



OHIO DEPARTMENT OF HEALTH

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To: Public Health Emergency Preparedness (PHEP) Grant Applicants

From: Tamara McBride, Chief
Office of Health Preparedness
Ohio Department of Health

Date: December 11, 2018

Subject: PHEP Request for Solicitation for BP1 - July 1, 2019 - June 30, 2020

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

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

As appropriate, each deliverable will have ongoing measurable and sustained progress throughout the 2019 - 2024 project period. The focus of each deliverable will be to develop and sustain beyond each year the necessary strategies that will achieve the following outcomes for Ohio:

- Strengthen Community Resilience
- Strengthen Incident Management
- Strengthen Information Management
- Strengthen Countermeasures and Mitigation
- Strengthen Surge Management
- Strengthen Bio-Surveillance

The total amount of funds to be awarded is \$11,531,289. The funds will be awarded as follows:

Program	Number of Grants to be Awarded	Total Funding Available
PHEP Core	Up to 88	\$9,489,815
PHEP Regional Public Health	Up to 8	\$627,256
Cities Readiness Initiative	Up to 23	\$1,414,218
TOTAL FUNDING		\$11,531,289

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



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF HEALTH PREPAREDNESS

Public Health Emergency Preparedness FOR FISCAL YEAR 2020 (07/01/19 – 06/30/24)

**Local Public Applicant Agencies
Non-Profit Applicants**

**COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding**

**Revised 09/11/2017
For grant starts 4/1/2018 and thereafter**

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I. APPLICATION SUMMARY and GUIDANCE

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

This is a competitive Solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by **Tuesday, December 18, 2018.** Access to the application via the Internet website “ODH Application Gateway” can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Request for Taxpayer Identification Number and Certification (W-9), and Authorization Agreement for Direct Deposit of EFT Payments Form (EFT).

The above mentioned forms are located on the Ohio Department of Administrative Services website at: <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

or directly at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9),
<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)
http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf
- Supplier Information Form
http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: <http://www.odh.ohio.gov>. (Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser:
<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/funding%20opportunities/OGAPP%20Manual%20V100-2%20Rev%2010-1-2014.ashx>

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

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

Budget Justification Certification language

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

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

The 2018 Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health can be accessed here:

<https://www.cdc.gov/cpr/readiness/capabilities.htm>

D. Qualified Applicants: All applicants must be a local public or non-profit agency. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B). **GMIS training must occur no later than, January 3, 2019.**

All applicants must be a local public or non-profit agency. Additionally, each applicant agency must meet the following requirements:

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

Explanation: This requirement assumes a full-time, 40 hours per week Health Commissioner and/or Administrator, Environmental Health Director, and Director of Nursing servicing the health district holding the PHEP subgrant, either through direct

employment, contracted services, or other Board approved arrangement. **The subrecipient must notify the Office of Health Preparedness (OHP) Preparedness Program Monitoring Unit (PMPU) Consultant via email immediately of any changes to the LHD Contact Information Sheet (Attachment #1). The updated LHD Contact Information Sheet (Attachment #1) must be submitted to identify any changes within 10 business days of the LHD Contact Information Sheet change via email and GMIS.**

- In health districts that employ a part-time Health Commissioner, the Board may approve an Administrator to make decisions for the Health Commissioner during times when the Health Commissioner is not available. In such instances, the authority of the Administrator must be specified in writing and include emergency preparedness responsibilities. Emergency preparedness responsibilities must include all decisions related to addressing the requirements of the PHEP subgrant, as well as authority to direct the health district and take administrative action and make operational decisions needed to respond to an emergency, including expenditure of funds, human resource decisions, activation of Incident Command Structure, authorization of delegations of authority, and other administrative-type duties.
- **SHORT-TERM TRANSITIONS:** During a short-term transition period between Health Commissioners or Administrators, the health district may implement a Board approved agreement, contract, or other similar arrangement with a qualified entity to serve as the Health Commissioner and/or Administrator, but any such arrangement must provide full-time (40 hour per week) coverage for the position. Again, an Administrator may be delegated authority by the Board to make decisions in place of the Health Commissioner, but that authority shall be specified in writing and address all issues explained within this document. In addition, the person providing services during the vacancy must not serve in a different Triad role within a health district (for instance an Environmental Health Director may not provide coverage for the Health Commissioner). It is the subrecipients responsibility to keep ODH informed of any transitions. It is the expectation of ODH that a subrecipient will use its best efforts to complete any transitions in an expedient manner.
- **SPECIAL CIRCUMSTANCES:** In the case where the Board has indicated to ODH that they are exploring the merger of two health districts or have taken action to initiate such merger, ODH may approve the Board to consider an agreement, contract, or other arrangement to share Health Commissioners between the two health districts being merged. However, during such time period, an Administrator shall be named to handle emergency preparedness functions during the times when the Health Commissioner is not physically present within each health district. The authority of the Administrator must be specified in writing and address all emergency preparedness responsibilities specified previously.
- **No member of the Triad may serve more than one role in the Triad.**
- **No member of the Triad may serve in the Primary or Consultation Epi role as defined in Appendix E without the express written permission of ODH.**

- **PHEP CORE APPLICANTS ONLY:** Must have or contract for services to have at least one (1) FTE epidemiologist per 300,000 population. Agencies coverage areas with populations greater than 300,000 will need to ensure Epidemiology coverage as per the PHEP Epi Coverage Matrix (see Appendix L). The epidemiologist must follow the Epidemiology Position Expectations (see Appendix E). The epidemiologist must have completed 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 the epidemiologist must have completed at least one graduate level course in epidemiology or biostatistics within nine months of being hired. Preferable, the FTE is one staff member. If this position is made up of multiple staff members, each member has to commit a minimum of 50% of his /her time to epidemiology and surveillance activities.
- **ALL APPLICANTS:** Must have updated all agency information in Ohio's Health Department Profile and Performance Database. Where applicable, the information in the Ohio Health Department Profile and Performance Database must match the information provided by the agency in the LHD Contact Information Sheet (Attachment #1). This information will be verified as a part of the Application review. Utilize the following link to access the Database:
<https://odhgateway.odh.ohio.gov/ApplicationList.aspx>
- **PHEP CORE APPLICANTS ONLY:** Must have the county Emergency Response Plan (ERP) and all subsequent appendices and supporting documents on file in the Ohio's Health Department Profile and Performance Database (PHAB Standard Section 5.4.2) no later than January 22, 2019 4:00 p.m. as a part of the Application packet. If the agency submitted the ERP during 2018, the agency does not need to submit this information again. The ERP must contain/address the following:
 - a. Designation of the health department position that is assigned the emergency operations coordinator responsibilities
 - b. Roles and responsibilities of the health department and its partners
 - c. Communication networks or communication plan
 - d. Continuity of operations

Documentation of testing the public health EOP, through the use of drills and exercises

 - a. Process for exercising and evaluating the public health EOP
 - b. After-Action Report (AAR)

Documentation of revision of the public health EOP within the last two years

 - a. Documentation of review meeting
 - b. Revised public health EOP, as needed
- **Upon acceptance of funding for the Public Health Emergency Preparedness Grant, the PHEP Core grant subawardees will adhere to the following:**
 - PHEP Epidemiology Position Expectations as identified on Appendix E and the Public Health Surveillance and Epidemiology Investigation Standards document as identified on Appendix F. These documents must be signed by the Health Commissioner or Administrator who has been delegated authority

by the Board to make decisions in place of the Health Commissioner.

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

- **PHEP REGIONAL APPLICANTS ONLY:**

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

Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B) Only local public and/or non-profit agencies can apply.

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Tuesday, January 22, 2019**

E. Service Area: Service Area: See Appendix I

- **Core Public Health Emergency Preparedness** – No more than one project will be funded per county. **Local Health Departments may apply for funding on behalf of another county jurisdiction which does not meet the requirements identified in Section D: Qualified Applicants. The awarded agency must submit the required documents as identified on Appendix C1.1 on behalf of the county jurisdiction for whom the subawardee is receiving funding.**

A letter of support must be submitted from each LHD for which a PHEP application is being submitted on their behalf.

- The letter must be signed by the Health Commissioner or Administrator who has

been delegated authority by the Board to make decisions in place of the Health Commissioner of each county for which the application is being submitted for a multi-county collaboration.

- The letter must identify the expected roles and responsibilities of the agency or agencies for which grant funds are being sought. Each county LHD receiving PHEP grant funds on behalf of another county LHD must require the completion of all grant deliverables as outlined in the PHEP grant for PHEP Core subrecipients.

- **Regional Public Health Planning** – Service area is defined as each Ohio Homeland Security Planning Region. Please refer to Appendix I “Public Health Emergency Preparedness Planning Region” map.
- **Cities Readiness Initiative** – Applicant’s metropolitan area as defined by the Centers for Disease Control and Prevention (CDC) as identified on the Cities Readiness Initiative (CRI) Map. (See Appendix J)

F. Number of Grants and Funds Available: See Appendix C2

All funding is contingent upon the availability of federal funds (CFDA 93.074.

- **Core Public Health Emergency Preparedness** – Up to 88 grants will be awarded for a base amount of \$9,489,815.
- **Regional Public Health Planning** – Up to eight (8) grants will be awarded for a total amount of \$627,256.
- **Cities Readiness Initiative** – Up to twenty (23) grants will be awarded for a total amount of \$1,414,218. These funding levels are determined by the Centers for Disease Control and Prevention (CDC) and are contingent upon the availability of funds. |

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

G. Due Date: All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery-by **4:00 p.m. by Tuesday, January 22, 2019**. Applications and required attachments received after this deadline will not be considered for review.

Contact (Monique Witherspoon, (614) 644-1912 or monique.witherspoon@odh.ohio.gov) with any questions.

H. Authorization: Authorization of funds for this purpose is contained in Amended Substitute House Bill 64 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number* 93.074. *Indicate specific information as required.*

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

The 2018 Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health can be accessed here:

<https://www.cdc.gov/cpr/readiness/capabilities.htm> |

- **Strengthen Community Resilience**

- Partner with stakeholders whose capabilities and services may support public health response, including reaching individuals with access and functional needs.
- Develop and mature health care coalitions (HCCs)
- Characterize probable risk of the jurisdiction and the HCCs
- Characterize populations at-risk including, but not limited to, children, the elderly, pregnant women, people with disabilities, people with limited English proficiency, and other individuals with access and functional needs.
- Engage communities and health care systems
- Operationalize response plans

- **Strengthen Incident Management Systems**

- Coordinate Emergency Operations
- Standardize incident command structures for public health
- Establish incident command structures for health care organizations and HCC
- Ensure HCC integration and collaboration with ESF-8
- Expedited administrative preparedness procedures

- **Strengthen Information Management**

- Share situational awareness across the health care and public health systems
- Share emergency information & warnings across disciplines & jurisdictions and HCCs and their members
- Conduct external communication with public

- **Strengthen Countermeasures and Mitigation**

- Manage access to and administration of pharmaceutical/non-pharmaceutical interventions
- Ensure safety and health of responders
- Operationalize response plans

- **Strengthen Surge Management**

- Sheltering
- Basic needs (food, water, etc.)
- Volunteers
- Morbidity, injuries, and fatalities

To manage medical surge for:

- Emergency Department and inpatient
- Out of hospital
- Alternate care systems
- Behavioral health care
- Specialty surge including: pediatrics, HAZMAT, radiation, burn, highly infectious diseases, and trauma

- **Strengthen Biosurveillance**

- Conduct epidemiological surveillance & investigation
- Detect emerging threats/injury
- Conduct laboratory testing

Additionally, funding will support the following Initiatives:

- **Regional Public Health**

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

- **Cities Readiness Initiative (CRI)**

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

J. Program Period and Budget Period: The program period will begin (July 1, 2019) and end on (June 30, 2024). The budget period for this application is (July 1, 2019) through (June 30, 2020).

K. *As set forth in R.C. 3701.13, as a condition precedent to receiving funding from the department of health, **including funding under this grant**, the director of health may require general or city health districts to apply for accreditation by July 1, 2018, and be accredited by July 1, 2020, by an accreditation body approved by the director.*

(This grant program will address the following PHAB standards:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-Overview-Version-1.0.pdf>

Standard 2.1: Conduct timely investigations of health problems and environmental public health hazards.

Standard 2.2: Contain/mitigate health problems and environmental public health hazards.

Standard 2.3: Ensure access to Laboratory and Epidemiologic/Environmental Public Health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.

Standard 2.4: Maintain a plan with policies and procedures for urgent and non-urgent communications.

Standard 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.

Standard 4.1: Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.

Standard 4.2: Promote the community's understanding of and support for policies and strategies that will improve the public's health.

Standard 5.1: Serve as a primary and expert resource for establishing and maintaining public health policies, practices, and capacity.

Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/State/Community health Improvement Plan

Standard 5.3: Develop and implement a Health Department organizational strategic plan

Standard 5.4: Maintain an all hazards Emergency Operations Plan

This grant program will address the Local Health Districts Improvement Goals and Standards

as follows:

- Goal 3701-36-04, Standards 3701-36-04-01 to 3701-36-04-05;
- Goal 3701-36-05, Standards 3701-36-05-01 and 02;
- Goal 3701-36-06, Standards 3701-36-06-02, 03, and 04;
- Goal 3701-36-07, Standard 3701-36-07-02;
- Goal 3701-36-08, Standard 3701-36-08-02; and,
- Goal 3701-36-09, Standards 3701-36-09-03 and 04

The Local Health District Improvement Standards are available on the ODH Website <http://www.odh.ohio.gov>. (Click on “Local Health Departments” then “Local Health Districts Improvement Standards,” then click “Local Health District Improvement Goals/Standards/Measures.”)

ODH is committed to supporting the on-going development of Ohio’s public health infrastructure of which the Local Health District Improvement Standards are a critical component. Grantees that successfully perform under the PHEP grant can use that success to document their performance under the new Local Health District Improvement Standards. Furthermore, ODH will use the Centers for Disease Control and Prevention (CDC) bioterrorism indicators which are expected to provide the framework for the CDC grant.

This grant program will address Local Health District Improvement Standards as follows (*Note, while this grant addresses several goals and standards, please pay particular attention to Goal 3701-36-04, Goal 3701-36-06, and Goal 3701-36-09*):

Goal 3701-36-04: Protect People from Disease and Injury

- 3701-36-04-01 - *A surveillance and reporting system that identifies health threats.*
- 3701-36-04-02 - *Response plans that delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.*
- 3701-36-04-03 - *Communicable disease investigation and control procedures in place and actions documented.*
- 3701-36-04-04 - *Urgent public health messages received and communicated quickly, clearly and actions documented.*
- 3701-36-04-05 - *Disease and other health risk responses routinely evaluated for opportunities to improve public health system response.*

Goal 3701-36-05: Monitor Health Status

- 3701-36-05-01 - *Public health assessment processes and tools in place and continuously maintained and enhanced.*
- 3701-36-05-02 – *Information about environmental threats and community health status being collected, analyzed, and disseminated at defined intervals.*

Goal 3701-36-06: Assure a Safe and Healthy Environment

- 3701-36-06-02 - *Environmental health risks and environmental health illnesses being tracked, recorded, reported and monitored by the district.*
- 3701-36-06-03 – *Services available to respond to environmental events or other disasters that threaten the public’s health.*
- 3701-36-06-04 – *Compliance with public health regulation sought through enforcement actions.*

Goal 3701-36-07: Promote Healthy Lifestyles

- 3701-36-07-02 – *Community members actively involved in addressing prevention priorities.*

Goal 3701-36-08: Address the Need for Personal Health Services

- 3701-36-08-02 – *Information being available that describes the local health system, including resources critical for public health protection and information about health care providers, facilities, and support services.*

Goal 3701-36-09: Administer the Health District

- 3701-36-09-02 – *The health district assuring that staff are in compliance with Licensure and certification requirements for public health professionals, that staff are properly oriented, and have access to in-service and continuing education.*
- 3701-36-09-04 – *Confidentiality of health data being protected and health information systems being secure.*

The PHAB standards are available at the following website:

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

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

1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:

- A description of the demographic characteristics (e.g., age, race, gender, ethnicity, disability status, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups;
- A summary of the services to be provided or activities to be conducted; and,
- A plan to coordinate and share information with appropriate local health districts.

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

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

M. Incorporation of Strategies to Eliminate Health Inequities

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities, people with disabilities, the LGBTQ community and Ohio's economically

disadvantaged residents experience health inequities do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the various components of this application (e.g., Program Narrative, Objectives) applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) who experience a disproportionate burden of disease or health condition (this information must be supported by data).
- 2) Describe how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.
- 3) Specify how proposed program interventions and/or grant deliverables will address this problem.
- 4) Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module. These four items should be incorporated into the grant language in specific areas of the application and not left to the applicant to decide where to insert this information. Also, care should be taken to avoid repetition to keep the responses focused and specific.

The following section will provide basic framework, links and guidance to information to understand and apply health equity concepts.

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

*Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents, people with disabilities, and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

GMIS Health Equity Module:

Health Equity Component (Standard Health Equity Language)

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the various components of this application (e.g., Program Narrative, Objectives) applicants are required to:

- 5) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) who experience a disproportionate burden of disease or health condition (this information must be supported by data).
- 6) Explain and identify how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.
- 7) Explain how proposed program interventions will address this problem.
- 8) Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module. These four items should be incorporated into the grant language in specific areas of the application and not left to the applicant to decide where to insert this information. Also, care should be taken to avoid repetition to keep the responses focused and specific.

The following section will provide basic framework, links and guidance to information to understand and apply health equity concepts.

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

*Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social*

determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.

GMIS Health Equity Module:

The GMIS Health Equity Module links health equity initiatives in grant proposals to national health equity strategies such as those found in *Healthy People 2020* or the *National Stakeholder Strategy for Achieving Health Equity*. Applicants are required to select the goals and strategies from the module which best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

For more resources on health equity, please visit the ODH website at:

<http://www.healthy.ohio.gov/healthequity/equity.aspx>.

- N. Human Trafficking: (This does not apply to the PHEP Application)** The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:
- a. Victims of human trafficking are included in your agency's target population;
 - 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.
- O. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**
- P. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOI AF. Please contact (Monique Witherspoon via email at monique.witherspoon@odh.ohio.gov or by phone at (614) 644-1912. |
- Applicant must attend or must document in the NOI AF prior attendance at GMIS training in order to receive authorization for internet submission.**
- Q. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- R. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Tuesday, January 22, 2019 at 4:00 p.m.** |

Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

- S. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- T. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.

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

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation.
13. Achieve a minimal score of the following on the Application Review Score Sheet (See Appendix D):

PHEP Core 123
PHEP Regional 105
CRI 84

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

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applicants and reserves the right to reject any or all applications for any given Solicitations; **There will be no appeal of the Department's decision.**

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

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

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

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

X. Reporting Requirements: Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

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

Reports shall be submitted as follows:

- 1. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates: *[Not Applicable]*. Any paper non-Internet compatible report attachments must be submitted to GSU Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.
- 2. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please

check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – 31, 2019</i>	<i>August 10, 2019</i>
<i>August 1 – 31, 2019</i>	<i>September 10, 2019</i>
<i>September 1 – 30, 2019</i>	<i>October 10, 2019</i>
<i>October 1 – 31, 2019</i>	<i>November 10, 2019</i>
<i>November 1 – 30, 2019</i>	<i>December 10, 2019</i>
<i>December 1 – 31, 2019</i>	<i>January 10, 2020</i>
<i>January 1 – 31, 2020</i>	<i>February 10, 2020</i>
<i>February 1 – 29, 2020</i>	<i>March 10, 2020</i>
<i>March 1 – 31, 2020</i>	<i>April 10, 2020</i>
<i>April 1 – 30, 2020</i>	<i>May 10, 2020</i>
<i>May 1 – 31, 2020</i>	<i>June 10, 2020</i>
<i>June 1 – 30, 2020</i>	<i>July 10, 2020</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, 2019</i>	<i>October 10, 2019</i>
<i>October 1 – December 31, 2019</i>	<i>January 10, 2020</i>
<i>January 1 – March 31, 2020</i>	<i>April 10, 2020</i>
<i>April 1 – June 30, 2020</i>	<i>July 10, 2020</i>

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

- 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, 2020). 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 the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

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

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

1. Advancement of political or religious points of view
2. Fund raising and investment management costs
3. Dissemination of factually incorrect or deceitful information
4. Consulting fee for salaried program personnel to perform activities related to grant objectives
5. Advertisement – other than for recruitment or procurement or if required by the specified program’s Solicitation
6. Bad debts of any kind
7. Contributions to a contingency fund or reserve
8. Entertainment
9. Alcoholic Beverages
10. Fines and penalties
11. Legal fees incurred in defense of any civil or criminal fraud proceeding
12. Membership fees -- unless related to the program and approved by ODH
13. Loan or the principle amount of mortgage payments
14. Contributions made by program personnel;
15. Costs to rent equipment or space owned by the funded agency
16. Inpatient services
17. Purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
18. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds
19. Lodging, travel and meals over the current state rates (See Ohio Shared Services Website for hotel rates and Meals Per Diem at:
<http://www.ohiosharedservices.ohio.gov/TravelExpense.aspx>)
20. All costs related to out-of-state travel, unless prior approved by ODH
21. Training longer than one week in duration, unless prior approved by ODH
22. Contracts, for compensation, with advisory board members
23. Goods or services for personal use regardless if reported as taxable income to employee
24. Grant-related equipment costs greater than \$1,000, unless justified and approved by ODH
25. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
26. Gas Card/Vouchers unless specified in the Federal program guidelines and included in the Solicitation
27. Promotional items (include items with slogans, logos, agency name/address, messaging). Promotional like items must be preapproved prior to submitting in agency subgrant program budget (e.g., to water bottles, t-shirts, totes that do not include slogans, logos, agency name/address, messaging).
28. Office furniture (Refer to OGAPP Manual)
29. Additional program specific Unallowable Costs per the CFDA, Program regulations and directives or state law specifications, which may be provided in the Solicitation.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.

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

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

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

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

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

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

AB. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on "8 ½ by 11" paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 15 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a "12 point font".
- Forms must be completed and submitted in the format provided by ODH

The GMIS application submission must consist of the following:

**Complete
& Submit
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Other Direct Costs
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**)
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program (list each one or “NONE”)

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

**Complete
Copy &
E-mail or
Mail to
ODH**

Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

**Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor
35 E. Chestnut Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive access after the Solicitation is posted to the ODH website.

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 18 of the Solicitation for unallowable costs. The subrecipient must submit the Budget Justification (see Attachment #3) signed by the Agency Head.

A match of 7.7 % is required by this program contingent upon the federal award. This match amount must be included in the applicant share column of the Budget Summary page with a match plan in the narrative. See Appendix K for additional information regarding Match requirements. The subrecipient must submit the Match letter (Attachment 2) with the grant application. The letter must be on agency letterhead and signed by the Health Commissioner or Administrator who has been delegated authority by the Board to make decisions in place of the Health Commissioner.

Funds may be used to support personnel, their training, travel (see OBM website) <http://obm.ohio.gov/TravelRule/default.aspx> and supplies directly related to planning, organizing and conducting the initiative/program/activity described in this announcement.

OR

Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).
- 2. Other Direct Costs:** July 1, 2019 to June 30, 2020

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

- 3. Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*

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

D. Project Narrative:

- 1. Executive Summary:** Identify the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the precise public health preparedness problems that the program will support and address.

Applicant agency must provide a response to each of the areas below. Do not exceed 15 pages. The agency must utilize the headings provided in this section and address each item listed below as applicable.

Grant Administration:

- **ALL APPLICANTS:** Provide a general overview of the agency staff (part-time and full-time) who will be working on the PHEP grant deliverables. Identify the local health department agencies within the county jurisdiction and include a description of how planning and coordination occurs within the county jurisdiction for a public health response. Identify any specific roles and responsibilities identified in jurisdictional plans for the other local health departments during a response. Include any routine meetings or processes that would occur. Provide an overview of how the subrecipient participates in regional planning efforts. Provide an overview of the transition plan for new emergency response coordinator's and how the transfer of preparedness knowledge will occur for new PHEP staff members. Provide a general overview of how previously developed documents, from previous years PHEP grant deliverables, are being utilized in day-to-day preparedness activities.
- **ALL APPLICANTS:** Identify the process that will be utilized by the subrecipient to ensure the Ohio's Health Department Profile and Performance Database is updated to remain current. Include who in the agency is responsible for updates to the database.
- **ALL APPLICANTS:** Provide a description of how the Triad will be maintained during a short-term vacancy as well as the process that will be utilized to replace a vacant Triad position for the long term.
- **ALL APPLICANTS:** Provide a description of how the subrecipient will assure that the After-Hours messaging will be maintained and that the messaging provides information regarding how to access the local health department after hours for a public health emergency. Include the process to ensure that medical direction is available 24/7 and what arrangements the subrecipient has made for appropriate back up medical direction.
- **PHEP CORE AND REGIONAL APPLICANTS ONLY:** Provide a description of the current status of the subrecipient engagement with the Regional Healthcare Coalition.

Health Inequity and Health Disparity

- **PHEP CORE APPLICANTS ONLY:** Provide a general overview of the jurisdictional planning for vulnerable populations that has occurred over the past Project Period (2017 - 2019). Include references to specific local plans (both the LHD and other agencies) which have been developed and/or updated to address access and functional needs concerns. Include a description of work done over the past budget period (July 1, 2017-present) to update all LHD plans to reflect People First Language. Include a description of activities undertaken during the past Project Period within the county jurisdiction to address any particular county wide systems or processes put into place to address access and functional needs concerns (i.e. self-reporting registries).

- **PHEP REGIONAL AND CRI ONLY:** Provide a general overview of the jurisdictional planning for vulnerable populations that has occurred over the past Project Period (2017 - 2019). Include references to specific regional plans (both the subrecipient and other agencies) which have been developed and/or updated to address access and functional needs concerns. Include a description of work done over the past budget period (July 1, 2017-present) to update all regional plans to reflect People First Language. Include a description of activities undertaken during the past Project Period within the jurisdiction to address any particular jurisdictional systems or processes put into place to address access and functional needs concerns (i.e. self-reporting registries).
- **ALL APPLICANTS:** Describe planning that has occurred over the past Project Period (2017 - 2019) to mitigate the impact of an incident on segments of the jurisdiction who experience additional burdens due to access and functional needs concerns during a public health incident.
- **ALL APPLICANTS:** Provide a description of how the subrecipient works with other local agencies that work specifically with vulnerable populations who may experience access and functional needs barriers during a man-made or natural disaster.

PHEP Epidemiology

- **ALL APPLICANTS:** Describe how the Class A Reporting Number during and after business hours will be maintained, and how will the local health department(s) be able to be reached by ODH or any other local/state partners after business hours for the purposes of epidemiologic investigations.
 - **PHEP CORE APPLICANTS ONLY:** Provide a description of how agency staff will be utilized during a surge to assist with epidemiological investigations at both the local level and if needed, within the region.
 - **PHEP CORE APPLICANTS ONLY:** Provide a description of how the LHD PHEP epidemiologists participate in the Regional Epidemiology Response Team. Include a description of how the PHEP Epi interacts with other staff who assist with Epi investigations, including the frequency of such interactions (i.e. routine staff meetings, trainings, etc.).
- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:**
Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

- 3. Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. Only restate national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable to serve as baseline data upon which the evaluation will be based. Clearly identify the target population. Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

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

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

- E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. 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 <http://fedgov.dnb.com/webform>. For information about System for Award Management (SAM) go to www.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 www.whitehouse.gov/omb/open.

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

- G. Public Health Impact:** Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).

H. Attachment(s): Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the “Project Narratives” section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before (Tuesday, January 22, 2019)**.

A minimum of an original and the indicated number of copies of non-Internet attachments are required. If program requires more copies, then insert the appropriate number.

Attachment #1 Contact Information Sheet (See page 81)

Attachment #1B Supplemental Epi Contact Information Sheet (See page 104)

Attachment #2 Match Letter (See page 110)

Attachment #3 Budget Justification (See page 111)

Appendix E PHEP Epidemiologist Position Requirements and Expectations

Appendix F Public Health Surveillance and Epidemiology Investigation Standards

Appendix G Roles and Expectations of PHEP Core Subrecipients

Appendix H Roles and Expectation of PHEP Regional Subrecipients

Letters of Support for Multi-County Projects, as applicable

III. APPENDICES

- A. Notice of Intent to Apply for Funding (NOIAF)
- B. GMIS Training Request Form
- C1.1 Deliverables – PHEP CORE
- C1.2 Deliverables – PHEP REGIONAL
- C1.3 Deliverables – PHEP CRI
- C2. Budget Allocations
- D. Application Review Form (*required*)
- 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. List of Supporting Documentation
- N. Public Health Preparedness Trainings

Reimbursement
Type
Select one of the
options below:

☐ Monthly
OR
☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Appendix A

Ohio Department of Health
Office of Health Preparedness

ODH Program Title:
Public Health Emergency Preparedness

ALL INFORMATION REQUESTED MUST BE COMPLETED.

This application is for
(check all that apply):

☐ PHEP Core
☐ PHEP Regional
☐ PHEP CRI

County of Applicant Agency _____ Federal Tax Identification Number _____

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

Type of Applicant Agency (Check One) ☐ County Agency ☐ Hospital ☐ Local Schools
☐ City Agency ☐ Higher Education ☐ Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name) _____

Agency Head (Signature) _____

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

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

If yes, no further action is needed.

If no, at least two people from your agency are **REQUIRED** to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), Authorization Agreement for Direct Deposit of EFT Payments Form (EFT), (New Agency Only) Vendor Information Form. These forms are located on the Ohio Department of Administrative Services website at: <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>. You can also access these forms at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9),
<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)
http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf
- Supplier Information Form
http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. ODH will forward the forms to Ohio Shared Services. FORMS MUST BE RECEIVED BY: DECEMBER 18, 2018

Mail, E-mail: Monique Witherspoon, Health Planning Administrator, Monique.witherspoon@odh.ohio.gov
Ohio Department of Health Public Health Emergency Preparedness
246 North High Street – 7th Floor
Columbus, OH 43215
E-mail: monique.witherspoon@odh.ohio.gov

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

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Please note: GMIS Training is only required for New Agencies to ODH. If you are new to your agency someone there should train you. Refresher guides can be found on the ODH web site: <http://www.odh.ohio.gov/en/about/grants/grants.aspx> ODH Grants Page - "GMIS Training Resource" Section.* Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH. Also use this form when user changes are needed.

Date: _____

Check the type of access and complete the information requested: ☐ **Employee - needs GMIS Training**

☐ **New Employee - needs GMIS Access. Effective Date of Activation:** _____

☐ **Existing Employee - New GMIS User or GMIS User Access Change. Effective/Change Date:**

☐ **Deactivation - User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only:**

Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

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

Agency Name & Address: _____

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

User Access Section: Please check all that applies and enter requested information:

Email Notifications: ☐ **Yes** ☐ **No**

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

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY - Date Received:

Date Processed:

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215 Or

Scan & Email: karen.tinsley@odh.ohio.gov

C1.1 CORE**Public Health Emergency Preparedness (PHEP) Core**

- **Budget Period: 1**
- **# of Deliverables: 16**
- **Use Budget Justification Scenario #3.1**

DELIVERABLE SUBMISSIONS:

All deliverables to be submitted through GMIS, unless noted otherwise.

Deliverable – Objective 1: Emergency Response Plan—Basic Plan

Domain: Community Resilience, Incident Management, & Information Management

Capability: #1, #3, and #6

Description: The basic plan provides an overview of the agency's preparedness and response strategies. It describes expected hazards, outlines agency roles and responsibilities, and explains how the agency keeps the plan current. The subrecipient will update the ERP Basic Plan(s), in accordance with the requirements of the **ERP Basic Plan Rubric for FY2020*

Successful Completion of the Deliverable(s) Includes:

Objective 1.1: By June 1, 2020, the subrecipient will upload into GMIS an ODH-provided PDF confirming that the plan has been updated and promulgated in accordance with the requirements detailed in the **ERP Basic Plan Rubric for FY2020*. _____

8.4%

Deliverable – Objective 2: Pandemic Influenza Response Annex

Domain: Bio-surveillance, Community Resilience, Countermeasures and Mitigation, Incident Management, Information Management & Surge Management

Capability: #1, #2, #3, #4, #5, #6, #8, #10, #11, #13, and #14

Description: An influenza pandemic is a global outbreak of a new influenza A virus. Pandemics happen when new (novel) influenza A viruses emerge which easily infect people and spread from person to person in an efficient and sustained way. An LHD's Pandemic Influenza Response Annex guides local public health's preparedness and response in an influenza pandemic, with the intent of stopping, slowing or otherwise limiting the spread of a pandemic to their jurisdiction; limiting the spread of a pandemic, mitigating disease, suffering and death; and sustaining infrastructure and mitigating impact to the economy and the functioning of society.

The subrecipient will update the Pandemic Influenza Response Annex(es), in accordance with the requirements of the **Pandemic Influenza Response Annex Rubric for FY2020*.

Successful Completion of the Deliverable(s) Includes:

Objective 2.1: By May 1, 2020, the subrecipient will upload into GMIS an ODH-provided PDF confirming that their annex(es) have been updated in accordance with the requirements detailed in the **Pandemic Influenza Response Annex Rubric for FY2020*. _____

12.4%

Deliverable – Objective 3: Continuity of Operations (COOP) Components Workbook

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 Mission Essential Functions (MEFs) 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 MEFs and ensure that those functions can be continued throughout, or resumed rapidly after, a disruption of normal activities.

The subrecipient will complete a **COOP Workbook for FY2020* for each LHD in the county, in accordance with the requirements detailed therein.

Successful Completion of the Deliverable(s) Includes:

Objective 3.1: By March 31, 2020, the subrecipient will upload into GMIS an ODH-provided PDF confirming that the COOP workbook was completed in accordance with the requirements detailed in the **COOP Workbook for FY2020*. _____ **5%**

Deliverable – Objective 4: Whole Community Planning Workbook

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 further engaging partners with established relationships with diverse populations. These organizations can help jurisdictions to better anticipate the potential access and functional needs in their communities and to more effectively serve individuals with those needs. The subrecipient will complete the **Whole Community Workbook for FY2020*, in accordance with the requirements detailed therein.

Successful Completion of the Deliverable(s) Includes:

Objective 4.1: By April 17, 2020, the subrecipient will upload into GMIS an ODH-provided PDF confirming that the workbook was completed in accordance with the requirements detailed in the **Whole Community Workbook for FY2020*. _____ **6.4%**

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

Domain: Strengthen Bio-surveillance

Capability: #1, #3, and #6

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 shall 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 4, 2019 (for investigations reported June 09, 2019 – September 30, 2019, including any not closed after April 1, 2019), the subrecipient must submit the **Outbreak Report Status Worksheet* via GMIS. _____ **1.875%**

Objective 5.2: Q2: By January 03, 2020 (for investigations reported October 1, 2019 – December 31, 2019, including any not closed during the previous quarter), the subrecipient must submit the **Outbreak Report Status Worksheet* via GMIS. _____ **1.875%**

Objective 5.3: Q3: By April 3, 2020 (for investigations reported January 1, 2020 – March 31, 2020, including any not closed during the previous quarter), the subrecipient must submit the **Outbreak Report Status Worksheet* via GMIS. _____ **1.875 %**

Objective 5.4: Q4: By June 12, 2020 (for investigations reported April 1, 2020 – June 06, 2020, including any not closed during the previous quarter), the subrecipient must submit the **Outbreak Report Status Worksheet* via GMIS. _____ **1.875 %**

Deliverable – Objective 6: Attendance of FY20 PHEP Grant Kick-Off Meeting

Domain: Community Resilience, Information Management

Capability: #1, and #6

Description: The purpose of the Regional Grant Kick Off-Meeting is to review the goals, objectives, and expectations for the current budget period. Attendees will have the opportunity to provide feedback and seek clarification for all outstanding inquiries.

Successful Completion of the Deliverable(s) Includes:

The subrecipient is required to attend the FY 2020 PHEP Virtual Grant Kick-Off Meeting. Successful completion of this deliverable includes: The Emergency Response Coordinator or designee must register on OhioTrain or ODH's preferred method of verification.

Objective 6.1: By September 30, 2019, the subrecipient must attend the FY 2019 PHEP Virtual Grant Kick-Off Meeting as evidenced by the Emergency Response Coordinator or designee's registration on OhioTrain or ODH's preferred method of verification. _____ **2%**

Deliverable – Objective 7: Quarterly Statewide Epidemiology Meetings

Domain: Strengthen Bio-surveillance

Capability: #1, #3, and #6:

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.
2. Verify attendance by signing the sign-in sheet provided at meetings.
3. When signing in, representatives serving multiple jurisdictions must indicate which subrecipients they serve **to receive credit for attendance**.

Objective 7.1: Q1: By October 1, 2019, the subrecipient will demonstrate representation at the quarterly meeting as evidenced by signing the ODH Sign-In Sheet. _____ **0.8%**

Objective 7.2: Q2: By January 1, 2020, the subrecipient will demonstrate representation at the quarterly meeting as evidenced by signing the ODH Sign-In Sheet. _____ **0.8%**

Objective 7.3: Q3: By April 1, 2020, the subrecipient will demonstrate representation at the quarterly meeting as evidenced by signing the ODH Sign-In Sheet. _____ **0.8%**

Objective 7.4: Q4: By June 19, 2020, the subrecipient will demonstrate representation at the quarterly meeting as evidenced by signing the ODH Sign-In Sheet. _____ **0.8%**

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

Domain: Community Resilience

Capability: #1

Note: Refer to PHEP Regional Deliverable # 3.1

Description: Subrecipients work together in a collaborative workshop environment to identify and set exercise program priorities based on PHEP and HPP capabilities. Based on these program priorities, subrecipients will develop a jurisdictional multi-year schedule of specific training and exercises. Workshop attendance is necessary to coordinate all training and exercise planning efforts among all the local jurisdiction subrecipients within the region and the regional health care coalition.

Successful Completion of the Deliverable(s) Includes:

Objective 8.1: By September 30, 2019, the subrecipient's Emergency Response Coordinator, or designee, must provide **in-person representation** at the Regional TEPW, and provide evidence of attendance by signing the sign-in sheet to be submitted by the RPHC via GMIS _____ **1%**

Deliverable – Objective 9: Multi-Year Training and Exercise Plan (MYTEP)

Domain: Community Resilience

Capability: #1

Description: The Multi-Year Training and Exercise Plan (MYTEP) is the foundation document guiding a successful training and exercise program. The MYTEP articulates overall training and exercise program priorities. The MYTEP Schedule (new Appendix in the MYTEP) outlines the schedule of training and exercise activities designed to meet those priorities. Deliverable compliance criteria and submission instructions for the MYTEP are located in the **BP1/SFY20 Exercise Deliverable Technical Assistance* document.

Successful Completion of the Deliverable(s) Includes:

Objective 9.1: By January 6, 2020, the subrecipient must submit the jurisdictional (FY20-FY24) MYTEP on the **ODH MYTEP Template* that adheres to the deliverable compliance criteria and submission instructions. The jurisdictional MYTEP must be submitted via GMIS. _____ **4.4%**

Deliverable – Objective 10: After-Action Report/Improvement Plan (AAR/IP) for a Pandemic Influenza Functional or Full-Scale exercise

Domain: Community Resilience

Capability: #1

Description: The After-Action Report (AAR) summarizes key exercise-related evaluation information, including the exercise overview and analysis of objectives and PHEP capabilities. The AAR is developed in conjunction with an Improvement Plan (IP). The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for completion. The ODH Exercise Event Review Form (EERF) is a tool (new Appendix in the AAR/IP) that captures the ratings assigned to (three minimum) PHEP Capabilities and all associated tasks tested through functional exercises, full-scale exercises, and real-world responses. Deliverable compliance criteria and submission instructions for the AAR/IP are located in the **BP1/SFY20 Exercise Deliverable Technical Assistance* document.

Successful Completion of the Deliverable(s) Includes:

Objective 10.1: By March 30, 2020, the subrecipient must complete and submit the jurisdictional AAR/IP for a Pandemic Influenza functional/full-scale exercise on the **ODH AAR/IP Template* that adheres to the deliverable compliance criteria and submission instructions. The jurisdictional AAR/IP must be submitted via GMIS. _____ **18.2%**

Deliverable –Objective 11: Tactical Communications Strategy

Domain: Information Management

Capability: #6: Information Sharing

Description: The establishment of a tactical communications strategy is essential to ensuring the availability of redundant communications in the event of a public health emergency. The communication flow between local, state, internal and external partners is paramount to ensure situational awareness. Based upon the successful completion of a quarterly MARCS radio check and alerting system drill, this will facilitate the testing of each agency's interoperability.

Successful Completion of the Deliverable(s) Includes:

1. **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.
 - 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**.
 - Alerting drills must be completed by the last business day of the first three quarters and no later than 25 June during the last quarter.
2. **MARCS Radios:** The subrecipient must participate in scheduled quarterly MARCS radio checks conducted by ODH.

Objective 11.1: Quarter 1: By October 11, 2019, the subrecipient must submit the **Communications Worksheet* and alerting system message summary report via GMIS. _____ **1.4%**

Objective 11.2: Quarter 2: By January 10, 2020, the subrecipient must submit the **Communications Worksheet* and alerting system message summary report via GMIS. _____ **1.4%**

Objective 11.3: Quarter 3: By April 10, 2020, the subrecipient must submit the **Communications Worksheet* and alerting system message summary report via GMIS. _____ **1.4%**

Objective 11.4: Quarter 4: By June 25, 2020, the subrecipient must submit the **Communications Worksheet* and alerting system message summary report via GMIS. _____ **1.4%**

Deliverable – Objective 12: POD Essentials Training

Domain: Countermeasures and Mitigation

Capability: #8

Note: Refer to PHEP Regional Deliverable # 1.1

Description: The POD Essentials training course provides an understanding of the process and events that lead to POD activation, while motivating and preparing them to serve in a specific response role. This training will equip participants to work and operate a point of dispensing (POD) site during a local public health emergency. Participants will gain valuable information about POD activation, command structure, POD roles, and strategies for managing stress during an emergency response.

Successful Completion of the Deliverable(s) Includes:

Objective 12.1: By June 5, 2020, the subrecipient must provide in-person representation at the Regional POD Essentials training and provide evidence of course completion by submitting the course certificate in GMIS. _____ **2.8%**

Deliverable – Objective 13: Data Collection Drills

Domain: Countermeasures and Mitigation

Capability: # 8 Medical Countermeasure Dispensing and Administration

Note: Refer to CRI Deliverable # 2.1

Description: Jurisdictional evaluation of medical countermeasure operational readiness is critical to efficiency in real world responses. System connectivity and evidence of operational capability is

demonstrated in drills, exercises and real incidents. Communication methods and processes are also measured for each drill.

Facility setup drill: provides information on operational ability to standup a site with the necessary materiel, layout, and supplies for timely distribution and dispensing.

Staff notification and assembly drill: provides information on operational function specific to staff notification and assembly procedures for various facilities including EOCs, RSSs, RDSs/LDSs, and PODs. The drill measures the accuracy of staff rosters, timeliness of staff confirmations to the notification, and staff ability to report for duty within a designated timeframe.

Site activation drill: provides information on operational function for procedures to open and activate various types of distribution and dispensing facilities. The drill measures the accuracy of site rosters, timeliness of site confirmations to the notification, and site function within a designated timeframe.

Successful Completion of the Deliverable(s) Includes:

Objective 13.1: By November 4, 2019, non-CRI subrecipients must complete all required fields of the three **MCM Data Collection Drills* listed below and submit via GMIS. All three drills must be conducted for the same primary or secondary open Point of Dispensing (POD) site, identified in OPOD.

- a. Site Activation Drill
- b. Staff Notification & Assembly Drill
- c. Facility Set-Up Drill

Subrecipients must provide evidence (e.g. sign-in sheets, call, logs, OPHCS reports, AARs, etc.) of drill completion upon request. 9.4%

Deliverable – Objective 14: Medical Countermeasure (MCM) Cold Chain Management Standard Operating Procedure (SOP)
Domain: Countermeasures and Mitigation
Capability: #9

Description: Public health jurisdictions must have plans developed to ensure the viability of cold chain-managed MCMs in receiving, storing, and dispensing capacities to comply with Centers for Disease Control and Prevention (CDC) vaccine storage and handling guidance (<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>) for the distribution of medical materiel.

Successful Completion of the Deliverable(s) Includes:

Objective 14.1: By December 13, 2019, the subrecipient must submit their jurisdiction's Medical Countermeasure Cold Chain Management SOP via GMIS, which must contain all elements of the **Cold Chain Management SOP Guidance* document. 9.2%

Deliverable –Objective 15: IMATS Inventory Drill
Domain: Countermeasures & Mitigation
Capability: #9 Medical Materiel Management & Distribution

Description: The CDC's Inventory Management and Tracking System (IMATS) allows public health agencies to track medical countermeasure inventory during day to day operations and events. IMATS also supports data exchange and allows state public health agencies to collect inventory totals from local jurisdictions, aggregate the data, and report to CDC. Subrecipients must have access to the

IMATS and IMATS Training platform within the CDC Secure Access Management System (SAMS).

ODH will create a virtual shipment of items that the subrecipients must successfully “receive” and “put away” in IMATS. Subrecipients should utilize information received from the Regional IMATS Training to practice and complete “receipt” and “put away” of a shipment within the IMATS Training Environment, including IMATS Easy Step Guides.

Successful Completion of the Deliverable(s) Includes:

Objective 15.1 By March 20, 2020, the subrecipient must complete the designated inventory drill for receiving and putting away a shipment utilizing the IMATS Training Environment. ODH will verify completion within the application. _____ **2%**

Deliverable – Objective 16: 24/7 Drills

Domain: Community Resilience, Incident Management, & Information Management

Capability: #1, #3, #6

Description:

The purpose of the 24/7 drill is to test the capacity and timeliness of Local Health Department’s response in the event of a public health emergency.

Successful Completion of the Deliverable(s) Includes:

The subrecipient must successfully pass **two** ODH 24/7 After Hours drills to test the ability of the health department to receive and respond to an emergency within one hour; and with contact by the Medical Director within two hours.

Objective 16.1: By December 16, 2019, the subrecipient must successfully complete the first ODH 24/7 drill and upload the pass/fail letter in GMIS. _____ **1.25%**

Objective 16.2: By June 15, 2020, the subrecipient must successfully complete the second ODH 24/7 drill and upload the pass/fail letter in GMIS. _____ **1.25%**

C1.2 REGIONAL

Public Health Emergency Preparedness (PHEP) Regional

- **Budget Period: 1**
- **# of Deliverables: 8**
- **Use Budget Justification Scenario #3.2**

DELIVERABLE SUBMISSIONS:

All deliverables to be submitted through GMIS, unless noted otherwise.

Deliverable –Objective 1: Facilitate POD Essentials Training

Domain: Countermeasures and Mitigation

Capability: #8

Note: Refer to PHEP Core Deliverable # 12.1

Description: The POD Essentials training course provides an understanding of the process and events that lead to POD activation, while motivating and preparing them to serve in a specific response role. This training will equip participants to work and operate a point of dispensing (POD) site during a local public health emergency. Participants will gain valuable information about POD activation, command structure, POD roles, and strategies for managing stress during an emergency response.

The subrecipient must coordinate an in-person POD Essentials training, for the PHEP Core subrecipients in the region. Coordination of this course will entail scheduling of location, date/time, necessary technology, and arrangements for providing materials for course facilitation. The course content should be tailored specifically to the region. The subrecipient must use the **ODH Provided Sign-In-Sheet* to account for attendance at the Regional POD Essentials training, and upon completion provide certificates of completion to those who have successfully completed the Regional POD Essentials Training course. The training must be facilitated by an individual who has successfully completed the POD Essentials Train-The Trainer course.

Successful Completion of the Deliverable(s) Includes:

Objective 1.1: By June 5, 2020, the subrecipient must coordinate an in-person POD Essentials training and submit the sign in sheet and agenda to verify completion via GMIS. _____ **10.5%**

Deliverable –Objective 2: Regional Drop Site Management Plan

Domain: Countermeasures and Mitigation

Capability: #9

Description: Each Ohio public health region has designated a Regional Drop Site (RDS) within the region. The RDS will receive medical countermeasures from the State Receive, Stage, Store (RSS) warehouse for distribution to pre-determined dispensing sites. The subrecipients collaborate and facilitate planning meetings with the region's PHEP Core subrecipients to develop an operational plan to include management and roles and responsibilities to be conducted for RDS operations.

Successful Completion of the Deliverable(s) Includes:

Objective 2.1: By April 3, 2020, the subrecipient must submit a Regional Drop Site Management Plan addressing all plan components included in the **Regional Drop Site Management Plan Guidance*, with a signature page that demonstrates all jurisdictions in the region have adopted the plan. ____ **28.1%**

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

Domain: Community Resilience

Capability: #1

Description: Subrecipients work together in a collaborative workshop environment to identify and set exercise program priorities based on PHEP and HPP capabilities. Based on these program priorities, subrecipients will develop a regional multi-year schedule of specific training and exercises. The Training and Exercise Plan Workshop must be conducted to coordinate all training and exercise planning efforts among all the local jurisdiction subrecipients within the region and the regional health care coalition.

Successful Completion of the Deliverable(s) Includes:

Objective 3.1: By September 30, 2019, the Regional Public Health Coordinator must facilitate a regional TEPW for PHEP Core subrecipients, CRI subrecipients, and Regional Healthcare Coordinators. The regional TEPW agenda, presentation materials, minutes, and sign-in sheets must be submitted within ten business days of the meeting date via GMIS _____ **10.5%**

Deliverable – Objective 4: Multi-Year Training and Exercise Plan (MYTEP)

PHEP Logic Model Domain: Community Resilience

Capability: #1

Description: The Multi-Year Training and Exercise Plan (MYTEP) is the foundation document guiding a successful training and exercise program. The MYTEP articulates overall training and exercise program priorities. The MYTEP Schedule (new Appendix in the MYTEP) outlines the schedule of training and exercise activities designed to meet those priorities. Deliverable compliance criteria and submission instructions for the MYTEP are located in the **BPI/SFY20 Exercise Deliverable Technical Assistance* document.

Successful Completion of the Deliverable(s) Includes:

Objective 4.1: By January 6, 2020, the subrecipient must submit the Regional (FY20-FY24) MYTEP on the **ODH MYTEP Template* that adheres to the deliverable compliance criteria and submission instructions. The regional MYTEP must be submitted via GMIS. _____ **11.9%**

Deliverable – Objective 5: After-Action Report/Improvement Plan (AAR/IP) from a Pandemic Influenza regional Functional Exercise or Full-Scale exercise

Domain: Community Resilience

Capability: #1

Description: The After-Action Report (AAR) summarizes key exercise-related evaluation information, including the exercise overview and analysis of objectives and PHEP capabilities. The AAR is developed in conjunction with an Improvement Plan (IP). The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for completion. The ODH Exercise Event Review Form (EERF) is a tool (new Appendix in the AAR/IP) that captures the ratings assigned to (three minimum) PHEP Capabilities and all associated tasks tested through functional exercises, full-scale exercises, and real-world responses. Deliverable compliance criteria and submission instructions for the AAR/IP are located in the **BPI/SFY20 Exercise Deliverable Technical Assistance* document.

Successful Completion of the Deliverable(s) Includes:

Objective 5.1: By March 30, 2020, subrecipient must complete and submit the Regional AAR/IP for a Pandemic Influenza functional/full-scale exercise on the **ODH AAR/IP Template* that adheres to the deliverable compliance criteria and submission instructions. The regional AAR/IP must be submitted via GMIS. _____ **34.4 %**

Deliverable – Objective 6: Attendance of FY20 PHEP Grant Kick-Off Meeting

Domain: Community Resilience, Information Management

Capability: #1 and #6

Description: The purpose of the Regional Grant Kick Off-Meeting is to review the goals, objectives, and expectations for the current budget period. Attendees will have the opportunity to provide feedback and seek clarification for all outstanding inquiries.

Successful Completion of the Deliverable(s) Includes:

The subrecipient is required to attend the FY 2020 PHEP Virtual Grant Kick-Off Meeting. Successful completion of this deliverable includes: The Emergency Response Coordinator or designee must register on OhioTrain or ODH's preferred method of verification.

Objective 6.1: By September 30, 2019, the subrecipient must attend the FY 2019 PHEP Virtual Grant Kick-Off Meeting as evidenced by the Emergency Response Coordinator or designee's registration on OhioTrain or ODH's preferred method of verification. _____ **1.9%**

Deliverable – Objective 7: Attend Ohio Department of Health Regional Training and Exercise Plan Workshop (TEPW)

Domain: Community Resilience

Capability: #1

Description: Workshop attendance is required to coordinate PHEP Regional and Health Care Coalition (HCC) efforts in state-wide training and exercise planning.

Successful Completion of the Deliverable(s) Includes:

Objective 7.1: By July 31, 2019, the Regional Public Health Coordinator or designee must provide **in-person representation** to the ODH TEPW, and provide evidence of attendance by signing the ODH sign-in sheet and completing the participant feedback survey _____ **2.2%**

Deliverable – Objective 8: Attend Healthcare-Associated Infections (HAI) Advisory Group

Domain: Community Resilience

Capability: #1, #2, #3, #4, #7, #11

Description: Active participation in HAI Advisory Group calls/meetings is crucial to information exchange between ODH and local public health partners. It is important to disseminate information to Ohio local public health departments to align efforts to prevent healthcare-associated infections. It is equally important for ODH to maintain a comprehensive operating picture of the HAI landscape. The Regional Public Health Coordinator (RPHC) is expected to act as a liaison between ODH and local public health departments for HAI Advisory Group calls/meetings. The RPHC will gather feedback from public health stakeholders and provide feedback to ODH E.g., recommendations for agenda items, speakers or topics; at the Joint Regional Healthcare Coordinator (RHC)/RPHC Meetings.

Successful Completion of the Deliverable(s) Includes:

Objective 8.1: By June 1, 2020, the subrecipient, or his/her designee, will attend four HAI Advisory Group calls and/or in-person meetings. The subrecipient will submit, via GMIS, four summaries of these meetings, and proof of distribution of the information from the calls and/or in-person meetings to all local health departments within his/her region. _____ **0.5%**

C1.3 CRI

Public Health Emergency Preparedness (PHEP) Cities Readiness Initiative (CRI)

- **Budget Period: 1**
- **# of Deliverables: 3**
- **Use Budget Justification Scenario #3.3**

DELIVERABLE SUBMISSIONS:

All deliverables to be submitted through GMIS, unless noted otherwise.

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

Domain: Countermeasures and Mitigation

Capability: #8, #9

Description: As a requirement of the Centers for Disease Control and Prevention (CDC) all Cities Readiness Initiative (CRI) jurisdictions must submit required Medical Countermeasure (MCM) Operational Readiness Review (ORR) forms in the DCIPHER platform. DCIPHER 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:

Objective 1.1: By September 30, 2019, the subrecipient must complete all required fields for each of the following MCM ORR forms and submit as indicated by the Review/Submission Frequency. All forms listed will be submitted in the DCIPHER platform. _____ **55.0%**

The MCM ORR forms include:

Form	Review/Submission Frequency
Jurisdictional Data Sheet (JDS)- CRI	Once a budget period
Training and Exercise Planning Form	Once a budget period
Dispensing Full Scale Exercise (FSE)/Incident (and as applicable, Dispensing Throughput Drill)	Every 5 years or requesting credit for a new exercise
After-Action Report (AAR) and Improvement Plan (IP) Form	Every 5 years or requesting credit for a new exercise
Point of Dispensing (POD) Form	Once a budget period
Distribution Planning (CRIs)	Once a budget period
Dispensing Planning (CRI/TFAS/DFL)	Once a budget period

Deliverable – Objective 2: Medical Countermeasure (MCM) Data Collection Drills

Domain: Countermeasures and Mitigation

Capability: #8

Note: Refer to PHEP CORE #13.1

Description: Jurisdictional evaluation of medical countermeasure operational readiness is critical to efficiency in real world responses. System connectivity and evidence of operational capability is demonstrated in drills, exercises and real incidents. Communication methods and processes are also measured for each drill.

Facility setup drill- provides information on operational ability to standup a site with the necessary materiel, layout, and supplies for timely distribution and dispensing.

Staff notification and assembly drill- provides information on operational function specific to staff notification and assembly procedures for various facilities including EOCs, RSSs, RDSs/LDSs, and PODs. The drill measures the accuracy of staff rosters, timeliness of staff confirmations to the notification, and staff ability to report for duty within a designated timeframe.

Site activation drill- provides information on operational function for procedures to open and activate various types of distribution and dispensing facilities. The drill measures the accuracy of site rosters, timeliness of site confirmations to the notification, and site function within a designated timeframe.

Successful Completion of the Deliverable(s) Includes:

Objective 2.1: By November 4, 2019, the subrecipient must complete the following MCM Data Collection Drills listed below, in DCIPHER. Facility Set-Up and Site Activation drills must be conducted at a POD or Drop Site, as indicated in OPOD, and/or at department operations center (DOC). It is strongly encouraged that different site types and locations are exercised each year.

1. Facility Set-Up Drill
2. Site Activation Drill
3. Staff Notification & Assembly Drill

15.0%

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

Domain: Countermeasures and Mitigation

Capability: #8, #9

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.

Successful Completion of the Deliverable(s) Includes:

The action plan must summarize planned activities in response to areas of improvement identified in the jurisdiction’s most recent MCM ORR, exercise after action reports, or other areas for improvement identified by ODH.

Each subrecipient is required to include an action item, and subsequent action activities, in their MCM action plan to describe how and when they will test their operational readiness for an Emerging Infectious Disease (EID) (i.e. Pandemic Influenza) response by conducting a full-scale exercise within

5 years of July 2019.

On a quarterly basis, the subrecipient must:

- Update and submit their MCM action plan to their CRI Coordinator
- Participate in quarterly scheduled technical assistance calls with their CRI Coordinator

The subrecipient must submit Quarter 2 and Quarter 4 MCM action plans via GMIS for deliverable reimbursement.

Objective 3.1: Quarter 1: By July 31, 2019, the subrecipient will develop and submit an MCM action plan with content to include three action items at a minimum (with the inclusion of the required EID action item) to focus on addressing MCM operational gaps for review and approval by their CRI Coordinator.

The subrecipient must also submit an **Exercise Request Form (ERF) HEA 1100* for the future Full-Scale Dispensing Exercise to be conducted at least once within five years of July 2019 using an Emerging Infectious Disease (EID) scenario. The Exercise Request Form must be completed and submitted on the current version. Instructions for the ERF are located in the **BP1/SFY20 Exercise Deliverable Technical Assistance* document. _____ **4%**

Objective 3.2: Quarter 2: By December 13, 2019, the subrecipient will develop and submit the Quarter 2 MCM Action Plan that follows the CDC Action Plan guidance via GMIS _____ **13%**

Objective 3.3: Quarter 4: By June 12, 2020, the subrecipient will develop and submit the Quarter 4 MCM Action Plan that follows CDC Action Plan guidance via GMIS _____ **13%**

Appendix C2 will be released to OPHCS 12/11/18 Public Health Emergency Preparedness (CORE)

SUBGRANTEE		Objective 1.1 Emergency Response Plan - Basic Plan	Objective 2.1 Continuity of Operations (COOP) Components Workbook	Objective 3.1 Whole Community Planning Workbook	Objective 4.1 Disease/Outbreak Reporting Q1	Objective 5.1 Disease/Outbreak Reporting Q2	Objective 6.1 Disease/Outbreak Reporting Q3	Objective 7.1 Disease/Outbreak Reporting Q4	Objective 8.1 Attendance of FY2020 Risk Off Meeting	Objective 9.1 Quarterly EPI Meeting Q1	Objective 10.1 Quarterly EPI Meeting Q2
DELIVERABLE	ALLOCATION	8.40%	8.40%	8.40%	8.40%	8.40%	8.40%	8.40%	8.40%	8.40%	8.40%
WEIGHT (%)	(S)										
Adams County	\$ 64,434	\$5,412.46	\$7,989.82	\$3,221.70	\$4,123.78	\$1,208.14	\$1,208.14	\$1,208.14	\$1,208.14	\$1,208.14	\$1,208.14
Allen County	\$ 95,413	\$8,014.69	\$11,931.71	\$4,770.65	\$6,106.43	\$1,788.90	\$1,788.90	\$1,788.90	\$1,788.90	\$1,788.90	\$1,788.90
Ashland County	\$ 70,457	\$5,018.39	\$8,736.67	\$3,522.85	\$4,509.25	\$1,321.07	\$1,321.07	\$1,321.07	\$1,321.07	\$1,321.07	\$1,321.07
Ashland County	\$ 91,528	\$7,688.35	\$11,349.47	\$4,576.40	\$5,857.79	\$1,716.15	\$1,716.15	\$1,716.15	\$1,716.15	\$1,716.15	\$1,716.15
Atchison County	\$ 75,964	\$6,180.38	\$9,419.54	\$3,798.20	\$4,861.70	\$1,424.33	\$1,424.33	\$1,424.33	\$1,424.33	\$1,424.33	\$1,424.33
Augusta County	\$ 72,708	\$6,107.47	\$9,015.79	\$3,633.40	\$4,653.31	\$1,363.28	\$1,363.28	\$1,363.28	\$1,363.28	\$1,363.28	\$1,363.28
Baldwin County	\$ 78,401	\$6,382.88	\$9,728.72	\$3,920.05	\$5,017.66	\$1,490.02	\$1,490.02	\$1,490.02	\$1,490.02	\$1,490.02	\$1,490.02
Brown County	\$ 72,183	\$6,063.37	\$8,950.69	\$3,609.15	\$4,619.71	\$1,353.43	\$1,353.43	\$1,353.43	\$1,353.43	\$1,353.43	\$1,353.43
Butler County	\$ 217,491	\$18,269.24	\$26,968.88	\$10,874.55	\$13,919.42	\$4,077.96	\$4,077.96	\$4,077.96	\$4,077.96	\$4,077.96	\$4,077.96
Camell County	\$ 63,600	\$5,342.40	\$7,886.40	\$3,180.00	\$4,070.40	\$1,192.50	\$1,192.50	\$1,192.50	\$1,192.50	\$1,192.50	\$1,192.50
Champaign County	\$ 69,926	\$5,873.78	\$8,870.87	\$3,496.30	\$4,475.76	\$1,311.11	\$1,311.11	\$1,311.11	\$1,311.11	\$1,311.11	\$1,311.11
Clark County	\$ 109,020	\$9,157.88	\$13,818.48	\$5,451.08	\$6,977.78	\$2,084.13	\$2,084.13	\$2,084.13	\$2,084.13	\$2,084.13	\$2,084.13
Clemson County	\$ 136,203	\$11,441.05	\$16,889.17	\$6,810.15	\$8,716.99	\$2,553.81	\$2,553.81	\$2,553.81	\$2,553.81	\$2,553.81	\$2,553.81
Clinton County	\$ 70,849	\$5,913.32	\$8,874.72	\$3,542.45	\$4,504.74	\$1,321.07	\$1,321.07	\$1,321.07	\$1,321.07	\$1,321.07	\$1,321.07
Columbia County	\$ 95,028	\$7,982.35	\$11,783.47	\$4,751.40	\$6,081.79	\$1,781.78	\$1,781.78	\$1,781.78	\$1,781.78	\$1,781.78	\$1,781.78
Columbia County	\$ 68,401	\$5,745.68	\$8,481.73	\$3,470.05	\$4,377.66	\$1,387.57	\$1,387.57	\$1,387.57	\$1,387.57	\$1,387.57	\$1,387.57
Crawford County	\$ 71,687	\$6,021.71	\$8,889.19	\$3,584.35	\$4,587.97	\$1,344.13	\$1,344.13	\$1,344.13	\$1,344.13	\$1,344.13	\$1,344.13
Crawford County	\$ 606,465	\$50,943.06	\$75,201.66	\$30,323.25	\$38,813.76	\$11,371.22	\$11,371.22	\$11,371.22	\$11,371.22	\$11,371.22	\$11,371.22
Darke County	\$ 69,948	\$5,875.63	\$8,873.55	\$3,497.40	\$4,476.67	\$1,311.53	\$1,311.53	\$1,311.53	\$1,311.53	\$1,311.53	\$1,311.53
Defiance County	\$ 69,421	\$5,831.36	\$8,868.20	\$3,471.04	\$4,449.94	\$1,301.64	\$1,301.64	\$1,301.64	\$1,301.64	\$1,301.64	\$1,301.64
Defiance County	\$ 119,445	\$9,951.78	\$14,928.72	\$5,971.45	\$7,590.02	\$2,284.43	\$2,284.43	\$2,284.43	\$2,284.43	\$2,284.43	\$2,284.43
Elia County	\$ 84,770	\$7,120.68	\$10,511.48	\$4,238.50	\$5,425.28	\$1,589.44	\$1,589.44	\$1,589.44	\$1,589.44	\$1,589.44	\$1,589.44
Fairfield County	\$ 98,699	\$8,290.72	\$12,338.68	\$4,934.95	\$6,316.74	\$1,850.61	\$1,850.61	\$1,850.61	\$1,850.61	\$1,850.61	\$1,850.61
Fayette County	\$ 64,610	\$5,427.24	\$8,011.64	\$3,230.50	\$4,135.04	\$1,211.44	\$1,211.44	\$1,211.44	\$1,211.44	\$1,211.44	\$1,211.44
Columbia City HD	\$ 579,366	\$48,666.74	\$71,841.38	\$28,968.30	\$37,079.42	\$10,963.11	\$10,963.11	\$10,963.11	\$10,963.11	\$10,963.11	\$10,963.11
Fulton County	\$ 71,215	\$5,908.96	\$8,870.66	\$3,507.76	\$4,507.96	\$1,335.78	\$1,335.78	\$1,335.78	\$1,335.78	\$1,335.78	\$1,335.78
Gallia County	\$ 65,549	\$5,507.80	\$8,260.56	\$3,278.45	\$4,196.42	\$1,259.42	\$1,259.42	\$1,259.42	\$1,259.42	\$1,259.42	\$1,259.42
Geauga County	\$ 99,746	\$8,319.34	\$12,479.98	\$4,975.90	\$6,319.98	\$1,884.43	\$1,884.43	\$1,884.43	\$1,884.43	\$1,884.43	\$1,884.43
Geauga County	\$ 119,894	\$10,071.10	\$14,866.86	\$5,924.70	\$7,673.72	\$2,248.01	\$2,248.01	\$2,248.01	\$2,248.01	\$2,248.01	\$2,248.01
Greene County	\$ 69,921	\$5,873.36	\$8,870.70	\$3,496.05	\$4,475.64	\$1,311.07	\$1,311.07	\$1,311.07	\$1,311.07	\$1,311.07	\$1,311.07
Hamilton County	\$ 391,139	\$32,955.68	\$48,931.74	\$19,556.95	\$25,033.90	\$7,533.86	\$7,533.86	\$7,533.86	\$7,533.86	\$7,533.86	\$7,533.86
Hancock County	\$ 79,247	\$6,656.75	\$9,826.63	\$3,962.35	\$5,071.81	\$1,485.88	\$1,485.88	\$1,485.88	\$1,485.88	\$1,485.88	\$1,485.88
Hardin County	\$ 66,156	\$5,557.10	\$8,203.34	\$3,307.80	\$4,233.98	\$1,240.43	\$1,240.43	\$1,240.43	\$1,240.43	\$1,240.43	\$1,240.43
Harrison County	\$ 60,000	\$5,040.00	\$7,440.00	\$3,000.00	\$3,840.00	\$1,120.00	\$1,120.00	\$1,120.00	\$1,120.00	\$1,120.00	\$1,120.00
Henry County	\$ 64,770	\$5,399.18	\$8,070.77	\$3,146.66	\$4,016.66	\$1,205.18	\$1,205.18	\$1,205.18	\$1,205.18	\$1,205.18	\$1,205.18
Hocking County	\$ 71,587	\$5,933.31	\$8,874.72	\$3,542.45	\$4,504.74	\$1,321.07	\$1,321.07	\$1,321.07	\$1,321.07	\$1,321.07	\$1,321.07
Hocking County	\$ 64,822	\$5,445.05	\$8,073.93	\$3,241.10	\$4,148.61	\$1,215.41	\$1,215.41	\$1,215.41	\$1,215.41	\$1,215.41	\$1,215.41
Holmes County	\$ 70,910	\$5,956.44	\$8,792.84	\$3,545.50	\$4,538.24	\$1,329.56	\$1,329.56	\$1,329.56	\$1,329.56	\$1,329.56	\$1,329.56
Huron County	\$ 75,065	\$6,305.46	\$9,308.06	\$3,753.25	\$4,804.16	\$1,407.47	\$1,407.47	\$1,407.47	\$1,407.47	\$1,407.47	\$1,407.47
Jackson County	\$ 66,658	\$5,599.37	\$8,365.09	\$3,339.90	\$4,266.11	\$1,249.84	\$1,249.84	\$1,249.84	\$1,249.84	\$1,249.84	\$1,249.84
Jefferson County	\$ 78,590	\$6,601.56	\$9,745.16	\$3,929.50	\$5,029.76	\$1,473.56	\$1,473.56	\$1,473.56	\$1,473.56	\$1,473.56	\$1,473.56
Knox County	\$ 74,124	\$6,226.42	\$9,191.38	\$3,706.20	\$4,743.94	\$1,389.83	\$1,389.83	\$1,389.83	\$1,389.83	\$1,389.83	\$1,389.83
Lake County	\$ 125,511	\$10,459.28	\$15,689.98	\$6,275.99	\$8,049.28	\$2,405.21	\$2,405.21	\$2,405.21	\$2,405.21	\$2,405.21	\$2,405.21
Lancaster County	\$ 74,880	\$6,288.24	\$9,282.84	\$3,743.00	\$4,791.04	\$1,403.63	\$1,403.63	\$1,403.63	\$1,403.63	\$1,403.63	\$1,403.63
Licking County	\$ 118,282	\$9,935.60	\$14,666.07	\$5,914.10	\$7,570.05	\$2,284.43	\$2,284.43	\$2,284.43	\$2,284.43	\$2,284.43	\$2,284.43
Ligon County	\$ 72,612	\$6,099.41	\$9,003.89	\$3,630.60	\$4,647.17	\$1,361.48	\$1,361.48	\$1,361.48	\$1,361.48	\$1,361.48	\$1,361.48
Lorain County	\$ 189,779	\$15,437.44	\$22,788.60	\$9,188.95	\$11,761.86	\$3,445.86	\$3,445.86	\$3,445.86	\$3,445.86	\$3,445.86	\$3,445.86
Lucas County	\$ 293,350	\$24,197.40	\$36,291.40	\$14,517.50	\$18,750.40	\$5,623.56	\$5,623.56	\$5,623.56	\$5,623.56	\$5,623.56	\$5,623.56
Madison County	\$ 71,907	\$6,040.10	\$8,916.47	\$3,505.15	\$4,497.05	\$1,348.76	\$1,348.76	\$1,348.76	\$1,348.76	\$1,348.76	\$1,348.76
Mackinac County	\$ 125,329	\$10,459.28	\$15,689.98	\$6,275.99	\$8,049.28	\$2,405.21	\$2,405.21	\$2,405.21	\$2,405.21	\$2,405.21	\$2,405.21
Mackinac County	\$ 76,786	\$6,450.02	\$9,521.46	\$3,830.30	\$4,934.74	\$1,439.74	\$1,439.74	\$1,439.74	\$1,439.74	\$1,439.74	\$1,439.74
Madison County	\$ 125,109	\$10,509.16	\$15,513.52	\$6,255.45	\$8,006.98	\$2,345.79	\$2,345.79	\$2,345.79	\$2,345.79	\$2,345.79	\$2,345.79
Madison County	\$ 85,692	\$7,198.13	\$10,625.81	\$4,284.60	\$5,484.29	\$1,606.73	\$1,606.73	\$1,606.73	\$1,606.73	\$1,606.73	\$1,606.73
Meigs County	\$ 70,301	\$5,905.78	\$8,717.33	\$3,515.05	\$4,499.96	\$1,318.14	\$1,318.14	\$1,318.14	\$1,318.14	\$1,318.14	\$1,318.14
Meigs County	\$ 91,904	\$7,719.94	\$11,596.10	\$4,595.50	\$5,881.86	\$1,733.50	\$1,733.50	\$1,733.50	\$1,733.50	\$1,733.50	\$1,733.50
Monroe County	\$ 60,000	\$5,040.00	\$7,440.00	\$3,000.00	\$3,840.00	\$1,120.00	\$1,120.00	\$1,120.00	\$1,120.00	\$1,120.00	\$1,120.00
Montgomery County	\$ 284,421	\$23,801.36	\$35,568.20	\$14,221.05	\$18,302.94	\$5,532.89	\$5,532.89	\$5,532.89	\$5,532.89	\$5,532.89	\$5,532.89
Morgan County	\$ 60,000	\$5,040.00	\$7,440.00	\$3,000.00	\$3,840.00	\$1,120.00	\$1,120.00	\$1,120.00	\$1,120.00	\$1,120.00	\$1,120.00
Morgan County	\$ 67,419	\$5,663.70	\$8,499.96	\$3,370.95	\$4,334.87	\$1,264.11	\$1,264.11	\$1,264.11	\$1,264.11	\$1,264.11	\$1,264.11
Muskingum County	\$ 85,692	\$7,198.13	\$10,625.81	\$4,284.60	\$5,484.29	\$1,606.73	\$1,606.73	\$1,606.73	\$1,606.73	\$1,606.73	\$1,606.73
Noble County	\$ 60,000	\$5,040.00	\$7,440.00	\$3,000.00	\$3,840.00	\$1,120.00	\$1,120.00	\$1,120.00	\$1,120.00	\$1,120.00	\$1,120.00
Odessa County	\$ 70,558	\$5,926.87	\$8,749.19	\$3,527.90	\$4,515.71	\$1,322.96	\$1,322.96	\$1,322.96	\$1,322.96	\$1,322.96	\$1,322.96
Parkland County	\$ 61,079	\$5,130.64	\$7,573.80	\$3,053.92	\$3,909.06	\$1,145.23	\$1,145.23	\$1,145.23	\$1,145.23	\$1,145.23	\$1,145.23
Perry County	\$ 68,364	\$5,649.48	\$8,477.14	\$3,418.76	\$4,375.90	\$1,281.83	\$1,281.83	\$1,281.83	\$1,281.83	\$1,281.83	\$1,281.83
Pickaway County	\$ 71,701	\$6,022.88	\$8,880.92	\$3,585.05	\$4,588.86	\$1,344.39	\$1,344.39	\$1,344.39	\$1,344.39	\$1,344.39	\$1,344.39
Pike County	\$ 64,511	\$5,418.92	\$7,999.36	\$3,225.55	\$4,128.70	\$1,209.58	\$1,209.58	\$1,209.58	\$1,209.58	\$1,209.58	\$1,209.58
Portage County	\$ 119,409	\$10,030.36	\$14,806.72	\$5,970.45	\$7,642.18	\$2,238.92	\$2,238.92	\$2,238.92	\$2,238.92	\$2,238.92	\$2,238.92
Putnam County	\$ 71,087	\$5,971.31	\$8,814.79	\$3,554.35	\$4,549.57	\$1,332.88	\$1,332.88	\$1,332.88	\$1,332.88	\$1,332.88	\$1,332.88
Putnam County	\$ 67,264	\$5,650.18	\$8,480.74	\$3,363.70	\$4,304.90	\$1,261.70	\$1,261.70	\$1,261.70	\$1,261.70	\$1,261.70	\$1,261.70
Richland County	\$ 102,878	\$8,641.75	\$12,756.87	\$5,143.90	\$6,584.19	\$1,928.96	\$1,928.96	\$1,928.96	\$1,928.96	\$1,928.96	\$1,928.96
Ross County	\$ 82,284	\$6,911.86	\$10,203.22	\$4,114.20	\$5,266.18	\$1,542.83	\$1,542.83	\$1,542.83	\$1,542.83	\$1,542.83	\$1,542.83
Sandusky County	\$ 71,640	\$6,017.76	\$8,883.36	\$3,580.00	\$4,584.06	\$1,343.25	\$1,343.25	\$1,343.25	\$1,343.25	\$1,343.25	\$1,343.25
Sandusky County	\$ 82,996	\$6,969.14	\$10,287.78	\$4,148.30	\$5,309.87	\$1,555.63	\$1,555.63	\$1,555.63	\$1,555.63	\$1,555.63	\$1,555.63
Seneca County	\$ 74,385	\$6,248.34	\$9,373.74	\$3,710.95	\$4,760.64	\$1,384.77	\$1,384.77	\$1,384.77	\$1,384.77	\$1,384.77	\$1,384.77
Shelby County	\$ 74,360	\$6,246.24	\$9,220.64	\$3,718.00	\$4,759.04	\$1,394.25	\$1,394.25	\$1,394.25	\$1,394.25	\$1,394.25	\$1,394.25
Shelby County	\$ 221,901	\$18,639.68	\$27,515.72	\$11,095.05	\$1						

Objective 7.3	Objective 7.4	Objective 8.1	Objective 9.1	Objective 10.1	Objective 11.1	Objective 12.1	Objective 13.1	Objective 14.1	Objective 15.1	Objective 16.1	Objective 16.2
Quarterly EPI Meeting Q3	Quarterly EPI Meeting Q4	Attend ITPW	MYTP	AAR/TP	Technical Communications Strategy	PDH Essentials Training	MCM Data Collection Drills	MCM Cold Chain Management Standard Operating Procedure (SOP)	IMATS Inventory Drill	24/7 Drills	24/7 Drills
0.88%	0.88%	1.0%	4.48%	18.20%	5.6%	2.89%	9.40%	9.2%	2.06%	1.25%	1.25%
\$515.47	\$515.47	\$644.34	\$3,835.10	\$11,726.99	\$3,608.30	\$1,804.15	\$6,056.80	\$5,927.93	\$1,288.68	\$805.43	\$805.43
\$763.30	\$763.30	\$954.13	\$4,198.17	\$13,365.17	\$4,343.13	\$2,171.56	\$8,968.87	\$8,778.00	\$1,908.76	\$1,107.66	\$1,107.66
\$563.66	\$563.66	\$704.57	\$3,100.11	\$12,821.17	\$3,045.59	\$1,522.78	\$6,622.96	\$6,482.04	\$1,409.14	\$880.71	\$880.71
\$732.22	\$732.22	\$915.28	\$4,027.23	\$16,658.10	\$5,125.57	\$2,562.78	\$8,603.63	\$8,420.58	\$1,830.56	\$1,144.10	\$1,144.10
\$607.71	\$607.71	\$759.64	\$3,342.42	\$13,805.45	\$4,253.98	\$2,126.99	\$7,140.67	\$6,988.69	\$1,519.78	\$949.55	\$949.55
\$581.66	\$581.66	\$727.08	\$3,199.15	\$13,232.86	\$4,071.65	\$2,035.82	\$6,834.55	\$6,689.14	\$1,454.16	\$908.85	\$908.85
\$627.21	\$627.21	\$784.01	\$3,449.64	\$14,268.98	\$4,390.46	\$2,195.23	\$7,369.69	\$7,212.89	\$1,568.07	\$980.01	\$980.01
\$577.46	\$577.46	\$721.83	\$3,176.05	\$13,137.31	\$4,042.25	\$2,021.12	\$6,785.20	\$6,640.84	\$1,443.66	\$902.29	\$902.29
\$1,739.93	\$1,739.93	\$2,174.91	\$9,569.60	\$39,583.36	\$12,179.50	\$6,089.75	\$20,444.15	\$20,009.17	\$4,349.82	\$2,718.64	\$2,718.64
\$508.80	\$508.80	\$636.00	\$2,798.40	\$11,475.20	\$3,561.60	\$1,780.80	\$5,978.40	\$5,851.20	\$1,272.00	\$795.00	\$795.00
\$550.41	\$550.41	\$699.56	\$3,076.74	\$12,306.93	\$3,915.86	\$1,957.93	\$6,473.04	\$6,333.10	\$1,368.57	\$874.08	\$874.08
\$877.16	\$877.16	\$1,090.70	\$4,396.88	\$19,841.64	\$6,105.15	\$3,052.56	\$10,747.88	\$10,599.84	\$2,380.40	\$1,367.75	\$1,367.75
\$1,089.62	\$1,089.62	\$1,362.03	\$5,992.93	\$24,788.95	\$7,627.37	\$3,813.68	\$12,803.08	\$12,530.68	\$2,724.06	\$1,702.54	\$1,702.54
\$566.79	\$566.79	\$708.49	\$3,117.36	\$12,894.52	\$3,967.54	\$1,983.77	\$6,659.81	\$6,518.11	\$1,416.98	\$885.61	\$885.61
\$760.22	\$760.22	\$950.28	\$4,181.23	\$17,205.10	\$5,321.57	\$2,660.78	\$8,932.63	\$8,742.58	\$1,900.56	\$1,187.85	\$1,187.85
\$547.51	\$547.51	\$684.01	\$3,099.64	\$12,448.98	\$3,800.46	\$1,900.23	\$6,470.60	\$6,309.80	\$1,368.07	\$855.01	\$855.01
\$573.50	\$573.50	\$716.87	\$3,154.23	\$13,047.03	\$4,014.47	\$2,007.24	\$6,738.58	\$6,595.20	\$1,433.74	\$896.09	\$896.09
\$4,851.72	\$4,851.72	\$6,064.65	\$26,684.46	\$110,376.63	\$33,962.04	\$16,981.02	\$57,007.71	\$55,794.78	\$12,129.30	\$7,580.81	\$7,580.81
\$559.58	\$559.58	\$699.48	\$3,077.71	\$12,730.54	\$3,917.09	\$1,958.54	\$6,575.11	\$6,435.22	\$1,398.96	\$874.35	\$874.35
\$555.17	\$555.17	\$694.21	\$3,054.52	\$12,634.62	\$3,887.58	\$1,943.79	\$6,525.57	\$6,386.73	\$1,388.42	\$867.76	\$867.76
\$936.36	\$936.36	\$1,170.45	\$5,149.98	\$21,307.19	\$6,554.55	\$3,277.26	\$11,003.33	\$10,768.14	\$2,360.90	\$1,463.06	\$1,463.06
\$678.16	\$678.16	\$847.70	\$3,729.88	\$15,428.14	\$4,747.12	\$2,373.56	\$7,968.38	\$7,798.84	\$1,695.40	\$1,059.63	\$1,059.63
\$789.59	\$789.59	\$998.99	\$4,342.76	\$17,963.22	\$5,527.14	\$2,763.57	\$9,277.71	\$9,080.31	\$2,073.98	\$1,233.74	\$1,233.74
\$516.88	\$516.88	\$646.10	\$3,284.84	\$11,759.02	\$3,618.16	\$1,809.08	\$6,073.34	\$5,944.12	\$1,292.20	\$807.63	\$807.63
\$4,634.93	\$4,634.93	\$5,793.66	\$25,492.10	\$105,444.61	\$32,444.61	\$16,222.25	\$54,460.40	\$53,301.67	\$11,587.32	\$7,247.08	\$7,247.08
\$560.75	\$560.75	\$712.15	\$3,133.46	\$12,961.13	\$3,988.04	\$1,994.02	\$6,604.13	\$6,451.78	\$1,474.30	\$890.19	\$890.19
\$524.55	\$524.55	\$655.69	\$3,885.04	\$11,933.56	\$3,671.86	\$1,835.93	\$6,163.49	\$6,032.35	\$1,311.38	\$819.61	\$819.61
\$716.13	\$716.13	\$895.16	\$3,938.70	\$16,291.91	\$5,012.90	\$2,506.45	\$8,414.50	\$8,235.47	\$1,790.32	\$1,118.95	\$1,118.95
\$959.15	\$959.15	\$1,198.94	\$5,275.34	\$21,820.71	\$6,714.06	\$3,357.03	\$11,720.04	\$11,530.25	\$2,397.88	\$1,498.68	\$1,498.68
\$550.17	\$550.17	\$699.71	\$3,076.55	\$12,735.67	\$3,915.58	\$1,957.79	\$6,473.07	\$6,333.10	\$1,368.57	\$874.08	\$874.08
\$1,170.11	\$1,170.11	\$1,491.39	\$6,173.17	\$21,187.30	\$7,103.78	\$3,551.89	\$12,767.07	\$12,584.79	\$2,872.78	\$1,880.54	\$1,880.54
\$633.98	\$633.98	\$792.47	\$3,486.87	\$14,422.95	\$4,437.83	\$2,218.92	\$7,290.72	\$7,129.72	\$1,584.94	\$990.59	\$990.59
\$529.25	\$529.25	\$661.56	\$3,910.86	\$12,040.39	\$3,704.74	\$1,852.37	\$6,218.66	\$6,086.35	\$1,323.12	\$826.95	\$826.95
\$480.00	\$480.00	\$600.00	\$2,400.00	\$10,000.00	\$3,600.00	\$1,800.00	\$5,600.00	\$5,520.00	\$1,200.00	\$750.00	\$750.00
\$514.71	\$514.71	\$642.76	\$3,078.14	\$12,698.53	\$3,599.46	\$1,799.73	\$6,041.94	\$5,913.10	\$1,385.57	\$863.45	\$863.45
\$577.70	\$577.70	\$715.87	\$3,149.83	\$13,098.83	\$4,008.87	\$2,004.44	\$6,779.18	\$6,596.00	\$1,431.74	\$894.84	\$894.84
\$518.58	\$518.58	\$648.22	\$3,852.17	\$11,797.60	\$3,630.03	\$1,815.02	\$6,093.27	\$5,963.62	\$1,296.44	\$810.28	\$810.28
\$567.28	\$567.28	\$709.10	\$3,120.04	\$12,905.62	\$3,970.96	\$1,985.48	\$6,665.54	\$6,523.72	\$1,418.20	\$886.38	\$886.38
\$600.52	\$600.52	\$750.65	\$3,302.86	\$13,661.83	\$4,203.64	\$2,101.82	\$7,056.11	\$6,905.98	\$1,501.30	\$938.31	\$938.31
\$531.36	\$531.36	\$666.58	\$3,935.95	\$12,131.76	\$3,733.85	\$1,866.47	\$6,365.85	\$6,193.54	\$1,333.16	\$833.73	\$833.73
\$628.72	\$628.72	\$785.90	\$3,457.96	\$14,303.38	\$4,401.04	\$2,200.52	\$7,387.46	\$7,230.28	\$1,571.80	\$982.38	\$982.38
\$592.99	\$592.99	\$741.24	\$3,261.46	\$13,490.57	\$4,150.94	\$2,075.47	\$6,967.66	\$6,819.41	\$1,482.48	\$926.55	\$926.55
\$1,221.21	\$1,221.21	\$1,526.51	\$6,716.64	\$27,782.48	\$9,248.46	\$4,624.23	\$14,349.19	\$14,043.89	\$3,053.02	\$1,908.14	\$1,908.14
\$598.88	\$598.88	\$748.60	\$3,293.84	\$13,624.52	\$4,192.16	\$2,096.08	\$7,036.84	\$6,887.12	\$1,497.20	\$935.75	\$935.75
\$946.36	\$946.36	\$1,187.89	\$5,204.41	\$21,377.37	\$7,127.79	\$3,563.89	\$11,718.51	\$11,530.25	\$2,397.88	\$1,498.68	\$1,498.68
\$580.90	\$580.90	\$726.12	\$3,194.93	\$13,215.38	\$4,066.27	\$2,033.14	\$6,825.53	\$6,680.30	\$1,452.24	\$897.65	\$897.65
\$1,470.23	\$1,470.23	\$1,837.79	\$8,086.28	\$33,447.78	\$10,291.62	\$5,145.81	\$17,275.23	\$16,907.67	\$3,675.58	\$2,297.24	\$2,297.24
\$7,018.80	\$7,018.80	\$8,723.50	\$31,103.40	\$125,927.70	\$41,311.60	\$20,655.80	\$67,200.90	\$65,477.00	\$13,094.40	\$8,184.38	\$8,184.38
\$575.36	\$575.36	\$719.07	\$3,163.91	\$13,087.07	\$4,026.79	\$2,013.40	\$6,759.36	\$6,615.44	\$1,438.14	\$898.84	\$898.84
\$1,750.63	\$1,750.63	\$2,187.79	\$9,478.48	\$38,451.88	\$12,754.47	\$6,377.23	\$20,494.93	\$19,877.37	\$4,176.58	\$2,614.11	\$2,614.11
\$614.29	\$614.29	\$767.86	\$3,378.58	\$13,975.05	\$4,300.02	\$2,150.01	\$7,217.88	\$7,064.31	\$1,535.72	\$959.83	\$959.83
\$1,000.87	\$1,000.87	\$1,251.09	\$5,204.80	\$22,769.84	\$7,006.10	\$3,503.05	\$11,760.25	\$11,510.03	\$2,302.18	\$1,563.86	\$1,563.86
\$497.30	\$497.30	\$621.62	\$3,735.13	\$11,313.48	\$3,481.07	\$1,740.54	\$5,843.23	\$5,718.90	\$1,243.24	\$777.03	\$777.03
\$567.41	\$567.41	\$703.01	\$3,093.74	\$12,704.78	\$3,936.86	\$1,968.43	\$6,467.69	\$6,307.60	\$1,406.07	\$878.76	\$878.76
\$735.23	\$735.23	\$919.04	\$4,043.78	\$16,776.53	\$5,166.67	\$2,583.33	\$8,458.98	\$8,255.17	\$1,838.08	\$1,148.80	\$1,148.80
\$480.00	\$480.00	\$600.00	\$2,400.00	\$10,000.00	\$3,600.00	\$1,800.00	\$5,600.00	\$5,520.00	\$1,200.00	\$750.00	\$750.00
\$2,275.37	\$2,275.37	\$2,844.21	\$12,514.52	\$51,764.62	\$15,927.58	\$7,963.79	\$26,735.57	\$26,166.73	\$5,688.42	\$3,555.26	\$3,555.26
\$480.00	\$480.00	\$600.00	\$2,400.00	\$10,000.00	\$3,600.00	\$1,800.00	\$5,600.00	\$5,520.00	\$1,200.00	\$750.00	\$750.00
\$530.35	\$530.35	\$674.19	\$3,966.44	\$12,770.76	\$3,775.46	\$1,887.73	\$6,137.10	\$6,007.55	\$1,368.38	\$847.74	\$847.74
\$685.54	\$685.54	\$856.92	\$3,770.45	\$15,595.94	\$4,798.75	\$2,399.38	\$8,055.05	\$7,883.66	\$1,713.84	\$1,071.15	\$1,071.15
\$480.00	\$480.00	\$600.00	\$2,400.00	\$10,000.00	\$3,600.00	\$1,800.00	\$5,600.00	\$5,520.00	\$1,200.00	\$750.00	\$750.00
\$564.46	\$564.46	\$705.58	\$3,104.55	\$12,841.56	\$3,951.25	\$1,975.62	\$6,632.45	\$6,491.34	\$1,411.16	\$881.98	\$881.98
\$488.63	\$488.63	\$610.79	\$3,687.48	\$11,116.38	\$3,420.42	\$1,710.21	\$5,741.43	\$5,619.27	\$1,221.58	\$763.49	\$763.49
\$546.91	\$546.91	\$683.64	\$3,098.07	\$12,447.75	\$3,878.38	\$1,939.19	\$6,476.77	\$6,289.49	\$1,367.78	\$854.55	\$854.55
\$573.61	\$573.61	\$717.01	\$3,154.84	\$13,049.58	\$4,015.26	\$2,007.63	\$6,739.89	\$6,596.49	\$1,434.02	\$896.26	\$896.26
\$516.09	\$516.09	\$645.11	\$3,838.48	\$11,741.00	\$3,612.62	\$1,806.31	\$6,064.03	\$5,935.01	\$1,290.22	\$806.39	\$806.39
\$955.27	\$955.27	\$1,194.09	\$5,254.00	\$21,732.44	\$6,686.90	\$3,343.45	\$11,224.45	\$10,985.63	\$2,388.18	\$1,492.61	\$1,492.61
\$568.70	\$568.70	\$710.87	\$3,127.83	\$12,937.83	\$3,980.87	\$1,990.44	\$6,682.18	\$6,540.00	\$1,421.74	\$888.59	\$888.59
\$538.11	\$538.11	\$677.64	\$3,959.67	\$12,747.05	\$3,766.78	\$1,883.39	\$6,177.87	\$6,048.79	\$1,345.78	\$840.80	\$840.80
\$823.02	\$823.02	\$1,028.78	\$4,526.63	\$18,723.80	\$5,761.17	\$2,880.58	\$9,670.53	\$9,464.78	\$2,057.56	\$1,285.98	\$1,285.98
\$658.27	\$658.27	\$822.84	\$3,620.50	\$14,975.69	\$4,607.90	\$2,303.95	\$7,734.70	\$7,570.13	\$1,645.68	\$1,028.55	\$1,028.55
\$573.12	\$573.12	\$716.40	\$3,152.16	\$13,038.48	\$4,011.84	\$2,005.92	\$6,734.16	\$6,590.88	\$1,432.80	\$895.50	\$895.50
\$663.73	\$663.73	\$839.66	\$3,650.50	\$15,099.81	\$4,646.10	\$2,323.05	\$7,708.80	\$7,537.87	\$1,659.17	\$1,037.08	\$1,037.08
\$595.08	\$595.08	\$743.85	\$3,777.94	\$13,538.07	\$4,165.56	\$2,082.78	\$6,907.19	\$6,743.47	\$1,487.70	\$919.81	\$919.81
\$594.88	\$594.88	\$743.60	\$3,771.84	\$13,533.52	\$4,164.16	\$2,082.08	\$6,989.84	\$6,841.12	\$1,487.20	\$919.50	\$919.50
\$1,775.21	\$1,775.21	\$2,219.01	\$9,763.64	\$40,385.98	\$12,426.46	\$6,213.23	\$20,858.69	\$20,414.89	\$4,380.02	\$2,773.76	\$2,773.76
\$2,305.68	\$2,305.68	\$2,882.10	\$12,681.24	\$52,454.27	\$16,139.76	\$8,069.88	\$27,091.74	\$26,515.32	\$5,764.20	\$3,602.63	\$3,602.63
\$1,146.17											

**Appendix C2 will be released to OPHCS 12/11/18
Public Health Emergency Preparedness (REGIONAL)**

SUBGRANTEE		Objective 1.1	Objective 2.1	Objective 3.1	Objective 4.1	Objective 5.1	Objective 6.1	Objective 7.1	Objective 8.1
DELIVERABLE	ALLOCATION	Facilitate POD Essentials Training	Site Management Plan	Facilitation of Regional Training and Exercise Plan Workshop (TEPW) Domain: Community Resilience	MYTEP	AAR/IP	PHEP Regional Kick Off Meeting	Attend Ohio Department of Health Regional Training and Exercise Plan Workshop (TEPW)	HAI Advisory Calls Q1
WEIGHT (%)	(\$)	10.50%	28.10%	10.50%	11.90%	34.40%	1.90%	2.20%	0.500%
Wood County	\$78,407	\$8,232.74	\$22,032.37	\$8,232.74	\$9,330.43	\$26,972.01	\$1,489.73	\$1,724.95	\$392.04
Cuyahoga County	\$78,407	\$8,232.74	\$22,032.37	\$8,232.74	\$9,330.43	\$26,972.01	\$1,489.73	\$1,724.95	\$392.04
Montgomery County	\$78,407	\$8,232.74	\$22,032.37	\$8,232.74	\$9,330.43	\$26,972.01	\$1,489.73	\$1,724.95	\$392.04
Franklin County	\$78,407	\$8,232.74	\$22,032.37	\$8,232.74	\$9,330.43	\$26,972.01	\$1,489.73	\$1,724.95	\$392.04
Summit County	\$78,407	\$8,232.74	\$22,032.37	\$8,232.74	\$9,330.43	\$26,972.01	\$1,489.73	\$1,724.95	\$392.04
Hamilton County	\$78,407	\$8,232.74	\$22,032.37	\$8,232.74	\$9,330.43	\$26,972.01	\$1,489.73	\$1,724.95	\$392.04
Hocking County	\$78,407	\$8,232.74	\$22,032.37	\$8,232.74	\$9,330.43	\$26,972.01	\$1,489.73	\$1,724.95	\$392.04
Washington County	\$78,407	\$8,232.74	\$22,032.37	\$8,232.74	\$9,330.43	\$26,972.01	\$1,489.73	\$1,724.95	\$392.04
TOTAL	\$627,256.00								

Appendix C2 will be released to OPHCS 12/11/18
Public Health Emergency Preparedness (CRI)

SUBGRANTEE		Objective 1.1	Objective 2.1	Objective 3.1	Objective 3.2	Objective 3.3
DELIVERABLE	ALLOCATION	MCM ORR Upload	MCM Data Collection	MCM Action Plan 1	MCM Action Plan 2	MCM Action Plan 3
WEIGHT (%)	(\$)	55%	15%	10%	10%	10%
Columbus	\$175,134.00	\$96,323.70	\$26,270.10	\$17,513.40	\$17,513.40	\$17,513.40
Union	\$17,770.00	\$9,773.50	\$2,665.50	\$1,777.00	\$1,777.00	\$1,777.00
Delaware	\$39,977.00	\$21,987.35	\$5,996.55	\$3,997.70	\$3,997.70	\$3,997.70
Morrow	\$14,780.00	\$8,129.00	\$2,217.00	\$1,478.00	\$1,478.00	\$1,478.00
Licking	\$40,522.00	\$22,287.10	\$6,078.30	\$4,052.20	\$4,052.20	\$4,052.20
Madison	\$16,756.00	\$9,215.80	\$2,513.40	\$1,675.60	\$1,675.60	\$1,675.60
Franklin	\$95,988.00	\$52,793.40	\$14,398.20	\$9,598.80	\$9,598.80	\$9,598.80
Fairfield	\$31,898.00	\$17,543.90	\$4,784.70	\$3,189.80	\$3,189.80	\$3,189.80
Perry	\$15,196.00	\$8,357.80	\$2,279.40	\$1,519.60	\$1,519.60	\$1,519.60
Pickaway	\$19,174.00	\$10,545.70	\$2,876.10	\$1,917.40	\$1,917.40	\$1,917.40
Hocking	\$13,636.00	\$7,499.80	\$2,045.40	\$1,363.60	\$1,363.60	\$1,363.60
Cincinnati	\$80,511.00	\$44,281.05	\$12,076.65	\$8,051.10	\$8,051.10	\$8,051.10
Butler	\$70,744.00	\$38,909.20	\$10,611.60	\$7,074.40	\$7,074.40	\$7,074.40
Warren	\$59,255.00	\$32,590.25	\$8,888.25	\$5,925.50	\$5,925.50	\$5,925.50
Hamilton	\$125,545.00	\$69,049.75	\$18,831.75	\$12,554.50	\$12,554.50	\$12,554.50
Clermont	\$55,553.00	\$30,554.15	\$8,332.95	\$5,555.30	\$5,555.30	\$5,555.30
Brown	\$18,516.00	\$10,183.80	\$2,777.40	\$1,851.60	\$1,851.60	\$1,851.60
Cleveland	\$107,309.00	\$59,019.95	\$16,096.35	\$10,730.90	\$10,730.90	\$10,730.90
Lorain	\$46,301.00	\$25,465.55	\$6,945.15	\$4,630.10	\$4,630.10	\$4,630.10
Medina	\$50,785.00	\$27,931.75	\$7,617.75	\$5,078.50	\$5,078.50	\$5,078.50
Cuyahoga	\$222,561.00	\$122,408.55	\$33,384.15	\$22,256.10	\$22,256.10	\$22,256.10
Geauga	\$30,951.00	\$17,023.05	\$4,642.65	\$3,095.10	\$3,095.10	\$3,095.10
Lake	\$65,356.00	\$35,945.80	\$9,803.40	\$6,535.60	\$6,535.60	\$6,535.60
TOTAL	\$1,414,218.00					

Review Date:

Appendix D

**PUBLIC HEALTH EMERGENCY PREPAREDNESS GRANT APPLICATION
SCORE SHEET
FY20- July 1, 2019 – June 30, 2020**

Scorer's/Reviewer's Name:

Agency Name:

Project Key:

- Notice of Intent to Apply for Funding (NOIAF) was submitted ☐ Yes ☐ No
- Notice of Intent to Apply for Funding (NOIAF) was submitted by **December 18, 2018** ☐ Yes ☐ No
- NOIAF identifies which health jurisdictions are included in the application ☐ Yes ☐ No ☐ N/A
- Application is for ☐ PHEP Core ☐ Regional ☐ CRI
- Application is for a Multi Jurisdiction submission
☐ Yes (if Yes, complete 6-8) ☐ No
 - Letter of support submitted for each health jurisdiction within the county jurisdiction as applicable:
☐ Yes ☐ Not Applicable ☐ No: Which health jurisdiction is not accounted for in the application:
 - Letters of support signed by each Health Commissioner
☐ Yes ☐ No
 - Letter of support identifies how all deliverables will be addressed by each health jurisdiction for whom a Letter of Support is submitted ☐ Yes ☐ No

SECTION 1

PROGRAM ATTACHMENTS			
PHEP Core (30 POINTS) PHEP Regional (30 POINTS) PHEP CRI (24 POINTS)			
	GRANT APPLICATION COMPONENT	SCORE	COMMENTS
1.	<input type="checkbox"/> Application submitted on time (6 points)		
2.	<input type="checkbox"/> Attachment #1 was submitted and complete (3 points) <input type="checkbox"/> Attachment #1 received approval from BID (3 points) (6 points)		
3.	<input type="checkbox"/> Match Letter was submitted (2 points) <input type="checkbox"/> Match Letter is on Agency letterhead (2 points) <input type="checkbox"/> Correct funding and match amount used (2 points) <input type="checkbox"/> Letter is signed by the Health Commissioner/Agency Head (2 points) (8 points)		
4.	<input type="checkbox"/> Attachment #3 (Budget Justification) as per specified Program was submitted (2 points) <input type="checkbox"/> Signed by Agency Head (2 points) (4 points)		
5.	PHEP CORE ONLY <input type="checkbox"/> Appendix E was submitted and signed by Health Commissioner (2 points) <input type="checkbox"/> Appendix F was submitted and signed by Health Commissioner (2 points) <input type="checkbox"/> Appendix G was submitted and signed by Health Commissioner (2 points) (6 points)		
6.	PHEP REGIONAL ONLY: <input type="checkbox"/> Appendix H was submitted and signed by HC (6 points)		
SECTION 1 TOTAL:			

SECTION 2

AGENCY REQUIREMENTS

PHEP Core (30 POINTS)
PHEP Regional (20 POINTS)
PHEP CRI (20 POINTS)

	GRANT APPLICATION COMPONENT	SME APPROVAL	SCORE	COMMENTS
1.	ALL APPLICANTS: Agency has a FT Triad (10 points)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	ALL APPLICANTS: OPPD has been updated and information matches Attachment #1 (10 points)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	PHEP CORE ONLY Has approved Epidemiology coverage (10 points)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION 2 TOTAL:		<input type="checkbox"/> <input type="checkbox"/>		

SECTION 3

PROJECT NARRATIVE

PHEP Core (115 POINTS)
PHEP Regional (100 POINTS)
PHEP CRI (75 POINTS)

GRANT APPLICATION COMPONENT

**SME
APPROVAL**

SCORE

COMMENTS

Grant Administration:

ALL APPLICANTS:

1. Narrative provides a general overview of agency staff working on the PHEP grant Deliverables (5 points)

PMP:

- ☐ Yes
☐ No

N/A

- ☐ Narrative identifies local health department agencies within the county jurisdiction and includes a description of how planning and coordination occurs within the county jurisdiction for a public health response (5 points)
- ☐ Narrative identifies any specific roles and responsibilities identified in jurisdictional plans for the other local health departments during a response (5 points)
- ☐ Narrative includes any routine meetings or processes that would occur during a Response (5 points)
- ☐ Narrative provides an overview of how the subrecipient participates in regional planning efforts. (5 points)
- ☐ Narrative provides an overview of the transition plan for new preparedness staff members and how previously developed deliverable documents are

- ☐ Yes
☐ No

used in day-to-day preparedness activities (5points)			
TOTAL 30 points			

SECTION 3

PROJECT NARRATIVE			
PHEP Core (115 POINTS) PHEP Regional (100 POINTS) PHEP CRI (75 POINTS)			
GRANT APPLICATION COMPONENT	SME APPROVAL	SCORE	COMMENTS
Grant Administration:			
2. ALL APPLICANTS: <input type="checkbox"/> Narrative identifies the process that will be utilized by the subrecipient to ensure the Ohio's Health Department Profile and Performance Database is updated to remain current. (5 points) <input type="checkbox"/> Narrative includes who in the agency is responsible for updates to the database. (5 points) TOTAL 10 points			
3. ALL APPLICANTS: <input type="checkbox"/> Narrative provides a description of how the Triad will be maintained during a short-term vacancy. (5 points) <input type="checkbox"/> Narrative provides a process that will be utilized to replace a vacant Triad position for the long term. (5 points) TOTAL 10 POINTS			

SECTION 3

PROJECT NARRATIVE

PHEP Core (115 POINTS)
PHEP Regional (100 POINTS)
PHEP CRI (75 POINTS)

GRANT APPLICATION COMPONENT

SME APPROVAL

SCORE

COMMENTS

Grant Administration:

4. PHEP CORE AND REGIONAL APPLICANTS ONLY:

- ☐ Narrative provides a description of how the subrecipient will assure that the After-Hours messaging will be maintained and that the messaging provides information regarding how to access the local health department after hours for a public health emergency. (5 points)
- ☐ Narrative includes the process to ensure that medical direction is available 24/7 and what arrangements the subrecipient has made for appropriate back up medical direction. (5 points)

TOTAL 10 POINTS

N/A

5. PHEP CORE AND REGIONAL APPLICANTS ONLY:

- ☐ Narrative provides a description of the current status of the subrecipient engagement with the Regional Healthcare Coalition. (5 points)

PMP:

- ☐ Yes
☐ No

TOTAL 5 POINTS

- ☐ Yes
☐ No

SECTION 3

PROJECT NARRATIVE			
PHEP Core (115 POINTS) PHEP Regional (100 POINTS) PHEP CRI (75 POINTS)			
GRANT APPLICATION COMPONENT	SME APPROVAL	SCORE	COMMENTS
Health Inequity and Health Disparity			
1. PHEP CORE APPLICANTS ONLY: <input type="checkbox"/> Narrative provides a general overview of the jurisdictional planning for vulnerable populations that has occurred over the past Project Period (2017-2019). (5 points) <input type="checkbox"/> Narrative includes references to specific local plans (both the LHD and other agencies) which have been developed and/or updated to address access and functional needs concerns. (5 points) <input type="checkbox"/> Narrative includes a description of work done over the past budget period (July 1, 2017-present) to update all LHD plans to reflect People First Language. (5 points) <input type="checkbox"/> Narrative includes a description of activities undertaken during the past Project Period within the county jurisdiction to address any particular county wide systems or processes put into place to address access and functional needs concerns (i.e. self- reporting registries). (5 points) TOTAL 20 POINTS	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 3

PROJECT NARRATIVE			
PHEP Core (115 POINTS) PHEP Regional (100 POINTS) PHEP CRI (75 POINTS)			
GRANT APPLICATION COMPONENT	SME APPROVAL	SCORE	COMMENTS
Health Inequity and Health Disparity			
a. PHEP REGIONAL AND CRI ONLY: <input type="checkbox"/> Narrative provides a general overview of the jurisdictional planning for vulnerable populations that has occurred over the past Project Period (2017-2019). (5 points) <input type="checkbox"/> Narrative includes references to specific regional plans (both the subrecipient and other agencies) which have been developed and/or updated to address access and functional needs concerns. (5 points) <input type="checkbox"/> Narrative includes a description of activities undertaken during the past Project Period within the jurisdiction to address any particular jurisdictional systems or processes put into place to address access and functional needs concerns (i.e. self-reporting registries). (5 points) TOTAL 15 POINTS	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 3

PROJECT NARRATIVE

PHEP Core (115 POINTS)
PHEP Regional (100 POINTS)
PHEP CRI (75 POINTS)

GRANT APPLICATION COMPONENT

SME APPROVAL

SCORE

COMMENTS

Health Inequity and Health Disparity

2. ALL APPLICANTS:

- ☐ Narrative describes planning that has occurred over the past Project Period (2017-2019) that has occurred to mitigate the impact of an incident on segments of the jurisdiction who experience additional burdens due to access and functional needs concerns during a public health incident (5 points)

TOTAL 5 POINTS

- ☐ Yes
☐ No

3. ALL APPLICANTS:

- ☐ Narrative provides a description of how the subrecipient works with other local agencies that specifically work with vulnerable populations who may experience access and functional needs barriers during a man-made or natural disaster. (5 points)

TOTAL 5 POINTS

- ☐ Yes
☐ No

SECTION 3

PROJECT NARRATIVE

PHEP Core (115 POINTS)
PHEP Regional (100 POINTS)
PHEP CRI (75 POINTS)

GRANT APPLICATION COMPONENT

SME APPROVAL

SCORE

COMMENTS

PHEP Epidemiology

1. PHEP CORE AND REGIONAL APPLICANTS:

- ☐ Narrative describes how the Class A Reporting Number during and after business hours will be maintained (5 points)
- ☐ Narrative describes how the local health department(s) be able to be reached by ODH or any other local/state partners after business hours for the purposes of epidemiologic investigations. (5 points)

- ☐ Yes
- ☐ No

SECTION TOTAL 10 POINTS

2. PHEP CORE ONLY:

- ☐ Narrative provides a description of how agency staff will be utilized during a surge to assist with epidemiological investigations at both the local level and if needed, within the region. (5 points)

- ☐ Yes
- ☐ No

SECTION TOTAL 5 POINTS

3. PHEP CORE ONLY:

- ☐ Narrative provides a description of how the LHD PHEP epidemiologists participates in the Regional Epidemiology Response Team.
- ☐ Narrative includes a description of how the PHEP Epi interacts with other staff who assist with Epi investigations, including the frequency of such interactions (i.e. routine staff meetings, trainings, etc.) (5 points)

- ☐ Yes
- ☐ No

SECTION TOTAL 5 POINTS

SECTION 3 TOTAL:

	PHEP CORE (Max 175 points)		PHEP REGIONAL (Max 150 points)		CRI (Max 119 points)	
	SECTION MAXIMUM	AGENCY SCORE	SECTION MAXIMUM	AGENCY SCORE	SECTION MAXIMUM	AGENCY SCORE
SECTION 1	30		30		24	
SECTION 2	30		20		20	
SECTION 3	115		100		75	
TOTAL	175		150		119	
*Minimum score needed	123		105		84	

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

Agency is being referred to ☐ ☐
CAR: Yes No

Additional Comments:

PMPU Consultant:

Date review completed:

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 revised 10/23/2018

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 and response throughout the county. The program requirements are for the project period of July 1, 2019 through June 30, 2024.

1. Demonstrate a willingness to collaborate with any vendor under contract with the Ohio Department of Health's Office 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 region.
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. Review and identify gaps in local response plans as often as needed but at least annually. Provide documentation that collaboration takes place. Promote greater collaboration and notify ODH of any barriers to collaboration.
10. Participate in state-sponsored site visits, meetings and training activities when requested. including, but not limited to the OOH sponsored May Planners meeting.
11. 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.
12. 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).
13. 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. Both Performance Measures must be submitted bi-annually in GMIS by December 31st, 2019 and June 30th, 2020.
14. Subrecipients must coordinate with their Regional Public Health coordinator to report

- PHEP federal Capabilities Planning Guide (CPG) data for their jurisdiction upon request.
15. All of the jurisdiction's Open PODS, Closed PODS, and Drops Sites must be entered into OPOD with current information.
 16. Be an active partner in local preparedness efforts and effectively manage public health consequences of an incident, in coordination with local response partners.
 17. 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.
 18. Ensure that LHD plans correspond and integrate with the county EOP and other related documents.
 19. Utilize developed plans and procedures in incident response.
 20. Notify ODH of significant incidents with public health consequences and provide situational awareness to ODH throughout responses.
 21. Ensure that public-health-led responses are NIMS- compliant and that public health is appropriately integrated into the county's emergency management system.
 22. Acquire and maintain proficiency in computer programs needed to complete deliverables and to support preparedness and response efforts within the county.
 23. 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.
 24. Be well-versed in applicable guidance documents, including but not limited to the Public Health Emergency Preparedness and Response Capabilities (October 2018), 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 RFP.
 25. Expeditiously engage ODH with any questions that arise about the completion of deliverables.
 26. Attend and actively participate in the regional healthcare coalition.
 27. Ensure that preparedness and response activities are designed to serve the whole community.
 28. Update the Public Health Surveillance and Epidemiologic Investigation Plan as changes occur
 29. Ensure all new required staff have the following required trainings:
 - CDC Crisis and Emergency Risk Communication Course—Online, 2 hours
 - C-MIST, OPHCS, MARCS,
 - Disability Training for Emergency Planners: Serving People with Disabilities (available on OhioTrain)
 - IS-29 Public Information Officer Awareness--Online, 2.5 hours
 - IS-100.C: Introduction to the Incident Command System, ICS 100
 - IS-120 An Introduction to Exercises
 - IS-130. How to be an Exercise Evaluator
 - IS-200.B: ICS for Single Resources and Initial Action Incidents
 - IS-242.B OR equivalent E/L/G course: Effective Communication--8 hours

- IS-244.B: Developing and Managing Volunteers
- IS-250.A: Emergency Support Function 15 (ESF15) External Affairs: A New Approach to Emergency Communication and Information Distribution--Online, 1 hour
- IS-368: Including People with Disabilities & Others with Access & Functional Needs in Disaster Operations. If one of these trainings are needed, the subrecipient will contact ODH
- IS-546.A: Continuity of Operations Awareness Course--Online, 1 hour
- IS-547.A: Introduction to Continuity of Operations--Online, 2 hours
- IS-700.B: An Introduction to the National Incident Management System
- IS-702.A National Incident Management System (NIMS) Public Information Systems—Online, 3 hours
- IS-800.C: National Response Framework, an Introduction
- Surgenet
- Suspicious Activity Reporting for Public Health and Healthcare Partners

Agency Name

I _____ agree to all roles and expectations as outlined in Appendix G
(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 and response 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 requirements:

1. Collaborate with any vendor under contract with the Ohio Department of Health's Office 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 to support regional stakeholder agencies and promote regional coordination.
6. Report to regional stakeholders and ODH information potentially relevant to the identification and control of an emergency.
7. Collect and report data to ODH during incident responses.
8. Contribute expertise to the development of emergency plans; Regional Public Health Coordinators must have expertise in public health planning and response in order to fulfill this requirement.
9. 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.
10. Convene and facilitate regional meetings to assure coordination and collaboration.
11. Compile meeting minutes and maintain documentation of strategies, activities and responsibilities.
12. Collaborate with the Regional Healthcare Coordinator and EMA staff in regional planning.
13. Review and identify 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.
14. 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, held annually in May.
15. 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.
16. Identify technical assistance and guidance needed and support coordination of training to local health departments (e.g., Radiological Training, C-MIST, etc.).
17. Promote communications between state and local health departments and provide

- situational awareness.
18. Provide expertise to assist local health departments with development, review and technical assistance 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.
 19. Participate in regional healthcare coalition meetings facilitated by the Regional Healthcare Coordinator.
 20. Maintain trained, primary and back-up OPHCS Administrators.
 21. Serve as the regional OPHCS contact and coordinator of user accounts, including user access for local health departments within the region.
 22. Must have the following, required trainings: Suspicious Activities, C-MIST, OPHCS, MARCS, Surgenet, IS 120 and IS 130. If one of these trainings is needed, the subrecipient will contact ODH.
 23. All newly hired PHEP planning staff will receive an orientation to familiarize them with the regional partners and processes as well as to identify any opportunities for assistance.
 24. 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).
 25. 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. Both Performance Measures must be submitted bi-annually in GMIS by December 31st, 2019 and June 30th, 2020.
 26. Subrecipients must coordinate with their Regional Public Health coordinator to report PHEP federal Capabilities Planning Guide (CPG) data for their jurisdiction upon request.
 27. All the jurisdiction's Open PODS, Closed PODS, and Drops Sites must be entered into OPOD with current information.
 28. Be an active partner in regional preparedness efforts and effectively support management of public health consequences of an incident, in coordination with LHDs.
 29. Ensure that regional plans correspond and integrate with other response plans and related documents.
 30. Utilize developed plans and procedures in incident coordination activities.
 31. Notify ODH of significant incidents with public health consequences and provide situational awareness to ODH throughout responses.
 32. Ensure that regional public health activities are appropriately integrated in to the broader emergency management system.
 33. Acquire and maintain proficiency in computer programs needed to complete deliverables and to support preparedness and response efforts within the county.
 34. 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.
 35. Be well-versed in applicable guidance documents, including but not limited to the

- Public Health Emergency Preparedness and Response Capabilities (October 2018), 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 RFP.
36. Expeditiously engage ODH with any questions that arise about the completion of deliverables.
 37. Attend and actively participate in the regional healthcare coalition.
 38. Ensure that regional preparedness and response activities are designed to serve the whole community.
 39. The Regional Public Health Coordinator must participate as a non-voting member of their Regional Healthcare Coalition's Executive Steering Committee, and fulfill all Executive Steering Committee roles, responsibilities, and participation requirements as outlined in the Regional Healthcare Coalition Requirements.
 40. Ensure all new required staff have the following required trainings:
 - IS-100.C: Introduction to the Incident Command System, ICS 100
 - IS-120.C: An Introduction to Exercises
 - IS-200.B: ICS for Single Resources and Initial Action Incidents
 - IS-244.B: Developing and Managing Volunteers
 - IS-700.B: An Introduction to the National Incident Management System
 - IS-800.C: National Response Framework, an Introduction

Agency Name

I _____ agree to all roles and expectations as outlined in Appendix H
(Print Name: Health Commissioner)

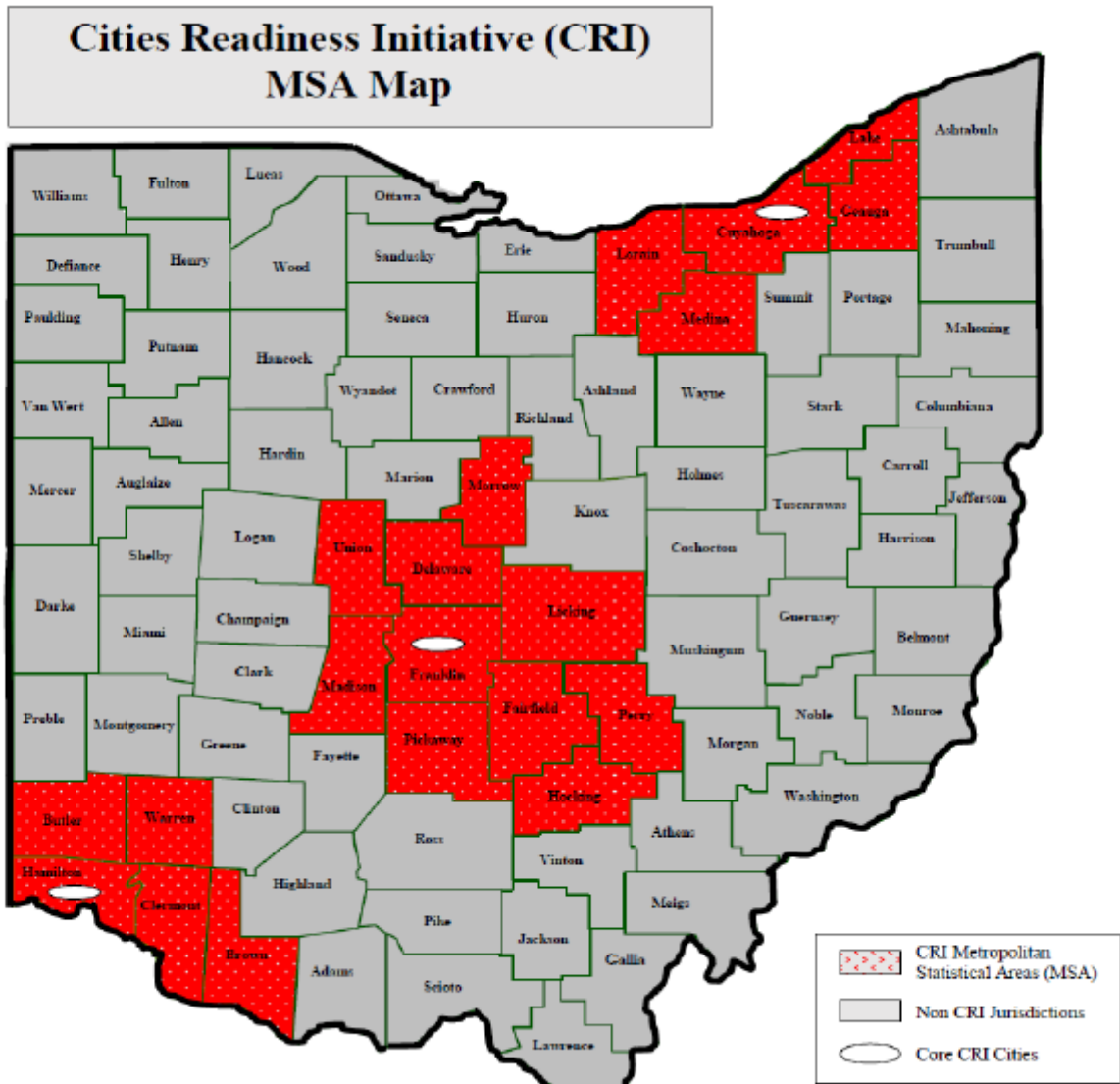
Health Commissioner Signature

Date

Appendix I

*Ohio Public Health Emergency Preparedness (PHEP) &
Hospital Preparedness Program (HPP)
Office of Health Preparedness Contacts
Effective 07/01/2019*





Effective July 1, 2019

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 Epidemiology coverage for populations greater than 300,000.

FTE requirements for proportions of populations up to 900,000 will be in .5 increments as per the tables below.

FTE requirements for proportions of populations above 900,000 will be in .1 increments.

POPULATION	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	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

List of Documents that will be posted in the OPHCS Library

*The following documents, referenced in the solicitation will be uploaded to the OPHCS library July 1, 2019:
<i>*BP1/SFY20 Exercise Deliverable Technical Assistance</i>
<i>*BP1/SFY20 Exercise Deliverable Technical Assistance</i>
<i>*Cold Chain Management SOP Guidance</i>
<i>*Communications Worksheet</i>
<i>*COOP Workbook for FY2020</i>
<i>*ERP Basic Plan Rubric for FY2020.</i>
<i>*Exercise Request Form (ERF) HEA 1100</i>
<i>*Information Sharing Performance Measure</i>
<i>*MCM Data Collection Drills</i>
<i>*ODH AAR/IP Template</i>
<i>*ODH MYTEP Template</i>
<i>*Outbreak Report Status Worksheet</i>
<i>*Outbreak Report Template</i>
<i>*Pandemic Influenza Response Annex Rubric for FY2020</i>
<i>*Regional Drop Site Management Plan Guidance</i>
<i>*Volunteer Deployment Performance Measure</i>
<i>*Whole Community Workbook for FY2020</i>

Public Health Preparedness Trainings

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

- Advanced Public Information Officer (E-388)—Out of State at EMI, 32 hours OR MGT-902: Managing Public Information for All Hazards Incidents--At CDP
- All-Hazards PIO Course (E/L-952) - In person, 40 hours
- Basic Public Information Officer (G-290)—In person, 16 hours
- E/L 549: 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
- Emergency Response for People Who Have Access and Functional Needs.
(<http://terrorism.spcollege.edu/SPAWARAFN/guide.html>)
- G191: ICS - EOC Interface
- G775: EOC Management and Operations
- Homeland Security Exercise and Evaluation Program (HSEEP)
- IS-26 Guide to Points of DistributionIS-100.C: Introduction to the Incident Command System, ICS 100
- IS-120.A: Introduction to Exercises, Online, 5 hours OR E/L 547: Continuity Exercise Design Course (CEDC)--In person
- 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.B: ICS for Single Resources and Initial Action Incidents
- IS-230.D: Fundamentals of Emergency Management or equivalent E/L/G course: Principles of Emergency Management--Online, 6 hours
- IS-242 Effective Communication—Online, 8 hours
- IS-244.B: Developing and Managing Volunteers
- IS-248: Integrated Public Alert and Warning System (IPAWS) for the American Public--Online, 0.25 hours
- IS-250.A: Emergency Support Function 15 (ESF15) External Affairs: A New Approach to Emergency Communication and Information Distribution--Online, 1 hour
- IS-700.B: An Introduction to the National Incident Management System
- IS-702.A National Incident Management System (NIMS) Public Information Systems—Online, 3 hours
- IS-704 NIMS Communications and Information Management—Online, 2 hours
- IS-800.C: National Response Framework, an Introduction
- IS-808: Emergency Support Function (ESF) #8

- Joint Information System/Center Planning for Tribal, State, and Local Public Information Officers (G-291)—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)
- Suspicious Activity Reporting for Public Health and Healthcare Partners (http://nsi.ncirc.gov/training_online.aspx)

The fillable Attachment One template will be released to OPHCS
12/11/18

Attachment 1



ATTACHMENT #1 REVISED JULY 1, 2019
**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.

The subrecipient must notify the Office of Health Preparedness (OHP) Preparedness Program Monitoring Unit (PMPU) Consultant via email immediately of any changes to the LHD Contact Information Sheet (Attachment #1). The updated LHD Contact Information Sheet (Attachment #1) must be submitted to identify any changes within 10 business days of the LHD Contact Information Sheet change via email and GMIS.

Facility Information:

Agency Name:	<input type="text"/>	Project Number:	<input type="text"/>
Address:	<input type="text"/>	County:	<input type="text"/>
City:	<input type="text"/>		
Zip:	<input type="text"/>		
Agency Phone:	<input type="text"/>		

Note: Attachment #1 must be signed by the Health Commissioner of each county.

Health Commissioner

Date

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)	Full Time Director of Environmental Health	Full Time Director of Nursing
Name:				
Time Commitment:	Select ▾	Select ▾	Select ▾	Select ▾
E-mail:				
Direct Phone line:				
	Extension: <input type="text"/>	Extension: <input type="text"/>	Extension: <input type="text"/>	Extension: <input type="text"/>
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: <input type="text"/>	Extension: <input type="text"/>	Extension: <input type="text"/>	Extension: <input type="text"/>
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 *Complete page 16	Agency has an OPHCS account *Complete page 17
		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 <input type="checkbox"/>

SECTION 4: EPIDEMIOLOGY SERVICES: PHEP Epidemiologist Contact Information

Each PHEP CORE subgrantee must complete either Part A or Part B of this document.

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 agencies who contract for Epi services.

NOTE: NO MEMBER OF THE TRIAD MAY SERVE IN ANY CAPACITY FOR EPI COVERAGE PRIMARY OR CONSULTATION.

PART A

PHEP Epidemiologist Contact Information	List the designated Epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of Epi Center, and oversight of PHEP epidemiologic investigations for the jurisdiction: *If there are additional Epi staff in the agency providing Epi coverage (based on Appendix R), 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"/> Agency Personnel <input type="checkbox"/> Contractor	<input type="checkbox"/> Yes <input type="checkbox"/> No (Must Complete PART B) <input type="checkbox"/> Agency Personnel <input type="checkbox"/> Contractor
	<input type="checkbox"/> One (1) FTE* <input type="checkbox"/> .5 FTE ** <input type="checkbox"/> 1 FTE *Must be at least .5	<input type="checkbox"/> One (1) FTE* <input type="checkbox"/> .5 FTE ** <input type="checkbox"/> 1 FTE *Must be at least .5

<p align="center">PHEP Epidemiologist Contact Information</p>	<p>List the designated Epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of Epi Center, and oversight of PHEP epidemiologic investigations for the jurisdiction:</p> <p>*If there are additional Epi staff in the agency providing Epi coverage (based on Appendix R), complete Attachment #1B (Supplemental Epi Contact Information Sheet)</p>	<p align="center">**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>THIS Epidemiologist is an employee of THIS agency:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No (Must Complete PART B)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No (Must Complete PART B)</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 align="center">(Check all that apply)</p> <p><input type="checkbox"/> PHEP funds <input type="text"/> % 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 align="center">(Check all that apply)</p> <p><input type="checkbox"/> PHEP funds <input type="text"/> % of time on budget Note: (This amount should match time and activity records)</p> <p><input type="checkbox"/> Contract with other LHDs</p> <p><input type="checkbox"/> General revenue or other county funds</p>

PHEP Epidemiologist Contact Information		List the designated Epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of Epi Center, and oversight of PHEP epidemiologic investigations for the jurisdiction: *If there are additional Epi staff in the agency providing Epi coverage (based on Appendix R), 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	
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 coverage for the following counties:	Population	Contract / MOU Exists <input type="checkbox"/> Yes <input type="checkbox"/> No	This EPI provides coverage for the following counties:	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
			<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

PHEP Epidemiologist Contact Information	List the designated Epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of Epi Center, and oversight of PHEP epidemiologic investigations for the jurisdiction: *If there are additional Epi staff in the agency providing Epi coverage (based on Appendix R), 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	
Degree(s)/Certification(s) Obtained:	Check all that apply:	Date obtained:	Check all that apply:	Date obtained:
	<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)	
Number of years and locations spent in a public health agency providing Epi services	<input type="text"/> (Location) <input type="text"/> # of years	<input type="text"/> (Location) <input type="text"/> # of years		
	<input type="text"/> (Location) <input type="text"/> # of years	<input type="text"/> (Location) <input type="text"/> # of years		
	<input type="text"/> (Location) <input type="text"/> # of years	<input type="text"/> (Location) <input type="text"/> # of years		

PHEP Epidemiologist Contact Information	List the designated Epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of Epi Center, and oversight of PHEP epidemiologic investigations for the jurisdiction:		**If the designated Epidemiologist is not 1 FTE, provide the name of the second Epidemiologist allocating 50% of time to PHEP epidemiologic activities	
	*If there are additional Epi staff in the agency providing Epi coverage (based on Appendix R), complete Attachment #1B (Supplemental Epi Contact Information Sheet)			
If the epidemiologist does not hold an MPH or MS in Public Health, name of <u>BASIC</u> epidemiology class and date completed	Name of BASIC Course	Date	Name of BASIC Course	Name of BASIC Course
If the epidemiologist does not hold an MPH or MS in Public Health, name of <u>GRADUATE</u> course in epidemiology or statistics and date completed	Name of GRADUATE Course	Date	Name of GRADUATE Course	Date
Not eligible for Graduate course work <input type="checkbox"/>		Not eligible for Graduate course work <input type="checkbox"/>		

For ODH use only:

The EPI staff for this agency meets / exceeds the minimal qualifications:

☐ YES ☐ NO

This agency must have access to a qualified EPI for consultation:

☐ YES (Agency must complete page 9)

☐ NO

This Agency has adequate coverage per 300,000 population:

☐ YES ☐ NO

This agency must submit additional documentation to BID for completion of the Basic Epidemiology Course for the following Epi staff:

☐ YES ☐ NO

BID staff completing review:

Date:

SECTION 5: This section is to be completed ONLY by LHDs for which an Epidemiologist is required Consultation.

Consulting Epidemiologist Contact Information Note: The total population covered for any individual epi cannot exceed 300,000 persons, including those epis serving in a consultative and/or primary role	CONSULTING Epidemiologist List the designated Epidemiologist serving in a consultative role for the Epidemiologists listed in this document.
Name:	
Employing Agency:	
Phone:	<div style="display: flex; justify-content: space-between;"> Extension: </div>
Email:	
Fax:	
Back-up Phone:	
*Do not use personal cell phone unless it is also used for the position.	
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 % of time on budget <small>Note: (This amount should match time and activity records)</small> <input type="checkbox"/> General revenue or other county funds <input type="checkbox"/> Contract with other LHDs

Consulting Epidemiologist Contact Information		CONSULTING Epidemiologist	
<p>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.</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: http://www.census.gov/2010census/data/ </p>	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
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Consulting Epidemiologist Contact Information Note: The total population covered for any individual Epidemiologist cannot exceed 300,000 persons, including those Epis 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 <u>BASIC</u> 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 <u>GRADUATE</u> course in epidemiology or statistics and date completed	Name of GRADUATE Course	Date	Name of GRADUATE Course

Consulting Epidemiologist Contact Information		CONSULTING Epidemiologist	
<p>Note: The total population covered for any individual Epidemiologist cannot exceed 300,000 persons, including those Epis serving in a consultative and/or providing primary coverage.</p>			
<p>Number of years and location spent in a public health agency providing Epi services</p>		Location	<input type="text"/> # of years
		Location	<input type="text"/> # of years
		Location	<input type="text"/> # of years
<p>For ODH use only:</p> <p>This Epidemiologist is acceptable to serve in a consultative role: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>BID staff completing review <input type="text"/> Date: <input type="text"/></p>			

EPIDEMIOLOGY SERVICES:

To be completed ONLY by Agencies who contract for Epi Coverage and/or Consultation:

PART B

PHEP Epidemiologist Contact Information	List the designated Epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of Epi Center, and oversight of PHEP epidemiologic investigations for YOUR agency:
Name:	
Direct Phone Number:	
Email:	
Fax:	
Employing Agency:	
Back up Phone: <small>*Do not use personal cell phone unless it is also used for the position.</small>	
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:	(Check all that apply) <input type="checkbox"/> PHEP funds <input type="checkbox"/> General revenue or other county funds <input type="checkbox"/> funds Other:

SECTION 6: 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 7: 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 8: 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 9: Identify the designated users within the agency for the following:

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

SECTION 10: MARCS CONTACT INFORMATION

Name of LHD:

Contact	MARCS Primary	MARCS Back-Up
Name:		
Phone:		
E-mail:		
LHDs served:		

Name of LHD:

Contact	MARCS Primary	MARCS Back-Up
Name:		
Phone:		
E-mail:		
LHDs served:		

Name of LHD:

Contact	MARCS Primary	MARCS Back-Up
Name:		
Phone:		
E-mail:		
LHDs served:		

Name of LHD:

Contact	MARCS Primary	MARCS Back-Up
Name:		
Phone:		
E-mail:		
LHDs served:		

Name of LHD:

Contact	MARCS Primary	MARCS Back-Up
Name:		
Phone:		
E-mail:		
LHDs served:		

Name of LHD:

Contact	MARCS Primary	MARCS Back-Up
Name:		
Phone:		
E-mail:		
LHDs served:		

SECTION 11: OPHCS CONTACT INFORMATION

Name of LHD:

Contact	OPHCS Primary	OPHCS Back-Up
Name:	<input type="text"/>	<input type="text"/>
Phone:	<input type="text"/>	<input type="text"/>
E-mail:	<input type="text"/>	<input type="text"/>
List all LHDs this OPHCS Administrator oversees :	<input type="text"/>	<input type="text"/>

Name of LHD:

Contact	OPHCS Primary	OPHCS Back-Up
Name:	<input type="text"/>	<input type="text"/>
Phone:	<input type="text"/>	<input type="text"/>
E-mail:	<input type="text"/>	<input type="text"/>
List all LHDs this OPHCS Administrator oversees :	<input type="text"/>	<input type="text"/>

Name of LHD:

Contact	OPHCS Primary	OPHCS Back-Up
Name:	<input type="text"/>	<input type="text"/>
Phone:	<input type="text"/>	<input type="text"/>
E-mail:	<input type="text"/>	<input type="text"/>
List all LHDs this OPHCS Administrator oversees :	<input type="text"/>	<input type="text"/>

Name of LHD:

Contact	OPHCS Primary	OPHCS Back-Up
Name:		
Phone:		
E-mail:		
List all LHDs this OPHCS Administrator oversees :		

Name of LHD:

Contact	OPHCS Primary	OPHCS Back-Up
Name:		
Phone:		
E-mail:		
List all LHDs this OPHCS Administrator oversees :		

Name of LHD:

Contact	OPHCS Primary	OPHCS Back-Up
Name:		
Phone:		
E-mail:		
List all LHDs this OPHCS Administrator oversees :		

SECTION 12: Please identify the OhioResponds Administrator and back-up for your agency.

Note: This individual does not have to be employed at the local health department and may be a shared position with multiple counties. Any individual serving as the Ohio Responds Administrator with less than 12 months in the position prior to FY17 must coordinate with ODH (OhioResponds Coordinator) to complete training and receive confirmation of completed training.

Contact	OhioResponds Administrator Primary	OhioResponds Back-Up
Name:		
Employing Agency:		
LHD(s) Served:		
Phone:		
E-mail:		

SECTION 13: 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: <small>*Do not use personal cell phone unless it is also used for the Position</small>		

SECTION 14: REGIONAL PUBLIC HEALTH COORDINATION Applicants ONLY - identify the contact persons for 24/7 Response:

Contact	Regional PH Primary	Regional PH Back-Up
Name:		
Employing Agency:		
Phone:		
E-mail:		
Cell:		

Initial Submission Date:

Revision Date:

Any changes to ANY portions of this document must be submitted to ODH via GMIS and via email to the OHP PHEP Program Monitoring Consultant within 10 business days of the change occurring. An email must be sent to the Program Consultant immediately if there are any pending changes to ANY portions of this document.

Facility Information:

Agency Name:	<input type="text"/>	Project Number:	<input type="text"/>
Address:	<input type="text"/>	County:	<input type="text"/>
City:	<input type="text"/>		
Zip:	<input type="text"/>		
Agency Phone:	<input type="text"/>		

SUPPLEMENTAL EPI CONTACT INFORMATION SHEET

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 Epi Center, and oversight of PHEP epidemiologic investigations for the jurisdiction:	**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: <input type="text"/>	Extension: <input type="text"/>
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 **Must be at least .5	<input type="checkbox"/> Yes <input type="checkbox"/> No (Complete PART B) <input type="checkbox"/> Agency Personnel <input type="checkbox"/> .5 FTE ** <input type="checkbox"/> Contractor <input type="checkbox"/> 1 FTE	<input type="checkbox"/> Yes <input type="checkbox"/> No (Complete PART B) <input type="checkbox"/> Agency Personnel <input type="checkbox"/> .5 FTE** <input type="checkbox"/> Contractor <input type="checkbox"/> 1 FTE
Additional positions held within the agency: (i.e. MRC Coordinator, Emergency Response Coordinator, Program Director)		

PHEP Epidemiologist Contact Information	List the designated Epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of Epi Center, and oversight of PHEP epidemiologic investigations for the jurisdiction:	**If the designated Epidemiologist is not 1 FTE, provide the name of the second Epidemiologist allocating 50% of time to PHEP epidemiologic activities
<p>Our agency pays for THIS Epidemiologist through the identified funding:</p>	<p>(Check all that apply)</p> <p><input type="checkbox"/> PHEP funds <input type="text"/> % of time on budget</p> <p><small>Note: (This amount should match Time and activity records)</small></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 <input type="text"/> % of time on budget</p> <p><small>Note: (This amount should match Time and activity records)</small></p> <p><input type="checkbox"/> General revenue or other county funds</p> <p><input type="checkbox"/> Contract with other LHDs</p>

PHEP Epidemiologist Contact Information	List the designated Epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of Epi Center, and oversight of PHEP epidemiologic investigations for the jurisdiction:			*If the designated Epidemiologist is not 1 FTE, provide the name of the second Epidemiologist allocating 50% of time to PHEP epidemiologic activities		
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 coverage for the following counties:	Population	Contract / MOU Exists	This EPI provides coverage 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			<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			

PHEP Epidemiologist Contact Information	List the designated Epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of Epi Center, and oversight of PHEP epidemiologic investigations for the jurisdiction:	**If the designated Epidemiologist is not 1 FTE, provide the name of the second Epidemiologist allocating 50% of time to PHEP epidemiologic activities		
Degree(s)/Certification(s) Obtained:	Check all that apply:	Date obtained:	Check all that apply:	Date obtained:
	<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)	
Number of years and locations spent in a public health agency providing Epi services		(Location) # of years		(Location) # of years
		(Location) # of years		(Location) # of years
		(Location) # of years		(Location) # of years
		(Location) # of years		(Location) # of years

PHEP Epidemiologist Contact Information	List the designated Epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of Epi Center, and oversight of PHEP epidemiologic investigations for the jurisdiction:		**If the designated Epidemiologist is not 1 FTE, provide the name of the second Epidemiologist allocating 50% of time to PHEP epidemiologic activities	
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	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	Date
Not eligible for Graduate course work <input type="checkbox"/>		Not eligible for Graduate course work <input type="checkbox"/>		
For ODH use only:				
The EPI staff for this agency meets / exceeds the minimal qualifications:		This Agency has adequate coverage per 300,000 population:		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
This agency must have access to a qualified EPI for consultation:		This agency must submit additional documentation to BID for completion of the Basic Epidemiology Course for the following Epi staff:		
<input type="checkbox"/> YES (Agency must complete page____)		<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> NO				

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, 2019 – June 30, 2020. 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 3**

NOTES: Budget justification line items MUST be in the same order as in the GMIS budget.

A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Provide the amount of funding for which the subgrantee will seek reimbursement based on the percentage ascribed to the Deliverable on C1.1.

This document must be submitted with the signature of the Agency Head with the grant application.

OTHER DIRECT COSTS

Deliverable – Objectives

Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.

Deliverable – Objective 1 **\$ _____**

- **Objective 1.1:** By **June 1, 2020**, the subrecipient will upload into GMIS an ODH-provided PDF confirming that the plan(s) have been updated and promulgated in accordance with the requirements detailed in the **ERP Basic Plan Rubric for FY2020*.

Deliverable – Objective 2 **\$ _____**

- **Objective 2.1:** By **May 1, 2020**, the subrecipient will upload into GMIS an ODH-provided PDF confirming that their annex(es) have been updated and adopted in accordance with the requirements detailed in the **Pandemic Influenza Response Annex Rubric for FY2020*.
-

Deliverable – Objective 3 **\$ _____**

- **Objective 3.1:** By **March 31, 2020**, the subrecipient will upload into GMIS an ODH-provided PDF confirming that the COOP workbook(s) were completed in accordance with the requirements detailed in the **COOP Workbook for FY2020*.

Deliverable – Objective 4 **\$ _____**

- **Objective 4.1:** By **April 17, 2020**, the subrecipient will upload into GMIS an ODH-provided PDF confirming that the workbook was completed in accordance with the requirements detailed in the **Whole Community Workbook for FY2020*.

Deliverable – Objective 5 **\$ _____**

- **Objective 5.1:** Q1: By **October 4, 2019**, the subrecipient must submit an Outbreak Report Status Worksheet (Appendix I). **\$ _____**
- **Objective 5.2:** Q2: By **January 3, 2019**, the subrecipient must submit an Outbreak Report Status Worksheet (Appendix I). **\$ _____**
- **Objective 5.3:** Q3: By **April 3, 2020**, the subrecipient must submit an Outbreak Report Status Worksheet (Appendix I). **\$ _____**
- **Objective 5.4:** Q4: By **June 12, 2020**, the subrecipient must submit an Outbreak Report Status Worksheet (Appendix I).

Deliverable – Objective 6 **\$ _____**

- **Objective 6.1:** By **September 30, 2019**, the subrecipient must attend the FY 2019 PHEP Virtual Grant Kick-Off Meeting as evidenced by the Emergency Response Coordinator or designee's registration on OhioTrain or ODH's preferred method of verification.

Deliverable – Objective 7 **\$ _____**

- **Objective 7.1:** Q1: By **October 1, 2019**, the subrecipient will demonstrate representation at the quarterly meeting as evidenced by signing the ODH Sign-In Sheet. **\$ _____**
- **Objective 7.2:** Q2: By **January 1, 2010**, the subrecipient will demonstrate representation at the quarterly meeting as evidenced by signing the ODH Sign-In Sheet. **\$ _____**
- **Objective 7.3:** Q3: By **April 1, 2020**, the subrecipient will demonstrate representation at the quarterly meeting as evidenced by signing the ODH Sign-In Sheet. **\$ _____**
- **Objective 7.4:** Q4: By **June 19, 2020**, the subrecipient will demonstrate representation at the quarterly meeting as evidenced by signing the ODH Sign-In Sheet.

Deliverable – Objective 8 **\$ _____**

- **Objective 8.1:** By **September 30, 2019**, the subrecipient's Emergency Response Coordinator, or designee, must provide in-person representation at the Regional TEPW, and provide evidence of attendance by signing the sign-in sheet to be submitted by the RPHC via GMIS.

Deliverable – Objective 9 **\$ _____**

- **Objective 9.1:** By **January 6, 2020**, the subrecipient must submit the jurisdictional (FY20-FY24) MYTEP on the ***ODH MYTEP Template** that adheres to the deliverable compliance criteria and submission instructions. The jurisdictional MYTEP must be submitted via GMIS.

Deliverable – Objective 10 **\$ _____**

- **Objective 10.1:** By **March 30, 2020**, the subrecipient must complete and submit the jurisdictional AAR/IP for Pandemic Influenza functional/full-scale exercise on the ***ODH AAR/IP Template** that

adheres to the deliverable compliance criteria and submission instructions. The jurisdictional AAR/IP must be submitted via GMIS. \$ _____

Deliverable – Objective \$ _____

- **Objective 11.1:** Quarter 1: By **October 11, 2019**, the subrecipient must submit the **Communications Worksheet* and alerting system message summary report via GMIS. \$ _____
- **Objective 11.2:** Quarter 2: By **January 10, 2020**, the subrecipient must submit the **Communications Worksheet* and alerting system message summary report via GMIS. \$ _____
- **Objective 11.3:** Quarter 3: By **April 10, 2020**, the subrecipient must submit the **Communications Worksheet* and alerting system message summary report via GMIS. \$ _____
- **Objective 11.4:** Quarter 4: By **June 25, 2020**, the subrecipient must submit the **Communications Worksheet* and alerting system message summary report via GMIS. \$ _____

Deliverable – Objective 12 \$ _____

- **Objective 12.1:** By **June 5, 2020**, the subrecipient must provide in-person representation at the Regional POD Essentials training and provide evidence of course completion by submitting the course certificate in GMIS.
-

Deliverable – Objective \$ _____

- **Objective 12.1:** By **November 4, 2019**, the subgrantee must complete **all** required fields of the three MCM Data Collection Drill forms and submit them via GMIS.

▲ **Deliverable – Objective 14** \$ _____

- **Objective 14.1:** By **December 13, 2019**, the subrecipient must submit their jurisdiction's Medical Countermeasure Cold Chain Management SOP via GMIS, which must contain all elements of the **Cold Chain Management SOP Guidance* document.

Deliverable – Objective 15 \$ _____

- **Objective 15.1:** By **March 20, 2020**, the subrecipient must complete the designated inventory drill for receiving and putting away a shipment utilizing the IMATS Training Environment. ODH will verify completion within the application.

Deliverable – Objective 16 \$ _____

- **Objective 16.1:** By **December 16, 2019**, the subrecipient must successfully complete the first ODH 24/7 drill and upload the pass/fail letter in GMIS. \$ _____
- **Objective 16.2:** By **June 15, 2020**, the subrecipient must successfully complete the second ODH 24/7 drill and upload the pass/fail letter in GMIS. \$ _____

Total Other Direct Costs

\$_____

Notes:

- 1. The budget justification must be signed by the agency head listed in GMIS.**
- 2. Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.**
- 3. Authorized representative certification language must also be included with agency head signature.**

Subrecipient's authorized representative certifies the foregoing:

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

[Signature]

[Print Name & Title]

[Date]

BUDGET JUSTIFICATION-PHEP REGIONAL SCENARIO 3

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

A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Provide the amount of funding for which the subgrantee will seek reimbursement based on the percentage ascribed to the Deliverable on C1.1.

This document must be submitted with the signature of the Agency Head with the grant application.

OTHER DIRECT COSTS

Deliverable – Objectives

Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.

Deliverable – Objective 1 \$ _____

- **Objective 1.1:** By **June 5, 2020**, the subrecipient must coordinate an in-person POD Essentials training and submit the sign in sheet and agenda to verify completion via GMIS

Deliverable – Objective 2 \$ _____

- **Objective 2.1:** By **September 30, 2019**, the Regional Public Health Coordinator must facilitate a regional TEPW for PHEP Core subrecipients, CRI subrecipients, and Regional Healthcare Coordinators. The regional TEPW agenda, presentation materials, minutes, and sign-in sheets must be submitted within ten business days of the meeting date via GMIS

Deliverable – Objective 3 \$ _____

- **Objective 3.1:** By **May 1, 2019**, the subrecipient must submit the **Regional Volunteer Management Jurisdictional Participation Report* and a Regional Volunteer Management Plan that addresses all requirements detailed in the **ODH Regional Volunteer Management Plan Guidance* document via GMIS.

Deliverable – Objective 4 \$ _____

- **Objective 4.1:** By **January 6, 2020**, the subrecipient must submit the Regional (FY20-FY24) MYTEP on the **ODH MYTEP Template* that adheres to the deliverable compliance criteria and submission instructions. The regional MYTEP must be submitted via GMIS.

Deliverable – Objective 5 \$ _____

- **Objective 5.1:** By **March 30, 2020**, subrecipient must complete and submit the Regional AAR/IP for a Pandemic Influenza functional/full-scale exercise on the **ODH AAR/IP Template* that adheres to the deliverable compliance criteria and submission instructions. The regional AAR/IP must be submitted via GMIS.

Deliverable – Objective 6 **\$** _____

- **Objective 6.1:** By **September 30, 2019**, the subrecipient must attend the FY 2019 PHEP Virtual Grant Kick-Off Meeting as evidenced by the Emergency Response Coordinator or designee's registration on OhioTrain or ODH's preferred method of verification

Deliverable – Objective 7 **\$** _____

- **Objective 7.1:** By **July 31, 2019**, the Regional Public Health Coordinator or designee must provide **in-person representation** to the ODH TEPW, and provide evidence of attendance by signing the ODH sign-in sheet and completing the participant feedback survey.

Deliverable – Objective 8 **\$** _____

- **Objective 8.1:** By **June 1, 2020**, the subrecipient, or his/her designee, will attend four HAI Advisory Group calls and/or in-person meetings. The subrecipient will submit, via GMIS, four summaries of these meetings, and proof of distribution of the information from the calls and/or in-person meetings to all local health departments within his/her region.

Total Other Direct Costs

\$_____

Notes:

- 1. The budget justification must be signed by the agency head listed in GMIS.**
- 2. Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.**
- 3. Authorized representative certification language must also be included with agency head signature.**

Subrecipient's authorized representative certifies the foregoing:

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

[Signature]

[Print Name & Title]

[Date]

BUDGET JUSTIFICATION-CRI SCENARIO 3

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

A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Provide the amount of funding for which the subgrantee will seek reimbursement based on the percentage ascribed to the Deliverable on C1.1.

This document must be submitted with the signature of the Agency Head with the grant application.

Deliverable – Objective 1 \$ _____

- **Objective 1.1:** By **September 30, 2019**, the subrecipient must complete all required fields for each of the following MCM ORR forms and submit as indicated by the Review/Submission Frequency. All forms listed will be submitted in the DCIPHER platform

Deliverable – Objective 2 \$ _____

- **Objective 2.1:** By **November 4, 2019**, the subgrantee must conduct the **Facility Set-Up, Site Activation**, and the **Staff Notification & Assembly Drills** and complete all the required fields on each of the required ORR forms **and** submit in DCIPHER.

Deliverable – Objective 3 \$ _____

- **Objective 3.1:** Quarter 1: By **July 31, 2019**, the subrecipient will develop and submit an MCM action plan content to include three action items at a minimum (with the inclusion of the required EID action item) to focus on addressing MCM operational gaps for review and approval by their CRI Coordinator.

The subrecipient must also submit an **Exercise Request Form (ERF) HEA 1100* for the future Full-Scale Dispensing Exercise to be conducted at least once within five years of July 2019 using an Emerging Infectious Disease (EID) scenario. The Exercise Request Form must be completed and submitted on the current version. Instructions for the ERF are located in the **BP1/SFY20 Exercise Deliverable Technical Assistance document*. \$ _____

- **Objective 3.2:** Quarter 2: By **December 13, 2019**, the subrecipient will develop and submit the Quarter 2 MCM Action Plan that follows the CDC Action Plan guidance via GMIS. \$ _____
- **Objective 3.3:** Quarter 4: By **June 12, 2020**, the subrecipient will develop and submit the Quarter 4 MCM Action Plan that follows CDC Action Plan guidance via GMIS. \$ _____

Total Other Direct Costs

\$_____

Notes:

- 1. The budget justification must be signed by the agency head listed in GMIS.**
- 2. Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.**
- 3. Authorized representative certification language must also be included with agency head signature.**

Subrecipient's authorized representative certifies the foregoing:

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

[Signature]

[Print Name & Title]

[Date]