




MEMORANDUM

Date: December 22, 2021

To: HPP Subrecipient Agencies

From: Tamara McBride  Signed as designee
Bureau of Health Preparedness 11.29.2021
Ohio Department of Health

Subject: Hospital Preparedness Program (RP23)
July 1, 2022 – June 30, 2023

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

All electronic applications and attachments are due by 4:00 p.m., January 31, 2022. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

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

Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Renee Dickman at 614-644-1912 or e-mail at renee.dickman@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

 X **Base Only Funding** _____ **Base and Deliverable Funding**

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

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: July 1, 2022 through June 30, 2023 of the total project period, July 1, 2019 through June 30, 2024. Reference the competitive Solicitation for more information.

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

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

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

Region	FY23 Funding
Northwest	\$728,080
Northeast	\$796,993
West Central	\$462,822
Central	\$803,336
Northeast Central	\$884,257
Southwest	\$659,329
Southeast/Southeast Central	\$482,374
Total Award Amount	\$4,817,191

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

C. Formatting Requirements for Attachments:

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

D. Qualified Applicants:

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, January 31, 2022.**

II. PROGRAM UPDATES:

- A. Program Progress Report:** 1) **Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.** *Progress reports are submitted based on a schedule applicable to the fiscal year. No additional progress reporting is required for the application.*
- B. Program Narrative:** Complete and submit a scope of work using the ASPR- provided Scope of Work Template (Appendix F) which explains program scope, required staffing, progress towards benchmarks, and planned activities.
- C. Objectives and Work Plan:** Complete and submit the agency's workplan using the ASPR-provided HCC Workplan Template (Appendix H).
- D. Documentation and Progress on Health Equity and Disparity Reduction Activities:**
Continuation solicitation application documentation (workplan, scope of work, budget) should document how the subrecipient will support vulnerable communities and engage partners who support individuals with access and functional needs.

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

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

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

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

A match of 7.7% is required by the program. This match amount must be included in the applicant share column of the Budget Summary page with a match plan in the narrative.

- 2. State Fiscal Year 2023 Budget via GMIS:** Complete requested budget information as follows:

- **Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget to support costs for the Budget Period 4 (July 1, 2022 through June 30, 2023). Funds may be used to support personnel, staff training, travel (see OBM website <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule>), and supplies directly related to planning, organizing and conducting the program activity. Itemize, in the Equipment Section, all equipment (minimum \$1,000 unit cost value) to be purchased with grant funds

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

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

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

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

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

4. Indirect (Facilities and Administration):

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

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

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

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

- 1) Attachment 1: Contact Information
- 2) Attachment 2: Match Letter
- 3) Attachment 3: Budget Narrative
- 4) HCC Budget Narrative
- 5) HCC Workplan
- 6) HPP Subrecipient Scope of Work
- 7) HCC Training Plan (by July 22, 2022)

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

a. Other Required Documentation:

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

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

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

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

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

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

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

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

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

G. Human Trafficking:

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. [☐ Applicable

☒ X Not Applicable to the Hospital Preparedness Program

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

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

Reports shall be submitted as follows:

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

☒ X Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
July 01, 2022 – December 31, 2022	January 15, 2023 (Mid-Year Report)
January 01, 2023 – June 01, 2023	June 15, 2023 (End of Year Report)

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

Period	Report Due Date
July 1 – 31, 2022	August 10, 2022
August 1 – 31, 2022	September 10, 2022
September 1 – 30, 2022	October 10, 2022
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1 – 31, 2022	January 10, 2023
January 1 – 31, 2023	February 10, 2023
February 1 – 28 or 29, 2023	March 10, 2023
March 1 – 31, 2023	April 10, 2023
April 1 – 30, 2023	May 10, 2023
May 1 – 31, 2023	June 10, 2023
June 1 – 30, 2023	July 10, 2023

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

Period	Report Due Date
July 1 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023
January 1 – March 31, 2023	April 10, 2023
April 1 – June 30, 2023	July 10, 2023

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

- c. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before August 05, 2023. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

III. APPENDICES

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

IV. ATTACHMENTS

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

Appendix A

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

Ohio Department of Health Bureau of
Health Preparedness

Hospital Preparedness Program (RP23)

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐

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

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

Due to ODH by 12/29/2021

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

Appendix B1

Name of Subgrant Program: Hospital Preparedness Program (HPP)

Budget Period: July 1, 2022 – June 30, 2023 (BP4)

Number of Deliverables: 15

Use Budget Justification Scenario #: Budget Justification – Attachment 3

Base and Deliverables

Deliverable – Objective 1: Healthcare Coalition Roster

HPP Capability: 1, 2

Description: The Healthcare Coalition (HCC) is useful for all phases of Comprehensive Emergency Management, but its primary mission should be to support healthcare organizations during emergency response and recovery. An element of this mission is promoting integration and accessibility of Coalition member organizations into the broader community response. Subrecipients must track the organizations engaging in the HCC in its annual roster. The roster submission must demonstrate Regional Healthcare Coalition compliance with the ***BP4/SFY23 Coalition Requirements***.

Successful Completion of the Deliverable(s) Includes:

- **Objective 1.1:** By September 15, 2022 the subrecipient will submit into GMIS a current HCC roster using the ***BP4/SFY23 Coalition Membership Roster*** in accordance with all conditions and requirements therein. _____ 3%

Deliverable – Objective 2: Healthcare Coalition Meetings

HPP Capability: 1

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

The Regional Healthcare Coordinator must lead regular Regional Healthcare Coalition meetings and demonstrate in meeting minutes compliance according to the ***BP4/SFY23 HCC Meeting Requirements, BP4/SFY23 Coalition Requirements***, and Regional Healthcare Coordinator Subrecipient Expectations.

- **Objective 2.1:** By July 29, 2022 the subrecipient will submit into GMIS a calendar schedule for a minimum of six HCC meetings within the grant year in accordance with the ***BP4/SFY23 HCC Meeting Requirements***. The submitted schedule will document the name of the meeting, type (full coalition, executive steering, etc.), date and time of the meeting, and the location and/or format the meeting will be held (e.g. MS Teams, WebEx, etc.) _____ 1%

- **Objective 2.2:** By October 21, 2022 the subrecipient will submit into GMIS at least one full/general Regional Healthcare Coalition and one Executive Steering Committee agenda, minutes, presentations, attendance record and other documentation indicated in the ***BP4/SFY23 HCC Meeting Requirements***, from each meeting within 21 days of the meeting occurrence. Attendance must identify name of the participating individuals and the agencies represented. The meeting materials must also be distributed to the meeting attendees, including the Regional Public Health Coordinator and ODH HPP Planner. 3%
- **Objective 2.3:** By January 23, 2023 the subrecipient will submit into GMIS at least one full/general Regional Healthcare Coalition agenda, minutes, presentations, attendance record and other documentation indicated in the ***BP4/SFY23 HCC Meeting Requirements***, from each meeting within 21 days of the meeting occurrence. Attendance must identify name of the participating individuals and the agencies represented. The meeting materials must also be distributed to the meeting attendees, including the Regional Public Health Coordinator and ODH HPP Planner. _____ 3%
- **Objective 2.4:** By April 21, 2023 the subrecipient will submit into GMIS at least one full/general Regional Healthcare Coalition and one Executive Steering Committee agenda, minutes, presentations, attendance record and other documentation indicated in the ***BP4/SFY23 HCC Meeting Requirements***, from each meeting within 21 days of the meeting occurrence. Attendance must identify name of the participating individuals and the agencies represented. The meeting materials must also be distributed to the meeting attendees, including the Regional Public Health Coordinator and ODH HPP Planner. 3%
- **Objective 2.5:** By June 21, 2023 the subrecipient will submit into GMIS at least one full/general Regional Healthcare Coalition agenda, minutes, presentations, attendance record and other documentation indicated in the ***BP4/SFY23 HCC Meeting Requirements***, from each meeting within 21 days of the meeting occurrence. Attendance must identify name of the participating individuals and the agencies represented. The meeting materials must also be distributed to the meeting attendees, including the Regional Public Health Coordinator and ODH HPP Planner. _____ 3%

Deliverable – Objective 3: Monthly ODH Meetings

HPP Capability: 1

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

Successful Completion of the Deliverable(s) Includes:

- **Objective 3.1:** By June 2, 2023 the subrecipient will submit into GMIS the ODH provided attendance record that demonstrates that the Regional Healthcare Coordinator or

their designee has attended attend all monthly ODH-sponsored meetings. _____ 4%

Deliverable – Objective 4: HCC Planning

HPP Capability: 2, 3, 4

Description: Health care and medical response coordination enables the health care delivery system and other organizations to share information, manage and share resources, and integrate their activities. During an emergency response, health care organizations and other HCC members contribute to the coordination of information-exchange and resource-sharing to ensure the best patient-care outcomes possible. HCCs and their members can best achieve enhanced coordination and improved situational awareness when there is active participation from hospitals, EMS, emergency management organizations, and public health agencies and by documenting roles, responsibilities, and authorities before, during, and immediately after an emergency. The Regional Healthcare Coordinator will (1) make necessary edits and updates to the existing HCC Response Plan, (2) develop a Response Plan annex addressing radiation mass casualty events. The RHC will facilitate the adoption of all plans in accordance with the requirements of the *BP4/SFY23 HCC Planning Guidance*.

- **Objective 4.1:** By April 3, 2023 the subrecipient will submit into GMIS and the Coalition Assessment Tool (CAT) the updated HCC Response Plan and the radiation annex adopted in accordance with the requirements detailed in the *BP4/SFY23 HCC Planning Guidance*. _____ 11%

Deliverable – Objective 5: ODH 24/7 Drills

HPP Capability: 1, 2

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

Successful Completion of the Deliverable(s) Includes:

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

- **Objective 5.1:** By December 16, 2022 the subrecipient will submit into GMIS the ODH-provided letter demonstrating successful completion of the ODH 24/7 drill. _____ 1%
- **Objective 5.2:** By June 16, 2023 the subrecipient will submit into GMIS the ODH-provided letter demonstrating successful completion of the ODH 24/7 drill. _____ 1%

Deliverable – Objective 6: Hospital Dispensing Documentation in OPOD

HPP Capability: 3

Description: All ASPR-funded hospitals should maintain response plans and procedures for requesting, receiving, and dispensing medical countermeasures to hospitals patients and staff (private POD). Completing the following documents in OPOD will ensure logistical and

operational planning considerations have been met and documented for each facility, prior to a response.

Successful Completion of the Deliverable(s) Includes:

- **Objective 6.1:** By May 27, 2023 The subrecipient will submit into GMIS the completed ***OPOD Update Workbook for BP3***. To successfully accomplish this, the subrecipient must ensure the following information is completed and uploaded in OPOD for each ASPR funded hospital in the region:
 - Floor Layout
 - Flow Chart Diagram
 - Location Map
 - Ohio Medical Countermeasures (MCM) Site Survey for Hospitals _____ 5%

Deliverable – Objective 7: Tactical Communications Strategy

HPP Capability: 2

Description: The establishment of a tactical communications strategy is essential to ensuring the availability of redundant communications in the event of a public health emergency. The communication flow between local, state, internal and external partners is paramount to ensure situational awareness. 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 resource request drill** via the agency's redundant communication system per quarter.
 - a. The subrecipient must report the completed action on the ***Communications Worksheet***.
 - b. The subrecipient must attach a report from the alerting system that reflects responder acknowledgment rate of **75% or above**.
 - c. Alerting drills must be completed by the last business day of the first three quarters, and no later than May 23rd of the last quarter.
 2. **MARCS Radios:** The subrecipient and all ASPR-funded hospitals must participate in scheduled quarterly MARCS radio checks conducted by ODH.
- **Objective 7.1:** Quarter 1: By October 07, 2022 the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report.
_____ 1%
 - **Objective 7.2:** Quarter 2: By January 06, 2023 the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report.
_____ 1%

- **Objective 7.3:** Quarter 3: By April 07, 2023 the subrecipient must submit into GMIS the *Communications Worksheet* and alerting system message summary report. _____
_____ 1%
- **Objective 7.4:** Quarter 4: By May 29, 2023 the subrecipient must submit into GMIS the *Communications Worksheet* and alerting system message summary report. _____ 1%

Deliverable – Objective 8: Submit an After-Action Report/Improvement Plan for the COVID-19 Response

HPP Capability: 1, 2, 3, 4

Description: HPP Subrecipients complete and submit AAR/IPs for all exercises and real-world responses to capture demonstrated performance, coalition capacity, and to identify gaps. Deliverable submission checklists, additional information and requirements for the COVID AAR/IP are located in the *BP4/SFY23 Exercise Deliverable Technical Assistance and Requirements* document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 8.1:** By June 01, 2023 the subrecipient must submit into GMIS the HCC AAR/IP for the COVID-19 Response on the *ODH HCC AAR/IP Template* in accordance with the requirements outlined in the *BP4/SFY23 Exercise Deliverable Technical Assistance and Requirements*. _____ 10%

Deliverable – Objective 9: Attend Regional Integrated Preparedness Plan Workshop

HPP Capability: 1

Description: Subrecipient attend the Regional Integrated Preparedness Plan Workshop (IPPW) to identify and discuss exercise program priorities that will advance preparedness for their HCC. Workshop attendance is necessary to collaborate on regional training and exercise planning efforts among all local jurisdictions and the regional HCC. Deliverable submission checklists, additional information and requirements for participating in the regional IPPW are located in the *BP4/SFY23 Exercise Deliverable Technical Assistance and Requirements* document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 9.1:** By September 30, 2022 the subrecipient must submit into GMIS the documentation verifying attendance of the Regional Healthcare Coordinator or their designee to the Regional IPPW. _____ 1%

Deliverable – Objective 10: Attend Ohio Department of Health Regional Integrated Preparedness Planning Workshop

HPP Capability: 1

Description: Subrecipients attend the ODH Integrated Preparedness Planning Workshop (IPPW) to identify and discuss exercise program priorities that will advance the State of Ohio's preparedness. Workshop attendance is necessary to collaborate on statewide training and exercise planning efforts among all the regional public health and healthcare coordinators. Deliverable submission checklists, additional information, and requirements for participating in the ODH Regional IPPW are located in the *BP4/SFY23 Exercise Deliverable Technical Assistance and Requirements* document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 10.1:** By July 29, 2022 the subrecipient must submit into GMIS the documentation verifying attendance of the Regional Health Care Coordinator or their designee to the ODH IPPW and must complete the participant feedback survey. ____1%

Deliverable – Objective 11: Submit the HCC Integrated Preparedness Plan
HPP Capability: 1

Description: Subrecipients submit the HCC Integrated Preparedness Plan (IPP) with preparedness activity considerations, overall preparedness priorities and reporting, training report, exercise report, and a multi-year schedule of preparedness activities. The IPP deliverable is a foundation document guiding a successful training and exercise program as well as a method to increase whole community preparedness by outlining overall training and exercise program priorities and a detailed schedule of training and exercise activities designed to meet those priorities for the coalition. Deliverable submission checklists, additional information and requirements for the HCC IPP are located in the *BP4/SFY23 Exercise Deliverable Technical Assistance and Requirements* document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 11.1:** By December 9, 2022 the subrecipient must submit into GMIS the HCC IPP on the *ODH HCC IPP Template*. _____7%

Deliverable – Objective 12: Conduct Medical Response and Surge Exercise
HPP Capability: 1

Description: The Medical Response and Surge Exercise (MRSE) is designed to evaluate HCCs and partners to support medical surge by finding appropriate care for patients with the necessary resources; decreasing deaths, injuries and illness from the surge and promoting delivery resilience post medical surge. The intent of the exercise is to allow for testing surge response, preparedness, and capabilities of the coalition through accommodating a surge of 20 percent of the bed capacity. Deliverable submission checklists, additional information, and requirements for the MRSE are located in the *BP4/SFY23 Exercise Deliverable Technical Assistance and Requirements* document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 12.1:** By March 31, 2023 the subrecipient must update the Coalition Assessment Tool (CAT) and then complete and submit into GMIS the MRSE exercise documents. _____ 10%

Deliverable – Objective 13: Joint Healthcare and Public Health Radiation Emergency Surge TTX

HPP Capability: 1, 2, 3, 4

Description: HCC's are required to develop a coalition annex to their base medical surge/trauma mass casualty response plan to manage radiation emergency patient surge. Attendance and participation in the joint ODH and HCC Statewide Radiation Emergency Surge TTX allows for collaboration between the HCC, and ODH to validate current state level and HCC plans. Coordination of participation for HCC core members by the RHC is necessary to ensure all applicable HCC members participate. Please refer to the Regional Healthcare Coalition Requirements for FY 2023 for description of HCC core members. Deliverable submission checklists, additional information and requirements for the joint TTX are located in the ***BP4/SFY23 Exercise Deliverable Technical Assistance and Requirements*** document.

The attendance list or verification of attendance will be provided by ODH to both the regional healthcare coordinator and the regional public health coordinator.

Successful Completion of the Deliverable(s) Includes:

- **Objective 13.1:** By March 31, 2023 the subrecipient must coordinate representation and participation of the required HCC core members in the joint Radiation Emergency Surge TTX. ODH will facilitate the TTX in which the RHC and required HCC core members will participate. Upon completion of the TTX, the RHC must update the CAT and upload into GMIS the completed ODH Radiation Emergency Surge TTX data sheet and the verification of participation from HCC core members that will be provided by ODH.

_____ 10%

Deliverable – Objective 14: HCC Burn Plan Improvement Activities

HPP Capability: 1, 2, 3, 4

Description: Each HCC has an approved Burn Surge Annex to its response plan. The HCC Burn Surge Annex was developed to address regional relationships and actions, bridging the gap between local response and statewide efforts. By July 1, 2022, the subrecipients will receive ODH's review feedback on their region's Burn Surge Annex documented on the ***BP4/SFY23 Burn Surge Improvement Record***. The subrecipients will address ODH's feedback on the ***BP4/SFY23 Burn Surge Improvement Record*** and submit for ODH approval. Upon approval from ODH, the subrecipient will make the necessary updates and finalizes the plan through HCC adoption.

Successful Completion of the Deliverable(s) Includes:

- **Objective 14.1:** By September 15, 2022 the subrecipient must submit into GMIS a ***BP4/SFY23 Burn Surge Improvement Record*** that includes description of how all planned activities will be addressed and incorporated into the annex. _____ 2%
- **Objective 14.2:** By April 15, 2023 the subrecipient will submit into GMIS and the updated ***BP4/SFY23 Burn Surge Improvement Record*** and the final HCC Burn Surge Annex adopted in accordance with the HCC. The final HCC Burn Surge Annex must also be submitted into the Coalition Assessment Tool (CAT). _____ 8%

Deliverable – Objective 15: HCC Pediatric Surge Annex Regional Metrics Scorecard and Improvement Record

HPP Capability: 1, 2, 3, 4

Description: Each HCC has an approved Pediatric Surge Annex to its response plan. The HCC Pediatric Surge Annex was developed to address regional relationships and actions, bridging the gap between local response and statewide efforts. The subrecipient will complete the ***BP4/SFY23 Pediatric Regional Metrics Scorecard*** for their HCCs Pediatric Surge Annex to assess for any needed improvements. The subrecipient will address results of the ***BP4/SFY23 Pediatric Regional Metrics Scorecard*** on the ***BP4/SFY23 Pediatric Surge Improvement Record*** and submit for ODH approval. Upon approval from ODH, the subrecipient will make the necessary updates and finalizes the plan through HCC adoption.

Successful Completion of the Deliverable(s) Includes:

- **Objective 15.1:** By September 15, 2022 the subrecipient must submit into GMIS a ***BP4/SFY23 Pediatric Regional Metrics Scorecard*** and ***BP4/SFY23 Pediatric Surge Improvement Record*** that includes descriptions of how all planned activities will be addressed and incorporated into the annex. _____ 6%
- **Objective 15.2:** By April 15, 2023 the subrecipient must submit into GMIS an updated ***BP4/SFY23 Pediatric Surge Improvement Record*** and the final HCC Pediatric Surge Annex adopted in accordance with the HCC. The final HCC Pediatric Surge Annex must also be submitted into the Coalition Assessment Tool (CAT). _____ 3%

Appendix B2

**Name of Subgrant Program: Hospital
Preparedness Program (HPP)**

Budget Period: 4

of Deliverables: 14

Use Budget Justification Scenario #: 1

☒ **Base Only**

☐ **Base and Deliverables**

☐ **Deliverables Only**

SUBRECIPIENT		Objective 1.1	Objective 2.1	Objective 2.2	Objective 2.3
DELIVERABLE	ALLOCATION	Coalition Membership Roster	HCC Calendar	HCC Meetings I	HCC Meetings II
WEIGHT (%)	(\$)	3.00%	1.00%	3.00%	3.00%
Northeast	\$ 796,993	\$23,909.79	\$7,969.93	\$23,909.79	\$23,909.79
Southeast Central/SE	\$ 482,374	\$14,471.22	\$4,823.74	\$14,471.22	\$14,471.22
Central	\$ 803,336	\$24,100.08	\$8,033.36	\$24,100.08	\$24,100.08
Southwest	\$ 659,329	\$19,779.87	\$6,593.29	\$19,779.87	\$19,779.87
Northwest	\$ 728,080	\$21,842.40	\$7,280.80	\$21,842.40	\$21,842.40
West Central	\$ 462,822	\$13,884.66	\$4,628.22	\$13,884.66	\$13,884.66
Northeast Central	\$ 884,257	\$26,527.71	\$8,842.57	\$26,527.71	\$26,527.71

SUBRECIPIENT	Objective 2.4	Objective 2.5	Objective 3.1	Objective 4.1	Objective 5.1
DELIVERABLE	HCC Meetings III	HCC Meetings IV	Monthly ODH Meetings	HCC Planning	24/7 Drill
WEIGHT (%)	3.00%	3.00%	4.00%	11.00%	1.00%
Northeast	\$23,909.79	\$23,909.79	\$31,879.72	\$87,669.23	\$7,969.93
Southeast Central/SE	\$14,471.22	\$14,471.22	\$19,294.96	\$53,061.14	\$4,823.74
Central	\$24,100.08	\$24,100.08	\$32,133.44	\$88,366.96	\$8,033.36
Southwest	\$19,779.87	\$19,779.87	\$26,373.16	\$72,526.19	\$6,593.29
Northwest	\$21,842.40	\$21,842.40	\$29,123.20	\$80,088.80	\$7,280.80
West Central	\$13,884.66	\$13,884.66	\$18,512.88	\$50,910.42	\$4,628.22
Northeast Central	\$26,527.71	\$26,527.71	\$35,370.28	\$97,268.27	\$8,842.57

SUBRECIPIENT	Objective 5.2	Objective 6.1	Objective 7.1	Objective 7.2	Objective 7.3
DELIVERABLE	24/7 Drill	Hospital Dispensing Documentation	Tactical Communications Strategy I	Tactical Communications Strategy II	Tactical Communications Strategy III
WEIGHT (%)	1.00%	5.00%	1.00%	1.00%	1.00%
Northeast	\$7,969.93	\$39,849.65	\$7,969.93	\$7,969.93	\$7,969.93
Southeast Central/SE	\$4,823.74	\$24,118.70	\$4,823.74	\$4,823.74	\$4,823.74
Central	\$8,033.36	\$40,166.80	\$8,033.36	\$8,033.36	\$8,033.36
Southwest	\$6,593.29	\$32,966.45	\$6,593.29	\$6,593.29	\$6,593.29
Northwest	\$7,280.80	\$36,404.00	\$7,280.80	\$7,280.80	\$7,280.80
West Central	\$4,628.22	\$23,141.10	\$4,628.22	\$4,628.22	\$4,628.22
Northeast Central	\$8,842.57	\$44,212.85	\$8,842.57	\$8,842.57	\$8,842.57

SUBRECIPIENT	Objective 7.4	Objective 8.1	Objective 9.1	Objective 10.1	Objective 11.1
DELIVERABLE	Tactical Communication s Strategy IV	COVID-19 AAR/IP	Attend Regional Intergrated Preparedness Plan Workshop	Attend Ohio Department of Health (ODH) Regional IPPW	HCC IPP
WEIGHT (%)	1.00%	10.00%	1.00%	1.00%	7.00%
Northeast	\$7,969.93	\$79,699.30	\$7,969.93	\$7,969.93	\$55,789.51
Southeast Central/SE	\$4,823.74	\$48,237.40	\$4,823.74	\$4,823.74	\$33,766.18
Central	\$8,033.36	\$80,333.60	\$8,033.36	\$8,033.36	\$56,233.52
Southwest	\$6,593.29	\$65,932.90	\$6,593.29	\$6,593.29	\$46,153.03
Northwest	\$7,280.80	\$72,808.00	\$7,280.80	\$7,280.80	\$50,965.60
West Central	\$4,628.22	\$46,282.20	\$4,628.22	\$4,628.22	\$32,397.54
Northeast Central	\$8,842.57	\$88,425.70	\$8,842.57	\$8,842.57	\$61,897.99

SUBRECIPIENT	Objective 12.1	Objective 13.1	Objective 14.1	Objective 14.2	Objective 15.1
DELIVERABLE	Medical Response and Surge Exercise (MRSE)	Joint Healthcare and Public Health Radiation TTX	BP4/SFY23 Bur n Surge Improvement Record	BP4/SFY23 Burn Surge Improvement Record and final burn surge plan	Pediatric Regional Metrics Scorecard and Pediatric Surge Improvement Record
WEIGHT (%)	10.00%	10.00%	2.00%	8.00%	6.00%
Northeast	\$79,699.30	\$79,699.30	\$15,939.86	\$63,759.44	\$47,819.58
Southeast Central/SE	\$48,237.40	\$48,237.40	\$9,647.48	\$38,589.92	\$28,942.44
Central	\$80,333.60	\$80,333.60	\$16,066.72	\$64,266.88	\$48,200.16
Southwest	\$65,932.90	\$65,932.90	\$13,186.58	\$52,746.32	\$39,559.74
Northwest	\$72,808.00	\$72,808.00	\$14,561.60	\$58,246.40	\$43,684.80
West Central	\$46,282.20	\$46,282.20	\$9,256.44	\$37,025.76	\$27,769.32
Northeast Central	\$88,425.70	\$88,425.70	\$17,685.14	\$70,740.56	\$53,055.42

SUBRECIPIENT	Objective 15.2
DELIVERABLE	Pediatric Surge Improvement Record
WEIGHT (%)	3.00%
Northeast	\$23,909.79
Southeast Central/SE	\$14,471.22
Central	\$24,100.08
Southwest	\$19,779.87
Northwest	\$21,842.40
West Central	\$13,884.66
Northeast Central	\$26,527.71

Appendix C

ODH Evidence of Health Equity Strategies Checklist

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

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

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

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

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) [Identify geographic reference points \(i.e., census tracts, census block groups or zip codes\) to specify where program activities are focused.](#)
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).

- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

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

- 1) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments .
 - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
 - Healthy People 2030 - <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, businesses, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

HOSPITAL PREPAREDNESS PROGRAM GRANT
SFY23- July 1, 2022 – June 30, 2023

Agency Name: Click or tap here to enter text.

Project Key: Click or tap here to enter text.

1. Reimbursement Type Form was submitted with the Application?
☐ **Yes** ☐ **No**
2. Reimbursement Type Forms was submitted by the required date of December 29, 2021?
☐ **Yes** ☐ **No**

SECTION 1**PROGRAM ATTACHMENTS**

	GRANT APPLICATION COMPONENT	SCORE	COMMENTS
1.	<input type="checkbox"/> Application submitted on time		
2.	<input type="checkbox"/> Attachment #1 was submitted and complete		
3.	<input type="checkbox"/> Match Letter was submitted <input type="checkbox"/> Match Letter is on Agency letterhead <input type="checkbox"/> Correct funding and match amount used <input type="checkbox"/> Match letter was signed by Agency Head		
4.	<input type="checkbox"/> Attachment Three (Budget Justification) was submitted <input type="checkbox"/> Agency Demonstrated how 63% of funding will be distributed to coalition members <input type="checkbox"/> Signed by Agency Head		
5.	<input type="checkbox"/> Regional Healthcare Coordination Subrecipient Expectations (Appendix E) was submitted <input type="checkbox"/> Signed by Agency Head		
6.	The following documents are submitted into the CAT and GMIS by January 31, 2022. <input type="checkbox"/> HPP Subrecipient Scope of Work <input type="checkbox"/> HCC Budget <input type="checkbox"/> HCC Work Plan The HCC training plan must be uploaded into GMIS and the CAT along with any amended/final documents by July 22, 2022.		

Regional Healthcare Coordinator Sub-Recipient Expectations

Successful applicant agencies for the Healthcare Preparedness Program (HPP) Grant agree to serve as the primary planning resource and liaison to the Assistant Secretary for Preparedness and Response (ASPR) hospitals and the healthcare coalitions in their planning region. These program requirements are for the project period of July 1, 2019 through June 30, 2024.

Collaboration

- Provide representation, guidance, and assistance as needed with local, regional and state planning partners for the purpose of developing and supporting local and regional partnerships and coalitions.
- Convene and facilitate regional meetings, including Regional Healthcare Coalition (HCC) meetings to assure coordination and collaboration. Compile meeting minutes and maintain documentation of strategies, activities, and responsibilities.
- Coordinate, plan and conduct healthcare related emergency preparedness and response training, periodic disaster drills and exercises with applicable hospitals, health departments, Emergency Management Agencies, Emergency Medical Services, other government agencies, and healthcare coalition agencies involved in healthcare emergency preparedness and response.
 - Plan, organize, conduct and evaluate regional response drills that test the use of equipment, communications, personnel and the healthcare coalition emergency preparedness and response plans.
- Recruit new members, across all provider and organization types but with additional focus to the 17 CMS Emergency Preparedness Rule provider-types.
- Collaborate with the Regional Public Health Coordinator in regional planning.
- Maintains and develops new relationships with local public health, emergency management, homeland security and others in the region involved in healthcare preparedness planning.
- Participate in state-sponsored site visits, meetings, and training activities when requested.

Planning

- Review and identify gaps in regional response and preparedness plans as often as needed, and update at least annually. Provide documentation that collaboration takes place. Notify ODH of any barriers to collaboration and develop a plan to promote greater collaboration.
- Assist healthcare coalition members, particularly ASPR-funded and participating, with development, review and technical assistance of public health emergency plans, manuals and standard operating procedures, utilizing local, state and federal guidelines and requirements. RHCs should offer members technical assistance or consultive services in meeting the CMS Emergency Preparedness Rule.
- Coordinate efforts to expand communication and emergency response capabilities between members of the healthcare coalition and community agencies.

- Coordinate efforts to enhance the healthcare system in the region for responding to an incident, emergency or disaster.
- Be an accessible source of preparedness and response best practices for newly engaged provider types as they adapt to the new requirements. Play a role in assisting members with closing planning gaps, as well as assuring integration with core coalition partners.

Situational Awareness and Data Sharing

- Promote communications between healthcare coalition members by coordinating and providing situational awareness, including notification to ODH Bureau of Health Preparedness of hospital/ED diversions and other healthcare preparedness impacts, and submission of situation reports as requested by ODH.
- Support situational awareness through the provision of technical assistance, guidance, and coordination of training to healthcare coalition members, including use of statewide situational awareness tools (Surgenet/OHTrac, OPHCS):
 - Surgenet: Maintain a primary and back-up trained Surgenet and OHTrac administrator; serve as regional contact and coordinator of use, including user access for hospitals within the region.
 - OPHCS: Maintain a primary and back-up trained OPHCS Administrator; serve as regional contact and coordinator of use, including user access for hospitals within the region.
- Coordinate with their regions Healthcare Coalition to aggregate and report the federal Capabilities Planning Guide (CPG) data requirements for their region upon request.
- Distribution of the U.S. Department of Health and Human Services emPower data, received from ODH at least twice a year, to the regional healthcare coalition.
- Coordinate with their regional healthcare coalitions to complete and submit all requirements in the Coalition Assessment Tool by the required deadlines.
- The subrecipient must successfully complete ODH 24/7 after-hours call drills to test the ability of the RHC, or designee, to receive and respond to an emergency within one hour.
- Provide data and information as requested by the Ohio Department of Health (ODH) to assist with the completion of local, state, and federal reports.

Grant Administrative Requirements

- The subrecipient or his/her designee must attend the Bidder's Conference call.
- Ensure no funding provided by this grant can be allocated to fund entities in achieving the requirements stated in the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Requirements Final Rule (i.e., writing plans and participating in exercises).
- As directed by ODH, the subrecipient must demonstrate a willingness to collaborate with any vendor under contract with the Ohio Department of Health's Office of Health Preparedness, for the conduct of any regional and statewide initiatives under the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program Grant.

Individual Training Requirements

Participate in and complete all training requirements, including:

- IS-100.C: Introduction to the Incident Command System, ICS 100
- IS-120.C: An Introduction to Exercises
- IS-130.A: How to be an Exercise Evaluator
- IS-200.C: Basic Incident Command System for Initial Response
- IS-700.B: An Introduction to the National Incident Management System
- IS-800.D: National Response Framework, an Introduction
- IS-29: Public Information Officer Awareness
- SurgeNet Overview
- C-MIST, OPHCS, MARCS (trainings offered by ODH)
- Prepared4All Whole Community Inclusive Emergency Planning
(<https://www.hdilearning.org/courses/prepared4all2/>)
- Homeland Security Exercise and Evaluations Program (HSEEP)
- Nationwide SAR Initiative (NSI) Training: Public Health and Health Care Partners
(<https://www.dhs.gov/course/nsi-training-public-health-and-health-care-partners>)

Agency Name: _____

Agency Head: _____

Signature

Date

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

Introduction

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

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

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

Hospital Preparedness Program (HPP) Health Care Coalition

Scope of Work Template

SECTION 1: Summary

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

1. HCC Name

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

HCC Name	<i>[Replace this text with HCC Name]</i>
-----------------	--

2. FTE Requirement

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

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

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

SECTION 2: HPP HCC Activities and Budget Associations

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

Capability 1: Foundation for Health Care and Medical Readiness

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

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

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

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

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

Capability 2: Health Care and Medical Response Coordination

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

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

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

Capability 3: Continuity of Healthcare Service Delivery

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

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

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

Capability 4: Medical Surge



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

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

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

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

Appendix G – HPP Budget Template FY19-23
An editable version will be shared with subrecipients for this application.

FY2023 HCC BUDGET REQUEST

HCC Name	

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

HCC Budget POC	

HCC Funding	
HPP:	\$0.00
Other Federal:	\$0.00
Other Non-Federal:	\$0.00
Total Funding:	\$0.00

HCC Member Review & Approval	
Approval Date:	
<i>In accordance with the 2019-2023 Hospital Preparedness Program Cooperative Agreement, the following HCC Budget was officially reviewed and approved by all Core Members on the above listed date.</i>	

Budget Summary
Instructions
Personnel
Travel
Equipment
Supplies
Contractual
Other
⊕

ASPR HPP FY2019-2023 HCC Budget: Instructions

- 1) Proceed to the worksheet tab for each category that funding is requested
- 2) For each line item, fully complete the data fields for the entire row
- 3) For cells with a dropdown menu, please select the most appropriate response; do not enter custom text
- 4) For cells requesting a custom text, be clear and concise to ensure text limits are not exceeded
- 5) When entering detailed justification statements, be clear and concise to ensure text limits are not exceeded.
- 6) All dollar amounts to be funded by the program must be fully accounted for; this includes allocation breakdowns between capabilities as well as when cost share is being applied between programs (i.e. HPP vs. PHEP)
- 7) All line items must be associated with an appropriate HPP activity or multiple activities; failure to identify HPP activities may result in budget restrictions
- 8) All HPP activities identified in the HCC Budget must be accounted for in the HCC Work Plan; failure to account for HPP activities in the HCC Work Plan may result in budget restrictions

Appendix G – HPP Budget Template FY19-23
An editable version will be shared with subrecipients for this application.

ASPR HPP FY2019-2023 HCC Budget: Equipment						
HCC Equipment Details					Equipment Justification	
Item #	Item Description	Quantity	Unit Cost	Total Request	Cost Justification (Must include: intended user & benefit to program)	Organization Type
Example	800mhz Radio Control Station	1.0	\$5,396	\$5,396	Replace unusable 800 megahertz radio control stations. Most control stations in the jurisdiction were replaced due to manufacturer's discontinuation of the product. These radios are used on a daily basis for coordination and are the main redundant communications device for the hospitals, regional Emergency Medical Services Councils, and DOH State Health Centers. The HCC is currently reviewing options for radios. Funds for replacement are limited to what is needed immediately. Budget: Cost includes the unit, shipping, and installation.	Health Care Coalition
Example	Desktop Personal Computer Unit (PCU)	2.0	\$3,372	\$6,744	Procure Two Dell BX620 desktop PCU for HPP staff to perform daily hospital preparedness program activities. These two positions are 100% HPP.	Health Care Coalition
1				\$0.00		
2				\$0.00		
3				\$0.00		
4				\$0.00		
5				\$0.00		
6				\$0.00		
7				\$0.00		
8				\$0.00		
9				\$0.00		
10				\$0.00		
11				\$0.00		
12				\$0.00		
13				\$0.00		
14				\$0.00		
15				\$0.00		
16				\$0.00		
17				\$0.00		
18				\$0.00		
19				\$0.00		
20				\$0.00		
21				\$0.00		
22				\$0.00		
23				\$0.00		
24				\$0.00		
25				\$0.00		
Total:				\$0		

ASPR HPP FY2019-2023 HCC Budget: Supplies							
	HCC Supply Details				Supply Justification		
Item #	Item Description	Quantity	Unit Cost	Total Request	Cost Justification (Must include: intended user & benefit to program)	Subcategory	Organization Type
Example	General Office Supplies	1.5	\$250.00	\$375.00	Funding is requested for general day to day office supplies for HPP funded positions. Supplies include: paper, pens, highlighters, postit notes, notebooks, tables, markers, staples, paper clips, binder clips, etc. Cost is based on historical spending averages at \$250 per position.	General Office Supplies	Health Care Coalition
1				\$0.00			
2				\$0.00			
3				\$0.00			
4				\$0.00			
5				\$0.00			
6				\$0.00			
7				\$0.00			
8				\$0.00			
9				\$0.00			
10				\$0.00			
11				\$0.00			
12				\$0.00			
13				\$0.00			
14				\$0.00			
15				\$0.00			
16				\$0.00			
17				\$0.00			
18				\$0.00			
19				\$0.00			
20				\$0.00			
21				\$0.00			
22				\$0.00			
23				\$0.00			
24				\$0.00			
25				\$0.00			

Appendix G – HPP Budget Template FY19-23
An editable version will be shared with subrecipients for this application.

ASPR HPP FY2019-2023 HCC Budget: Contractual								
	HCC Contract Details							Contract Justification
Item #	Contractor (Legal Name)	Selection Method	Type	Start Date	End Date	Method of Accountability	Total Request	Cost Justification (Must include: intended user & benefit to program)
Example	EMS Systems	Bid	Health Care Coalition	8/31/2017	8/30/2018	Quarterly Report	\$8,500.00	The HCC will purchase additional licenses for EMS Systems' bed tracking software.This system is currently supported by the State and utilized by the other HCCs. The additional software licenses are vital to maintaining increased situational awareness of non-hospital bed capacity across the HCC.
1							\$0.00	
2							\$0.00	
3							\$0.00	
4							\$0.00	
5							\$0.00	
6							\$0.00	
7							\$0.00	
8							\$0.00	
9							\$0.00	
10							\$0.00	
11							\$0.00	
12							\$0.00	
13							\$0.00	
14							\$0.00	
15							\$0.00	
16							\$0.00	
17							\$0.00	
18							\$0.00	
19							\$0.00	
20							\$0.00	
21							\$0.00	
22							\$0.00	
23							\$0.00	
24							\$0.00	
25							\$0.00	
					Total:		\$0	

ASPR HPP FY2019-2023 HCC Budget: Other					
HCC Other Details			Other Justification		
Item #	Item Description	Total Request	Cost Justification (Must include: intended user & benefit to program)	Subcategory	Organization Type
Example	Printing	\$3,000	Funding is requested for printing costs for HCC meetings and training manuals. Using state Correctional Industries for printing services. Print jobs include training manuals/checklists for distribution to subgrantees, subgrantee grant packets, and other program mailings. Use of self-service copier in office, linked to HPP program code, for printing of documents, contracts, copies of invoices and POs for filing, meeting handouts, and various general office copy tasks. Based on prior year actuals. (\$0.06 per x 50,000 documents)	Other	Health Care Coalition
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
Total:		\$0			



Health Care Coalition (HCC): FY21 Work Plan Template

HCC Information

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

State: *[Replace this text with State Name]*

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

HCC Member Review and Approval

In accordance with the FY 2019-2023 Hospital Preparedness Program Cooperative Agreement, the following HCC Work Plan was officially reviewed and approved by all Core Members on the following date:

[Replace this text with date approved]

ASPR

Saving Lives. Protecting Americans.

Instructions:

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

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

CAPABILITY 1: Foundation for Health Care and Medical Readiness

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

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

Table 1.2: PHASE 1 – Plan and Prepare

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

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

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

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

Table 1.3: PHASE 2 – Train and Equip

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

Table 1.4: PHASE 3 – Exercise and Respond

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

Table 1.5: PHASE 4 – Evaluate and Share Lessons Learned

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

CAPABILITY 2: Health Care and Medical Response Coordination

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

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

Table 2.2: PHASE 1 – Plan and Prepare

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

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

Table 2.3: PHASE 2 – Train and Equip

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

Table 2.4: PHASE 3 – Exercise and Respond

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

CAPABILITY 3: Continuity of Health Care Service Delivery

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

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

Table 3.2: PHASE 1 – Plan and Prepare

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

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

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

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

Table 3.3: PHASE 2 – Train and Equip

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

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

Table 3.4: PHASE 3 – Exercise and Respond

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

Table 3.5: PHASE 4 – Evaluate and Share Lessons Learned

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

CAPABILITY 4: Medical Surge

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

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

Table 4.2: PHASE 1 – Plan and Prepare

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

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

Table 4.3: PHASE 3 – Exercise and Respond

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

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

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

Healthcare Coalition Training Plan

Subrecipient:

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

HCC Budget Year: 4 July 2022-30 June 2023										
Is this activity in the HCC workplan?	HPP Capability	HPP Objective	HCC Work Plan Activity	Training Name	Training Frequency	Anticipated Dates & Location of Trainings	Training Description	Gaps, risks, and/or corrective actions addressed by training	Target Audience	Target Number to be Trained
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 1: Establish and Operationalize a Health Care Coalition	Activity 1: Define Health Care Coalition Boundaries							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 1: Establish and Operationalize a Health Care Coalition	Activity 2: Identify Health Care Coalition Members							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 1: Establish and Operationalize a Health Care Coalition	Activity 3: Establish Health Care Coalition Governance							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 2: Identify Risk and Needs	Activity 1: Assess Hazard Vulnerabilities and Risks							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 2: Identify Risk and Needs	Activity 2: Assess Regional Health Care Resources							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 2: Identify Risk and Needs	Activity 3: Prioritize Resource Gaps and Mitigation Strategies							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 2: Identify Risk and Needs	Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, Including People with Disabilities, and Others with Unique Needs							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 2: Identify Risk and Needs	Activity 5: Assess and Identify Regulatory Compliance Requirements							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 3: Develop a Health Care Coalition Preparedness Plan	Activity 1: Develop a Health Care Coalition Preparedness Plan							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 5: Ensure Preparedness is Sustainable	Activity 1: Promote the Value of Health Care and Medical Readiness							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 5: Ensure Preparedness is Sustainable	Activity 2: Engage Health Care Executives							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 5: Ensure Preparedness is Sustainable	Activity 3: Engage Clinicians							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 5: Ensure Preparedness is Sustainable	Activity 4: Engage Community Leaders							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 5: Ensure Preparedness is Sustainable	Activity 5: Promote Sustainability of Health Care Coalitions							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 4: Train and Prepare the Health Care and Medical Workforce	Activity 1: Promote Role-Appropriate National Incident Management System Implementation							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 4: Train and Prepare the Health Care and Medical Workforce	Activity 2: Educate and Train on Identified Preparedness and Response Gaps							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 4: Train and Prepare the Health Care and Medical Workforce	Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 4: Train and Prepare the Health Care and Medical Workforce	Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 4: Train and Prepare the Health Care and Medical Workforce	Activity 5: Evaluate Exercises and Responses to Emergencies							
	Capability 1: Foundation for Health Care and Medical Readiness	Objective 4: Train and Prepare the Health Care and Medical Workforce	Activity 6: Share Leading Practices and Lessons Learned							

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

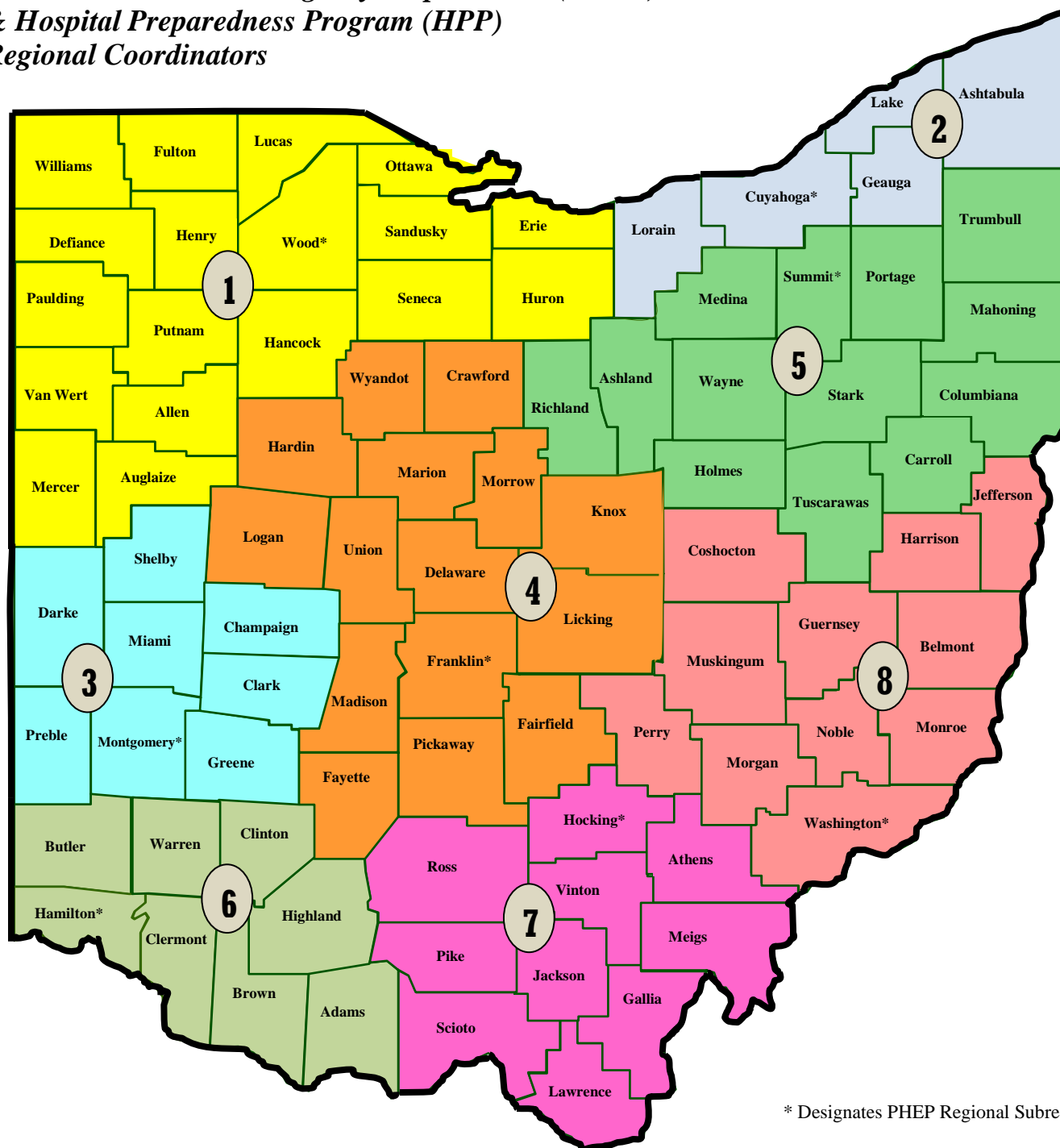
Is this activity in the HCC workplan?	HPP Capability	HPP Objective	HCC Work Plan Activity	Training Name	Training Frequency	Anticipated Dates & Location of Trainings	Training Description	Gaps, risks, and/or corrective actions addressed by training	Target Audience	Target Number to be Trained
	Capability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

Appendix J

ADAMS COUNTY REGIONAL MEDICAL CENTER	Sub-Type	Region	ASPR	Type	ED	Trauma	Baseline Beds	Active Member	City	State	County	Telephone	Notes	Item	Type	Path
ADAMS COUNTY REGIONAL MEDICAL CENTER	CRITICAL ACCESS HOSPITAL 6.5W	ASPR - Funded	Yes	None	25	Yes	25	SEAMAN	OH	ADAMS	OH	(403)386-3400		Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
ADENA FAYETTE MEDICAL CENTER	CRITICAL ACCESS HOSPITAL 4.4C	ASPR - Participating	Yes	None	25	Yes	25	WASHINGTON OH	OH	FAYETTE	OH	(740)351-1210	FAYETTE COUNTY MEMORIAL HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CRITICAL ACCESS HOSPITAL 7.5C	ASPR - Funded	Yes	None	25	Yes	25	WAVELY	OH	PIKE	OH	(403)947-2186	ADENA PIKE MEDICAL CENTER	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item	
ADENA PIKE MEDICAL CENTER	CRITICAL ACCESS HOSPITAL 7.5C	ASPR - Funded	Yes	None	25	Yes	25	WAVELY	OH	PIKE	OH	(403)947-2186	ADENA PIKE MEDICAL CENTER	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
ADENA REGIONAL MEDICAL CENTER	CRITICAL ACCESS HOSPITAL 7.5C	ASPR - Funded	Yes	None	189	Yes	189	CHILLICOTHE	OH	ROSS	OH	(603)779-7500	ADENA REGIONAL MEDICAL CENTER	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
ADENA SPECIALTY CARE HOSPITAL OF TOLEDO	LONG TERM	ASPR - Participating	No	None	287	Yes	287	ARLON	OH	ADAMS	OH	(419)283-1313	ADENA SPECIALTY CARE HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
ADENA CHILDREN'S HOSPITAL	SHORT TERM	5-NICO	ASPR - Funded	Yes	2	287	Yes	287	ARLON	OH	SUMMIT	(330)431-5000	ADENA CHILDREN'S HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
ADENA CHILDREN'S HOSPITAL MAHONING VALLEY	SHORT TERM*	5-NICO	ASPR - Funded	Yes	None	43	Yes	43	YOUNGSTOWN	OH	MAHONING	(330)746-4100	STAFF classified otherwise	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
ASHLAND REHABILITATION HOSPITAL	PSYCHIATRIC	ASPR - Funded	Yes	None	101	Yes	101	ASHLAND	OH	MAHONING	OH	(419)283-1313	ASHLAND REHABILITATION HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
ASHLAND COUNTY MEDICAL CENTER	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	103	Yes	103	ASHLAND	OH	ASHLAND	(440)997-6633	ASHLAND COUNTY MEDICAL CENTER	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
AULTMAN ALLIANCE COMMUNITY HOSPITAL	SHORT TERM	5-NICO	ASPR - Funded	Yes	None	120	Yes	120	ALLIANCE	OH	STARK	(330)996-0000	AULTMAN COMMUNITY HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
AULTMAN MAIN CAMPUS	SHORT TERM	5-NICO	ASPR - Funded	Yes	None	120	Yes	120	ALLIANCE	OH	STARK	(330)996-0000	AULTMAN COMMUNITY HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
AULTMAN ORVILLE	CRITICAL ACCESS HOSPITAL 5-NICO	ASPR - Funded	Yes	None	120	Yes	120	ORVILLE	OH	WAYNE	(330)962-3030	AULTMAN ORVILLE HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item	
AVITA BUCYRUS COMMUNITY HOSPITAL	CRITICAL ACCESS HOSPITAL 4.4C	ASPR - Participating	Yes	None	28	Yes	28	BUCYRUS	OH	CRAWFORD	(419)667-4607	BUCYRUS COMMUNITY HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item	
CRITICAL ACCESS HOSPITAL 5-NICO	ASPR - Funded	Yes	None	25	Yes	25	GALENA	OH	CLAY	OH	(419)283-1313	CLAY COUNTY MEMORIAL HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item	
CLAY COUNTY MEMORIAL HOSPITAL	SHORT TERM	5-NICO	ASPR - Funded	Yes	None	25	Yes	25	ONTARIO	OH	RICHLAND	(567)307-7557	AVITA ONTARIO	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
BARNESVILLE HOSPITAL	CRITICAL ACCESS HOSPITAL 8.5W	ASPR - Funded	Yes	None	25	Yes	25	BARNESVILLE	OH	BELMONT	(740)425-1050	BARNESVILLE HOSPITAL ASSOCIATION, INC	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item	
CLAYLAND VALLEY VETERANS HOSPITAL	CRITICAL ACCESS HOSPITAL 4.4C	ASPR - Funded	Yes	None	150	Yes	150	CLAYLAND	OH	BARBER	(419)283-1313	CLAYLAND VALLEY VETERANS HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item	
BLANCHARD VALLEY HOSPITAL	SHORT TERM	1-NW	ASPR - Funded	Yes	3	150	Yes	150	PINDARY	OH	HANCOCK	(419)423-6000	BLANCHARD VALLEY HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CINCINNATI CHILDREN'S - LIBERTY CAMPUS	SHORT TERM*	6.5W	ASPR - Funded	Yes	None	44	Yes	44	LIBERTY TOWNSHIP	OH	BUTLER	(513)393-1000	STAFF classified otherwise	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CINCINNATI CHILDREN'S REGIONAL MEDICAL CENTER	CHILDRENS	6.5W	ASPR - Funded	Yes	3	44	Yes	44	CINCINNATI	OH	HAMILTON	(513)388-8333		Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLAYVILLE CLINIC	SHORT TERM	1-NW	ASPR - Funded	Yes	None	118	Yes	118	CLAYVILLE	OH	CLEVELAND	(216)440-1000	CLEVELAND CLINIC	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC AKRON GENERAL LODD HOSPITAL	CRITICAL ACCESS HOSPITAL 5-NICO	ASPR - Funded	Yes	None	20	Yes	20	LODI	OH	MEDINA	(330)898-1222	LOD COMMUNITY HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item	
CLEVELAND CLINIC AKRON GENERAL MEDICAL CENTER	SHORT TERM	5-NICO	ASPR - Funded	Yes	1	543	Yes	543	AKRON	OH	SUMMIT	(330)344-0000	AKRON GENERAL MEDICAL CENTER	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC AKRON HOSPITAL	SHORT TERM	5-NICO	ASPR - Funded	Yes	1	543	Yes	543	AKRON	OH	SUMMIT	(330)344-0000	AKRON GENERAL MEDICAL CENTER	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC EUCLID HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(419)212-7722	CLEVELAND CLINIC AKRON HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view(OH)OH000BPPV/Lsts/NPP/Hospital.html	Item
CLEVELAND CLINIC FAIRVIEW HOSPITAL	SHORT TERM	2-NIC	ASPR - Funded	Yes	None	118	Yes	118	EUCLID	OH	CUYAHOGA	(216)316-7000	EUCLID HOSPITAL	Item	view	

UNIVERSITY HOSPITALS PARMA MEDICAL CENTER	SHORT TERM	2-NE	ASPR - Funded	Yes	3 (provisional)	128	Yes	PARMA	OH	CUYAHOGA	(440)743-3000	PARMA COMMUNITY GENERAL HOSPITAL	Item	sites/DOHDOHBP/PP/Lists/HPP Hospital List
UNIVERSITY HOSPITALS PORTAGE MEDICAL CENTER	SHORT TERM	5-NECO	ASPR - Funded	Yes	3	104	Yes	RAVENNA	OH	PORTAGE	(330)297-0811	UNIVERSITY HOSPITALS PORTAGE MEDICAL CENTER	Item	sites/DOHDOHBP/PP/Lists/HPP Hospital List
UNIVERSITY HOSPITALS RAINBOW BABIES & CHILDRENS HOSPITAL	CHILDRENS	2-NE	ASPR - Funded	Yes	1	244	Yes	CLEVELAND	OH	CUYAHOGA	(216)844-1000	RAINBOW BABIES AND CHILDRENS HOSPITAL	Item	sites/DOHDOHBP/PP/Lists/HPP Hospital List
UNIVERSITY HOSPITALS RICHMOND MEDICAL CENTER	SHORT TERM	2-NE	ASPR - Funded	Yes	None	97	Yes	RICHMOND HEIGHTS	OH	CUYAHOGA	(440)735-3900	UHS RICHMOND HEIGHTS HOSPITAL	Item	sites/DOHDOHBP/PP/Lists/HPP Hospital List
UNIVERSITY HOSPITALS SAMARITAN MEDICAL CENTER	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	52	Yes	ASHLAND	OH	ASHLAND	(419)289-0491	UNIVERSITY HOSPITALS SAMARITAN MEDICAL CENTER	Item	sites/DOHDOHBP/PP/Lists/HPP Hospital List
UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER	SHORT TERM	2-NE	ASPR - Funded	Yes	3	162	Yes	WESTLAKE	OH	CUYAHOGA	(440)827-5075	UH ST JOHN MEDICAL CENTER	Item	sites/DOHDOHBP/PP/Lists/HPP Hospital List
UNIVERSITY HOSPITALS TRIPOINT MEDICAL CENTER	SHORT TERM	2-NE	ASPR - Funded	Yes	None	74	Yes	CONCORD	OH	LAKE	(440)953-9600	University Hospitals just purchased and name change is final	Item	sites/DOHDOHBP/PP/Lists/HPP Hospital List
UNIVERSITY OF CINCINNATI MEDICAL CENTER	SHORT TERM	6-SW	ASPR - Funded	Yes	1	743	Yes	CINCINNATI	OH	HAMILTON	(513)584-1000	UNIVERSITY OF CINCINNATI MEDICAL CENTER, LLC	Item	sites/DOHDOHBP/PP/Lists/HPP Hospital List
UNIVERSITY OF CINCINNATI WEST CHESTER	SHORT TERM	6-SW	ASPR - Funded	Yes	3	176	Yes	WEST CHESTER	OH	BUTLER	(610)288-7700	WEST CHESTER HOSPITAL, LLC	Item	sites/DOHDOHBP/PP/Lists/HPP Hospital List
VAN WERT HEALTH	SHORT TERM	1-NW	ASPR - Funded	Yes	None	22	Yes	VAN WERT	OH	VAN WERT	(419)238-8627	VAN WERT COUNTY HOSPITAL	Item	sites/DOHDOHBP/PP/Lists/HPP Hospital List
WAYNE HEALTH CARE	SHORT TERM	3-WC	ASPR - Funded	Yes	None	64	Yes	GREENVILLE	OH	DARKE	(937)569-6722	WAYNE HOSPITAL	Item	sites/DOHDOHBP/PP/Lists/HPP Hospital List
WESTERN RESERVE HOSPITAL	SHORT TERM	5-NECO	ASPR - Funded	Yes	3	63	Yes	CUYAHOGA FALLS	OH	SUMMIT	(930)971-7000	SUMMA WESTERN RESERVE HOSPITAL	Item	sites/DOHDOHBP/PP/Lists/HPP Hospital List
WILSON HEALTH	SHORT TERM	3-WC	ASPR - Funded	Yes	None	74	Yes	SIDNEY	OH	SHELBY	(937)498-5405	WILSON MEMORIAL HOSPITAL	Item	sites/DOHDOHBP/PP/Lists/HPP Hospital List
WOOD COUNTY HOSPITAL	SHORT TERM	1-NW	ASPR - Funded	Yes	None	99	Yes	BOWLING GREEN	OH	WOOD	(419)354-8800	WOOD COUNTY HOSPITAL	Item	sites/DOHDOHBP/PP/Lists/HPP Hospital List
WOOSTER COMMUNITY HOSPITAL	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	172	Yes	WOOSTER	OH	WAYNE	(330)263-8100	WOOSTER COMMUNITY HOSPITAL	Item	sites/DOHDOHBP/PP/Lists/HPP Hospital List
WYANDOT MEMORIAL HOSPITAL	CRITICAL ACCESS HOSPITAL 4-CEN	ASPR - Participating	Yes	None		21	Yes	UPPER SANDUSKY	OH	WYANDOT	(419)284-4991	WYANDOT MEMORIAL HOSPITAL	Item	sites/DOHDOHBP/PP/Lists/HPP Hospital List

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



* Designates PHEP Regional Subrecipient

Region	PHEP Regional Coordinators		HPP Regional Coordinators	
1-NW	William Bryant-Bey	419-352-8402 x 3267 wbryant-bey@co.wood.oh.us	Patrick Trejchel	419-842-0800 ptrejchel@hcn.org
2-NE	Rebecca Hysing	216-201-2001 x 1602 rhysing@ccbh.net	Beth Gatlin	216-255-3665 beth.gatlin@chanet.org
3-WC	Bill Burkhardt	937-224-8091 wburkhardt@phdmc.org	Mary Porter	937-424-2364 mporter@gdaha.org
4-CEN	Igor Hadzisulejmanovic	614-563-2605 igorhadzisulejmanovic@franklincountyohio.gov	Jodi Keller	614-255-4407 jkeller@centralohiotraumasystem.org
5-NECO	Chris Barker	330-926-5716 cbarker@schd.org	Sarah Metzger	330-873-1500 smetzger@arha.org
6-SW	Robin Thomas	513-618-3656 robin.thomas@hamilton-co.org	Jill Ernst	513-247-5286 jernst@healthcollab.org
7-SEC	Deb Elliott	740-385-3030 x 226 sco.rphpc@gmail.com	Kelsey Blackburn	614-255-4405 kblackburn@centralohiotraumasystem.org
8-SE	Crystal Earley	740-374-2782 cearley@wcgov.org		

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

(a) Basic rule: Costs and contributions acceptable.

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

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

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

(b) Qualifications and exceptions—

(1) Costs borne by other Federal grant agreements.

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

(2) General revenue sharing.

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

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

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

(4) Costs financed by program income.

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

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

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

(6) Records. Code of Federal Regulations (CFR), Title 45, §92.24, Matching or Cost Sharing
Page 2 of 4

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

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

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

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

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

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

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

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

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

(c) Valuation of donated services—

(1) Volunteer services.

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

(2) Employees of other organizations.

Code of Federal Regulations (CFR), Title 45, §92.24, Matching or Cost Sharing Page 3 of 4
When an employer other than a grantee, sub grantee, or cost-type contractor furnishes free of charge the services of an employee in the employee's normal line of work, the services will be valued at the employee's regular rate of pay exclusive of the employee's fringe benefits and overhead costs. If the services are in a different line of work, paragraph (c)(1) of this section applies.

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

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

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

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

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

(1) Awards for capital expenditures.

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

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

(i) If approval is obtained from the awarding agency, the market value at the time of donation of the donated equipment or buildings and the fair rental rate of the donated land may be counted as cost sharing or matching. In the case of a sub grant, the terms of the grant agreement may require that the approval be obtained from the Federal agency as well as the grantee. In all cases, the approval may be given only if a purchase of the equipment or rental of the land would be approved as an allowable direct cost. If any part of the donated property was acquired with Federal funds, only the

non-federal share of the property may be counted as cost-sharing or matching.

(ii) If approval is not obtained under paragraph (e)(2)(i) of this section, no amount may be counted for donated land, and only depreciation or use allowances may be counted for donated equipment and buildings. The depreciation or use allowances for this property are not treated as third party in-kind contributions. Instead, they are treated as costs incurred by the grantee or sub grantee. They are computed and allocated (usually as indirect costs) in accordance with the cost principles specified in Sec.

Code of Federal Regulations (CFR), Title 45, §92.24, Matching or Cost Sharing Page 4 of 4 92.22, in the same way as depreciation or use allowances for purchased equipment and buildings. The amount of depreciation or use allowances for donated equipment and buildings is based on the property's market value at the time it was donated.

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

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

(g) Appraisal of real property.

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



Department
of Health

**Hospital Preparedness Program
Regional Healthcare Coalition
Subrecipient Information**

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

Revision Date (mm/dd/yyyy): _____

Subrecipient Contact Information

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

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

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

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

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

Subrecipient Name: _____

Submission Date (mm/dd/yyyy): _____

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

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

4. Identify 24/7 Contact:

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

Match Documentation Letter

Date:

Name of Agency Head
Agency Name
Address

Dear ODH:

Our agency is required to contribute a total of _____ Matching funds to the Regional Healthcare System Coordination for Disaster Preparedness Program Grant, project # _____ for the period of July 1, 2022 – June 30, 2023. Our total grant amount is _____. This match includes a minimum 7.7% match. The table below outlines the source and amount of the funds.

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

Sincerely,

Agency Head (must be signed)

Match Category	Match Description	Match Amount
TOTAL MATCH AMOUNT		

BUDGET JUSTIFICATION EXAMPLE (Base Only Funding)

NOTES:

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

PERSONNEL

Notes:

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

Epidemiologist – Jim Allen

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

Fiscal Officer (Fiscal Director) – Susan Thomas

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

Health Educator – TBD

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

Program Coordinator – Joe Pope

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

Nurse – Joyce Brown (Part-Time Employee)

Responsible for providing clinic and metabolic clinic nursing services and case coordination (70%) plus OCCSN case coordination (10%). In support of component #1 provides Newborn Screening case coordination in support of grant component #2 (20%).

Nurse – Janet Coleman

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

Total Personnel Cost

\$209,005.13

OTHER DIRECT COSTS

Notes:

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

Advertising

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

Client Expenses

- Client Enablers
Rent, hotel expenses, utility payment (gas and electric) and groceries will be purchased for those clients infected with TB. (Please refer to solicitation to determine if an allowable cost)
- Client Incentives
100 \$10.00 gas cards will be distributed to eligible clients who attend the smoke-free seminar.
(Please refer to solicitation to determine if an allowable cost)

- **Client Transportation**

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

Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO)

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

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

- **Rent (Two Locations)**

Main Location (1234 Livingston Avenue)

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

WIC Clinic (567 Walnut Street)

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

- **Depreciation**

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

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

- **Interest on a Debt**

Immunization Action Plan (100 W. 1st Avenue)

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

Fees

- **WIC website**

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

- **Lab Fees**

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

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

- **Background Check**

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

- **Audit Fees – Cost Allocation plan applied**

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

- **Fiscal Management Services**

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

Indirect

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

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

Maintenance/Lease

- **Liability Insurance**

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

- **Liability Insurance (Indirect Cost Budget Example)**

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

- **Postage**

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

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

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

- Snow Removal - This cost is shared among all Programs at the agency. Cost is shared accordingly by square footage. A cost allocation plan is in place and this programs fair share is 17.5%. The annual cost is \$2,200.
- Trash Removal - This cost is shared among all Programs at the agency. Cost is shared accordingly by square footage. A cost allocation plan is in place and this programs fair share is 17.5%. The annual cost is \$1,200.

Other Costs

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

Subscriptions/Publications

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

Supplies

Notes:

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

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

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

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

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

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

Program Supplies

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

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

Educational Materials

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

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

Travel/Training

Agency’s mileage reimbursement rate is \$.40 per mile.

In State

Program Coordinator

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

Nurse’s Mileage

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

Out of state

Nurses

<Name of Conference> <Location> : <Purpose and objective of Out of state travel> for example, Out of state travel for Nurses to attend required curriculum training (costs not to exceed current state rates).

Mileage to and from Airport 100 miles x \$0.40/mile = 40

Airport parking \$30/day x 4 days = 120

Airfare \$300 x 2 people = 600

Hotel \$81/night x 4 nights x 2 people = 324

Per-diem of \$56/day x 4 days x 2 people = 448

Links:

OBM Travel: <http://obm.ohio.gov/TravelRule/>

GSA: <http://www.gsa.gov/portal/content/104877>

Training

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

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

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

Utilities/Phone Services

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

Total Other Direct Costs

\$108,479.83

EQUIPMENT

Laptop Computer

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

Total Equipment Cost

\$3,000.00

CONTRACTS

Notes:

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

ACME Clinic

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

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

Warner Preparedness Enterprises

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

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

Speaker

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

- Personnel \$3,000.00

Total Contract Cost **\$13,250.00**

Budget Grand Total **\$333,734.96**

Notes:

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

Subrecipient's authorized representative certifies the foregoing:

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

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

[Signature]

[Print Name & Title]

[Date]