course work	
For ODH use only:				
The EPI staff for this agency meets / exceeds the minimal qualifications: <input type="checkbox"/> YES <input type="checkbox"/> NO This agency must have access to a qualified Epi for consultation: <input type="checkbox"/> YES (Agency must complete page 9) <input type="checkbox"/> NO		This Agency has adequate coverage per 300,000 population: <input type="checkbox"/> YES <input type="checkbox"/> NO This agency must submit additional documentation to BID for completion of the Basic Epidemiology Course for the following Epi staff: <input type="checkbox"/> YES <input type="checkbox"/> NO		
BID staff completing review:			Date:	

PART B

This section is to be completed **ONLY** by LHDs for which an epidemiologist is required for consultation.

Consulting Epidemiologist Contact Information Note: The total population covered for ANY individual epidemiologist cannot exceed 300,000 persons, including those epidemiologists serving in a consultative and/or providing primary coverage.		Consulting Epidemiologist List the designated epidemiologist serving in a consultative role for the epidemiologists listed in this document.	
Name:		Employment Agency:	
Phone/Extension:	Email:	Fax:	Back-up Phone*
This epidemiologist meets the education and experience requirements to serve in a consultative role as per Appendix E. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Additional Positions held within the Agency: (i.e. MRC Coordinator, Emergency Response Coordinator, Program Director)			
Our agency pays for THIS epidemiologist through the identified funding: (Check all that apply) <input type="checkbox"/> PHEP funds <input style="width: 50px; border: 1px solid black;" type="text"/> % of time on budget Note: (This amount should match time and activity records) <input type="checkbox"/> General revenue or other county funds <input type="checkbox"/> Contract with other LHDs			

**Do not use personal cell phone unless it is also used for the position.*

Consulting Epidemiologist Contact Information Note: The total population covered for ANY individual epidemiologist cannot exceed 300,000 persons, including those epidemiologists serving in a consultative and/or providing primary coverage.		Consulting Epidemiologist	
List all local Health Departments for which a contract/MOU is in place for which THIS epidemiologist provides primary Epi Coverage To determine population, use the following link only: http://www.census.gov/2010census/data/	This EPI provides consultation for the following counties:	Population:	Contract / MOU Exists:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Population Total:			0

Consulting Epidemiologist Contact Information Note: The total population covered for ANY individual epidemiologist cannot exceed 300,000 persons, including those epidemiologists serving in a consultative and/or providing primary coverage.		Consulting Epidemiologist	
Degree(s)/Certification(s) Obtained:	Check all that apply:		Date obtained:
	<input type="checkbox"/> BS/BA		
	<input type="checkbox"/> BSN		
	<input type="checkbox"/> MPH/MS		
	<input type="checkbox"/> RS		
	<input type="checkbox"/> RN		
	<input type="checkbox"/> Other		
If the epidemiologist does not hold an MPH or MS in Public Health, name of BASIC epidemiology class and date completed	Name of BASIC Course:	Date:	Name of BASIC Course:
If the epidemiologist does not hold an MPH or MS in Public Health, name of GRADUATE course in epidemiology or statistics and date completed	Name of GRADUATE Course:	Date:	Name of GRADUATE Course:
Number of years and location spent in a public health agency providing Episervices	-PDBUJPO		PG ZFBST
For ODH use only:			
This Epidemiologist is acceptable to serve in a consultative role: <input type="checkbox"/> YES <input type="checkbox"/> NO			
BID staff completing review: Date:			Date:

EPIDEMIOLOGY SERVICES: PART C

To be completed ONLY by agencies who contract for Epi coverage and/or consultation:

PHEP Epidemiologist Contact Information	List the designated epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of EpiCenter, and oversight of PHEP epidemiologic investigations for YOUR agency:
Name:	
Direct Phone Number:	
Email:	
Fax:	
Employing Agency:	
Back up Phone: *	
Our agency arranges for epidemiology coverage by the following arrangement: EPI coverage by:	<input type="checkbox"/> Contract/MOU with: <input type="checkbox"/> Other (specify):
Our agency pays for THIS epidemiologist through the identified funding:	<p style="text-align: center;">(Check all that apply)</p> <input type="checkbox"/> PHEP funds <input type="checkbox"/> General revenue or other county funds <input type="checkbox"/> funds Other:

**Do not use personal cell phone unless it is also used for the position.*

SECTION 5: Provide the name of the Medical Director and the person designated to serve as a back-up in the absence of the Medical Director.

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

SECTION 6: Complete a table for each LHD within the county jurisdiction for which the agency coordinates emergency response, regardless of funding.

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

#8	Class A Reporting Number DURING Business Hours	Class A Reporting Number AFTER Business Hours
LHD:		
Phone:		
Cell:		
Pager/Other		

SECTION 7: Identify the lead contact for the following:

Note: This position does not have to be an epidemiologist

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

SECTION 8: Identify the designated users within the agency for the following:

Contact	SurgeNet Primary	SurgeNet Back-Up
Name:		
Address:		
Phone:		
E-mail:		

SECTION 9: MARCS Contact Information

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

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

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

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

SECTION 10: OPHCS Contact Information

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

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

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

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

SECTION 11: CRI Applicants ONLY - Please identify the CRI contacts for coordination with ODH:

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

*Do not use personal cell phone unless it is also used for the position.

SECTION 12: Ohio Responds/Medical Reserve Corps Contact Information

Does your jurisdiction have an MRC unit? ☐ YES ☐ NO

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

MRC Unit Name:	
MRC Unit Number:	
MRC Unit Housing Agency:	

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

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

SECTION 13: Supplemental Epi Contact Information (This takes the place of Attachment #1B)

To be completed **ONLY** by agencies who directly employ PHEP epidemiologists, regardless of the source of funding for the salary of the epidemiologist (i.e.. PHEP funds, general revenue, etc.)

PHEP Epidemiologist Contact Information	List the designated epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of EpiCenter, and oversight of PHEP epidemiologic investigations for the jurisdiction: *If there are additional Epi staff in the agency providing Epi coverage (based on Appendix A, PHEP Epi coverage matrix), complete Attachment #1B (Supplemental Epi Contact Information Sheet)		**If the designated epidemiologist is not 1 FTE, provide the name of the second epidemiologist allocating 50% of time to PHEP epidemiologic activities	
Name:				
Direct Phone Number:	Extension:		Extension:	
Email:				
Fax:				
Back-up Phone: *Do not use personal cell phone unless it is also used for the position.				
THIS epidemiologist is an employee of THIS agency: *Note: The FTE as defined by the agency for a full time equivalent position, regardless of pay source	<input type="checkbox"/> Yes <input type="checkbox"/> No (Must Complete PART B)		<input type="checkbox"/> Yes <input type="checkbox"/> No (Must Complete PART B)	
	<input type="checkbox"/> Agency Personnel <input type="checkbox"/> Contractor	One (1) FTE* <input type="checkbox"/> .5 FTE ** <input type="checkbox"/> 1 FTE *Must be at least .5	<input type="checkbox"/> Agency Personnel <input type="checkbox"/> Contractor	One (1) FTE* <input type="checkbox"/> .5 FTE ** <input type="checkbox"/> 1 FTE *Must be at least .5
Additional positions held within the agency: (i.e., MRC Coordinator, Emergency Response Coordinator, Program Director)				
Our agency pays for THIS Epidemiologist through the identified funding:	(Check all that apply) <input type="checkbox"/> PHEP funds _____% of time on budget Note: (This amount should match time and activity records) <input type="checkbox"/> General revenue or other county funds <input type="checkbox"/> Contract with other LHDs		(Check all that apply) <input type="checkbox"/> PHEP funds _____% of time on budget Note: (This amount should match time and activity records) <input type="checkbox"/> General revenue or other county funds <input type="checkbox"/> Contract with other LHDs	

<p>List all local Health Departments for which a contract/MOU is in place for which THIS epidemiologist provides primary Epi Coverage</p> <p>To determine population, use the following link only: https://www.census.gov/2010census/data/</p>	This Epi provides coverage for the following counties	Population	Contract / Population MOU Exists	This Epi provides coverage for the following counties	Population	Contract / Population MOU Exists
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Population Total: 0			Population Total: 0		

%FHSFF T \$FSUJGJDBUJPO T OCUBJOFE	\$IFDL BMM UIBU BQQMZ	%BUF PCUBJOFE	\$IFDL BMM UIBU BQQMZ	%BUF PCUBJOFE
	<input type="checkbox"/> BS/BA		<input type="checkbox"/> BS/BA	
	<input type="checkbox"/> BSN		<input type="checkbox"/> BSN	
	<input type="checkbox"/> MPH / MS		<input type="checkbox"/> MPH / MS	
	<input type="checkbox"/> RS		<input type="checkbox"/> RS	
	<input type="checkbox"/> RN		<input type="checkbox"/> RN	
	<input type="checkbox"/> OTHER: (specify)		<input type="checkbox"/> OTHER: (specify)	

/VNCFS PG ZFBST BOE MPDBUJPOTTQFOUJOBQVCMJD IFBMUI BHFODZ QSPWJEJOH &QJ TFSWJDFT	-PDBUJPO PGZFBST		-PDBUJPO PGZFBST	

*G UIF FQJEFNJPMPHJTU EPFT OPU IPME BO .1) PS .4 JO 1VCMJD)FBMUI OBNF PG #4*FQJEFNJPMPHZ DMBTT BOE EBUF DPNQMFUFE	Name of Basic Course:	Date:	Name of Basic Course:	Date:
	Name of Graduate Course:	Date:	Name of Graduate Course:	Date:
	<input type="checkbox"/> Not eligible for Graduate course work		<input type="checkbox"/> Not eligible for Graduate course work	

For ODH use only:	
<p>The EPI staff for this agency meets / exceeds the minimal qualifications: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>This agency must have access to a qualified Epi for consultation: <input type="checkbox"/> YES (Agency must complete page 9) <input type="checkbox"/> NO</p>	<p>This Agency has adequate coverage per 300,000 population: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>This agency must submit additional documentation to BID for completion of the Basic Epidemiology Course for the following Epi staff: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>BID staff completing review:</p>	
<p>Date:</p>	

Match Documentation Letter

Date:

Name of Health Commissioner/Agency Head

Agency Name

Address

Dear ODH:

Our agency is required to contribute a total of _____ Matching funds to the Public Health Emergency Preparedness (PHEP) grant, project # _____ for the period of July 1, 2021 – June 30, 2022. Our total grant amount is _____. This match includes a minimum **7.7%** match. The table below outlines the source and amount of the funds.

These funds are not used for other Match requirements nor are they federal funds. The funds come from our general revenue from our health department. These Matching funds reflect work and activities that enhance and support our public health preparedness efforts in our jurisdiction. If you have any questions about this, please contact your PHEP Program Monitoring Consultant.

Sincerely,

Health Commissioner or Agency Head (must be signed)

Match Category	Match Description	Match Amount
TOTAL MATCH AMOUNT		

**PHEP CORE
BUDGET JUSTIFICATION
SCENARIO: 1**

Deliverable 1 **\$ _____**

Objective 1.1: By April 30, 2022, the subrecipient must upload into GMIS the Environmental Health Response Annex(es) that has/have been updated and adopted in accordance with the requirements detailed in the **Environmental Health Response Annex Rubric for FY22* and all required documentation identified in the ** Environmental Health Response Annex Rubric for FY22*.

Deliverable 2 **\$ _____**

Objective 2.1: By October 29, 2021, the subrecipient must upload into GMIS the **CIP Change of Record Worksheet* that has been updated in accordance with the requirements detailed in the **CIP Change of Record Worksheet* **\$ _____**

Objective 2.2: By March 31, 2022, the subrecipient must upload into GMIS the **CIP Change of Record Worksheet* that has been updated in accordance with the requirements detailed in the **CIP Change of Record Worksheet* **\$ _____**

Deliverable 3 **\$ _____**

Objective 3.1: By February 25, 2022, the subrecipient must upload into GMIS a COOP plan(s) that is/are completed in accordance with the requirements detailed in the **COOP Rubric for FY22*

Deliverable 4 **\$ _____**

Objective 4.1: By September 17, 2021, the subrecipient must upload into GMIS the **Community Partner Roster* that is completed in accordance with the requirements detailed in the **Community Partner Roster for FY22*. **\$ _____**

Objective 4.2: By May 27, 2022, the subrecipient must upload into GMIS the **Community Partner Meeting Workbook for FY22* in accordance with the requirements detailed in the **Community Partner Meeting Workbook for FY22*. **\$ _____**

Deliverable 5 **\$ _____**

Objective 5.1: Q1: By October 09, 2021 (for investigations reported May 17, 2021 – September 30, 2021, including any not closed after April 1, 2021), the subrecipient must upload into GMIS the **Outbreak Report Status Worksheet*. **\$ _____**

Objective 5.2: Q2: By January 08, 2022 (for investigations reported October 1, 2021 – December 31, 2021, including any not closed during the previous quarter), the subrecipient must upload into GMIS the **Outbreak Report Status Worksheet*. **\$ _____**

Objective 5.3: Q3: By April 09, 2022 (for investigations reported January 1, 2022 – March 31, 2022, including any not closed during the previous quarter), the subrecipient must upload into GMIS the **Outbreak Report Status Worksheet*. \$ _____

Objective 5.4: Q4: By May 31, 2022 (for investigations reported April 1, 2022 – May 15, 2022, including any not closed during the previous quarter), the subrecipient must upload into GMIS the **Outbreak Report Status Worksheet*. \$ _____

Deliverable 6 \$ _____

Objective 6.1: By August 30, 2021, the subrecipient must submit into GMIS a completed **Subrecipient AAR/IP Improvement Implementation Activity Plan* in accordance with the requirements detailed in the *Subrecipient AAR/IP Improvement Implementation Activity Plan* template

Deliverable 7 \$ _____

Objective 7.1: Q1: By October 1, 2021 the subrecipient will demonstrate representation at the quarterly meeting and submit into GMIS the designated attendance record. \$ _____

Objective 7.2: Q2: By January 5, 2022, the subrecipient will demonstrate representation at the quarterly meeting and submit into GMIS the designated attendance record. \$ _____

Objective 7.3: Q3: By April 1, 2022, the subrecipient will demonstrate representation at the quarterly meeting and submit into GMIS the designated attendance record. \$ _____

Objective 7.4: Q4: By June 18, 2022, the subrecipient will demonstrate representation at the quarterly meeting and submit into GMIS the designated attendance record. \$ _____

Deliverable 8 \$ _____

Objective 8.1: By September 30, 2021, the subrecipient's Emergency Response Coordinator, or designee, must provide representation at the Regional TEPW, and must upload into GMIS the documentation verifying attendance

Deliverable 9 \$ _____

Objective 9.1: By December 10, 2021, the subrecipient must complete and upload into GMIS the updated jurisdictional PHEP Core MYTEP on the **ODH PHEP MYTEP Template*

Deliverable 10 \$ _____

Objective 10.1: By March 31, 2022, the subrecipient must complete and upload into GMIS the PHEP Core jurisdictional AAR/IP for a TTX, FE or FSE on the **ODH PHEP AAR/IP Template*

Deliverable 11 \$ _____

Objective 11.1: By December 15, 2021, the subrecipient must upload into GMIS the completed MCM Distribution Annex and the completed **Distribution Strategy Planning Requirements*

document

Deliverable 12 \$ _____

Objective 12.1: By May 27, 2022, the subrecipient will submit into GMIS a completed *Subrecipient AAR/IP Improvement Implementation Activity Report* in accordance with the requirements detailed in the **Subrecipient AAR/IP Improvement Implementation Activity Report* template

Deliverable 13 \$ _____

Objective 13.1: By October 9, 2021, the subrecipient must submit the **Communications Worksheet* and alerting system message summary report via GMIS. \$ _____

Objective 13.2: By January 8, 2022, the subrecipient must submit the **Communications Worksheet* and alerting system message summary report via GMIS. \$ _____

Objective 13.3: By April 9, 2022, the subrecipient must submit the **Communications Worksheet* and alerting system message summary report via GMIS. \$ _____

Objective 13.4: By May 31, 2022, the subrecipient must submit the **Communications Worksheet* and alerting system message summary report via GMIS. \$ _____

Deliverable 14 \$ _____

Objective 14.1: By November 4, 2021, the subrecipient must complete and upload into GMIS the **Annual Dispensing Drills* form, and the supporting evidence, in accordance with the requirements detailed in the **Annual Dispensing Drill Requirements* document

Notes:

- Budget justification line items **MUST** be in the same order as in the GMIS budget
- Provide the amount of funding for which the subrecipient will seek reimbursement based on the percentage ascribed to the deliverables on B2.
- The budget justification must be signed by the agency head listed in GMIS.
- Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.

Subrecipient's authorized representative certifies the foregoing:

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Sub-recipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed

unallowable or in violation of OGAPP and federal rules and regulations.

- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter- institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.
- None of the funds made available under this agreement may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.
- By accepting this award, the subrecipient/ subcontractor agrees that it is opposed to the practices of prostitution and sex trafficking because of the psychological and physical risks they pose for women, men, and children.

[Signature]

[Print Name & Title]

[Date]

**PHEP REGIONAL
BUDGET JUSTIFICATION
SCENARIO: 2**

Deliverable 1 \$ _____

Objective 1.1: By October 30, 2021 the subrecipient must upload into GMIS a plan of implementation for building capacity in at least three volunteer capabilities for their region \$ _____

Objective 1.2: By May 30, 2022, the subrecipient must upload into GMIS the Volunteer and Surge Staffing end of year report demonstrating progress toward building surge staffing and volunteer capacity within their region \$ _____

Deliverable 2 \$ _____

Objective 2.1: By July 30, 2021, the subrecipient must upload into GMIS, their updated RDS employee roster and a system generated message summary report, per the requirements in the **RDS Roster Call Down Requirements* document \$ _____

Objective 2.2: By January 28, 2022, the subrecipient must upload into GMIS, their updated RDS employee roster and a system generated message summary report, per the requirements in the **RDS Roster Call Down Requirements* document \$ _____

Deliverable 3 \$ _____

Objective 3.1: By September 30, 2021, the Regional Public Health Coordinator must facilitate a Regional TEPW for PHEP Core subrecipients, Cities Readiness Initiative subrecipients, and Regional Healthcare Coordinators. The Regional Public Health Coordinator must provide a copy of the completed attendance list or other verification of participation to all participants. The Regional TEPW agenda, presentation materials, minutes, and documentation verifying attendance must be uploaded into GMIS.

Deliverable 4 \$ _____

Objective 4.1: By December 10, 2021, the subrecipient must complete and upload into GMIS the updated PHEP Regional MYTEP on the **ODH PHEP MYTEP Template*.

Deliverable 5 \$ _____

Objective 5.1 By March 31, 2022, the subrecipient must complete and upload into GMIS the PHEP Regional AAR/IP for a TTX, FE or FSE on the **ODH PHEP AAR/IP Template*

Deliverable 6 \$ _____

Objective 6.1: By July 30, 2021, the Regional Public Health Coordinator, or designee, must

provide **representation** to the ODH TEPW and must complete the participant feedback survey and upload into GMIS the verification of attendance

Deliverable 7

\$ _____

Objective 7.1: By March 31, 2022, the Regional Public Health Coordinator, or designee, must **provide representation** and participation in the HCC Infectious Disease TTX. Upon completion of the TTX, the subrecipient must upload into GMIS verification of attendance

Deliverable 8

\$ _____

Objective 8.1: By May 3, 2022, the subrecipient must upload into GMIS, an updated regional infectious plan following guidance and approach determined in FY21

Deliverable 9

\$ _____

Objective 9.1: By January 7, 2022, the subrecipient must upload into GMIS, three PHEP regional written reports describing the content presented by the regional subrecipient at Regional Healthcare Coalition meetings **\$ _____**

Objective 9.2: By May 27, 2022, the subrecipient must upload into GMIS, three PHEP regional written reports describing the content presented by the regional subrecipient at Regional Healthcare Coalition meetings **\$ _____**

Notes:

- **Budget justification line items MUST be in the same order as in the GMIS budget**
- **Provide the amount of funding for which the subrecipient will seek reimbursement based on the percentage ascribed to the deliverables on B2.**
- **The budget justification must be signed by the agency head listed in GMIS.**
- **Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.**

Subrecipient's authorized representative certifies the foregoing:

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

- establish the necessary inter- institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.
 - None of the funds made available under this agreement may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.
 - By accepting this award, the subrecipient/ subcontractor agrees that it is opposed to the practices of prostitution and sex trafficking because of the psychological and physical risks they pose for women, men, and children.

[Signature]

[Print Name & Title]

[Date]

**PHEP CRI
BUDGET JUSTIFICATION
SCENARIO: 3**

Deliverable 1 **\$ _____**

Objective 1.1: By September 30, 2021, the subrecipient must upload into GMIS the following updated forms from the Centers for Disease Control Cities Readiness Initiative Platform:

- Jurisdictional Data Sheet (JDS)
- Training and Exercise Planning Form
- Point of Dispensing (POD) Form
- Distribution Planning
- Dispensing Planning

and submit the most recent, corresponding evidence for each form in OPOD

Deliverable 2 **\$ _____**

Objective 2.1: By November 5, 2021 the subrecipient must upload into GMIS the completed Site Activation, Staff Notification and Assembly, and Facility Set drills

Deliverable 3 **\$ _____**

Objective 3.1: By September 3, 2021, the subrecipient must upload into GMIS the Quarter 1 MCM Action Plan that follows CDC Action Plan guidance. **\$ _____**

Objective 3.2: By December 6, 2021, the subrecipient must upload into GMIS the Quarter 1 MCM Action Plan that follows CDC Action Plan guidance. **\$ _____**

Objective 3.3: By March 4, 2022, the subrecipient must upload into GMIS the Quarter 3 MCM Action Plan that follows CDC Action Plan guidance. **\$ _____**

Objective 3.4: By June 3, 2022, the subrecipient must upload into GMIS the Quarter 1 MCM Action Plan that follows CDC Action Plan guidance. **\$ _____**

Deliverable 4 **\$ _____**

Objective 4.1: By June 3, 2022, the subrecipient must participate in an MCM ORR Assessment scheduled and conducted by ODH and upload the MCM ORR Assessment Sign-In Sheet into GMIS. Any additional supporting evidence to the MCM ORR Assessment must be uploaded into OPOD, no later than **5 business days** after the assessment has been conducted

Notes:

- **Budget justification line items MUST be in the same order as in the GMIS budget**
- **Provide the amount of funding for which the subrecipient will seek**

- reimbursement based on the percentage ascribed to the deliverables on B2.
- The budget justification must be signed by the agency head listed in GMIS.
- Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.

Subrecipient's authorized representative certifies the foregoing:

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Sub-recipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter- institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.
- None of the funds made available under this agreement may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.
- By accepting this award, the subrecipient/ subcontractor agrees that it is opposed to the practices of prostitution and sex trafficking because of the psychological and physical risks they pose for women, men, and children.

[Signature]

[Print Name & Title]

[Date]