Ohio | Department of Health

Mike DeWine, Governor
Jon Husted, Lt.Governor

Bruce Vanderhoff, MD, MBA, Director

MEMORANDUM

Date: December 8, 2021

To: PHEP Subrecipient Agencies

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

Subject: Public Health Emergency Preparedness Continuation Solicitation

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

All electronic applications and attachments are due by 4:00 p.m. on Tuesday, January 18, 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/ph-20-public-health-emergency-preparedness. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for currentallotment percentage.

If you have questions, please contact Renee Dickman at 614.644.1912 or email at renee.dickman@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

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

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP(OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: July 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 listedin 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 toits 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 federalrules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. **Number of Grants and Funds Available:**

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

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

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

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

C. Formatting Requirements for Attachments:

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paperwhen 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 and templates provided by ODH.

D. Qualified Applicants:

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

1. Applicant does not owe funds in excess of $1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Tuesday, January 18, 2022.**

II. PROGRAM UPDATES:

Program should review the Evidence of Health Equity Strategies Checklist in Appendix C when drafting the program narrative, objectives, and workplan.

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. *This requirement is not applicable to the Public Health Emergency Preparedness program application.*

B. Program Narrative: Complete and submit a narrative statement which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. *This requirement is not applicable to the Public Health Emergency Preparedness program application.*

C. Objectives and Work Plan: Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based ona review of the Progress Plans submitted to date. Provide a brief report addressing elements of eachobjective and activity, including current status (met, ongoing or unmet); major findings; and barriersand how barriers were addressed. [Program can insert a work plan example or link to an example.] *This requirement is not applicable to the Public Health Emergency Preparedness program application.*

D. Documentation and Progress on Health Equity and Disparity Reduction Activities:

Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan. *Health equity and disparity reduction activities are incorporated into the deliverables required for this grant. This requirement is not applicable to the Public Health Emergency Preparedness program application.*

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

1. **Budget Narrative and Match:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

For your convenience, a budget justification narrative example is available and provided in Attachment 3 of this solicitation.

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 provided with the application. Subrecipients must use the provided match letter template found in Attachment 2 of this solicitation.

2. **2023 Budget via GMIS:** Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period July 1, 2022 through June 30, 2023.

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

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

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

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;

11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvementof any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for thereceipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or theOhio General Assembly in connection with awarding of grants;
16. Unallowable Costs per the Centers for Disease Control and Prevention Public Health Emergency Preparedness (PHEP) Cooperative Agreement (CDC-RFA-TP19-1901), CFDA (93.069), program regulations and directives or state law specifications.

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

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

ALL APPLICANTS
Appendix A – Reimbursement Type Form due on December 15, 2021.
Attachment #1 Contact Information Sheet
Attachment #2 Match Letter
Attachment #3 Budget Justification

PHEP CORE
Appendix E: PHEP Epidemiologist Position Requirements and Expectations
Appendix F: Public Health Surveillance and Epidemiology Investigation Standards
Appendix G: Roles and Expectations of PHEP Core Subrecipients

PHEP REGIONAL
Appendix H: Roles and Expectation of PHEP Regional Subrecipients

a. Other Required Documentation:

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

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

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

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

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaireas part of the application process. This questionnaire is submitted automatically with eachapplication via the Internet.

- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and StateAssurances 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 arenot 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 tothe 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 ensurethat 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 intothe 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 becompleted 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) letterapproving non-tax exempt status.

G. Human Trafficking:

Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers and low-income individuals.

ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipientprogram, 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 that may include, but are not limited to the following:
   1. Populations at increased risk
   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 PHEP Continuation Grant.

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

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

Reports shall be submitted as follows:

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

_____Program Reports Required X ____No Program Reports Required

Period	Report Due Date

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 fourth quarter expenditure report will not be considered for payment with the final expenditure report.

c. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before **August 5, 2023**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances mustbe 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 theODH's GMIS system indicatesacceptance of OGAPP. Clicking the "Submit" or "Approve" button signifies your authorization of thesubmission as an agency official and constitutes your electronic acknowledgment and acceptance ofOGAPP rules and regulations.

APPENDICES AND ATTACHMENTS

APPENDICES

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ATTACHMENTS

A. Attachment 1 - Subrecipient Contact Information
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C. Attachment 3 - Budget Justification Narrative Template

Appendix A

Submission Required

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health
Bureau of Health Preparedness

Public Health Emergency Preparedness (PH23)

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐
(Please note that no changes to the reimbursement type can be made after the project number is createdin GMIS. No waivers/appeals will be accepted.)

Please print:
Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

_____

Agency Contact Person Name andTitle _____

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 willnot be accepted if name doesn't match what is listed in GMIS.

Due to ODH by December 15, 2021
Please email completed form to KarenTinsley (karen.tinsley@odh.ohio.gov).

Appendix B1

Name of Subgrant Program: Public Health Emergency Preparedness Core
Budget Period: July 1, 2022 – June 30, 2023 (BP4)
# of Deliverables: 16
Use Budget Justification Scenario #: PHEP Budget Justification – Attachment 3

100% Deliverables

Deliverable – Objective 1: Radiological Response Annex
Domain: Bio-surveillance, Community Resilience, Incident Management, Information Management
Capability: 1, 3, 6, 13

Description: The Radiological Incident Response Annex serves to provide a hazard-specific response framework to supplement the Emergency Response Plan – Basic Plan. Radiologically active materials can pose widely differing threat levels based on their type, the nature of the incident, and potential amount of material released. A local health jurisdiction's Radiological Incident Response Annex guides preparedness and response strategies related to radiological hazards. It describes an organizational framework of the roles, responsibilities, and response actions needed to support a radiological incident response to non-powerplant related incidents.

The subrecipient will develop or revise and/or update their Radiological Incident Response Annex in accordance with the requirements set forth in the ***Radiological Incident Response Annex Rubric for FY23***.

Successful Completion of the Deliverable(s) Includes:

- **Objective 1.1** By April 28, 2023, the subrecipient must submit into GMIS the subrecipient's Radiological Response Annex that has been developed, revised, and adopted in accordance with the requirements detailed in the ***Radiological Incident Response Annex Rubric for FY23.*** 10%

Deliverable – Objective 2: Continuity of Operations
Domain: Community Resilience, Incident Management, Surge Management
Capability: 2, 3

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

throughout, or resumed rapidly after, a disruption of normal activities.

The subrecipient will fully address all requirements identified in the ODH-provided ***COOP Workbook for FY23*** for each Local Health Department (LHD) in the jurisdiction, in accordance with the requirements detailed therein.

Successful Completion of the Deliverable(s) Includes:

- **Objective 2.1:** By February 24, 2023, the subrecipient must submit into GMIS the subrecipient's updated COOP Plan and completed ***COOP Workbook for FY23*** in accordance with the requirements detailed in the ***COOP Workbook for FY23.*** _____6%

Deliverable – Objective 3: Whole Community Planning
Domain: Community Resilience, Incident Management, Information Management
Capability: 1, 2, 3, 4

Description: Within public health preparedness, there is a special emphasis on addressing the needs of populations with access and functional needs—needs that interfere with their ability to access or receive emergency support before, during, or after a disaster or emergency. Additionally, an incident may exacerbate a person's limitations due to the loss of mobility equipment or due to stress that may be brought on by an incident. Examples of this include people with limited English proficiency, people who live in an institutional setting, or people with chronic, ongoing medical treatment or supervision. This objective supports whole community planning by enhancing community relationships, securing resources, strengthening community data, empowering individuals with access and functional needs, and monitoring populations who are vulnerable (such as people with disabilities and functional limitations, people who experience mental and/or emotional distress, and older adults). These organizations help jurisdictions to better anticipate the potential access and functional needs in their communities and to better serve individuals with those needs.

Communicating culturally appropriate and accessible public health information is an essential element of emergency preparedness and response. This deliverable supports whole community planning by addressing communication needs and concerns in order to develop timely and effective messages to help minimize people's risk or vulnerability.

The subrecipient will fully address all requirements identified in the ODH-provided ***Whole Community Communications Planning Workbook - FY23*** for each Local Health Department within the subrecipient jurisdiction, in accordance with the requirements detailed therein.

Successful Completion of the Deliverable(s) Includes:

- **Objective 3.1:** By September 17, 2022, the subrecipient must submit into GMIS the completed ***Whole Community Communications Planning Workbook - FY23*** in accordance with the requirements detailed in the provided template. _____5%

Deliverable – Objective 4: Emergency Response Plan Development and Maintenance
Domain: Community Resilience, Incident Management, Information Management, Bio-surveillance
Capability: 1, 2, 3, 4

Description: Emergency Response Plan (ERP)s help to define the scope of preparedness and emergency management activities necessary for that jurisdiction. The local health department ERP is a document that identifies personnel, equipment, facilities, supplies, and other resources available within the jurisdiction or by agreement with other jurisdictions, explains the pertinent lines of authority and organizational relationships, and complements and integrates with plans that address other mission areas. Updates like this are required to incorporate key concepts from national preparedness policies and doctrine, as well as lessons learned from disasters, major incidents, national assessments, and grant programs. Updates are also used to reflect changes in guidance and effective practices since the current version of the ERP was published.

The subrecipient, will fully address all components as described in the ***Emergency Response Planning Workbook for FY23*** and responses to workbook questions in summary form, that are described in their local jurisdictions current Emergency Management Agency (EMA) Emergency Operations Plan (EOP) (core plan, attachments, appendices, or annex documents). If answer or action is not currently described in the local jurisdictions EMA EOP, a short action plan describing and timeline of when, who and how the LHD intends to facilitate changes within their jurisdiction (either w/EMA or in ERP) to resolve the planning gap in the EOP is required.

Successful Completion of the Deliverable(s) Includes:

- **Objective 4.1:** By September 30, 2022, the subrecipient must submit into GMIS the completed ***Emergency Response Planning Workbook for FY23*** in accordance with the requirements detailed in the provided template._____7%

Deliverable – Objective 5: Outbreak Reporting by Submission of Ohio Disease Reporting – Investigation and Reports
Domain: Strengthen Bio-surveillance
Capability: 1, 3, 6, 13
Description: Disease surveillance can lead to the discovery of outbreaks in a community. Timely outbreak investigation may determine the source of the outbreak, lead to its removal and prevent future cases of illness.

Successful Completion of the Deliverable(s) Includes:
1. **The subrecipient must** enter outbreaks into the Ohio Disease Reporting System (ODRS) outbreak module for enteric, foodborne, communicable, vaccine-preventable, waterborne, zoonotic, and other disease outbreaks by the end of the next business day after notification of a suspected outbreak and close within **90 days of date last case became ill**. Final report must be uploaded to ODRS upon outbreak closure. Final reports must capture the seven minimal elements contained in the ***Outbreak Report Template***.
2. The subrecipient must enter outbreaks into the **National Outbreak Reporting System (NORS)**

for all NORS-eligible outbreaks, including foodborne, zoonotic, and waterborne within 7 business days of report to ODH and close within 90 days of date last case became ill. Final report must be attached to NORS upon outbreak closure. Final reports must capture the seven minimal elements contained in the ***Outbreak Report Template.***

3. The subrecipient must upload a completed **Ohio Disease Reporting – Investigation and Reports – Outbreak Report Status Worksheet** via GMIS. The Worksheet must show that 100% of all outbreaks are closed within 90 days of date last case became ill.

- **Objective 5.1:** Q1: By October 07, 2022 (for investigations reported May 16, 2022 – September 30, 2022, including any not closed after April 1, 2021), the subrecipient must submit into GMIS the ***Outbreak Report Status Worksheet***._____0.75%

- **Objective 5.2:** Q2: By January 06, 2023 (for investigations reported October 1, 2022 – December 31, 2022, including any not closed during the previous quarter), the subrecipient must submit into GMIS the ***Outbreak Report Status Worksheet***._____0.75%

- **Objective 5.3:** Q3: By April 07, 2023 (for investigations reported January 1, 2023 – March 31, 2023, including any not closed during the previous quarter), the subrecipient must submit into GMIS the ***Outbreak Report Status Worksheet.***_____0.75%

- **Objective 5.4:** Q4: By May 31, 2023 (for investigations reported April 1, 2023 – May 12, 2022, including any not closed during the previous quarter), the subrecipient must submit into GMIS the **Outbreak Report Status Worksheet.**_____0.75%

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

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

Successful Completion of the Deliverable(s) Includes:

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

- **Objective 6.1:** Q1: By October 3, 2022 the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. _____1%

- **Objective 6.2:** Q2: By January 6, 2023, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. _____1%

- **Objective 6.3:** Q3: By April 3, 2023, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. _____1%

- **Objective 6.4:** Q4: By June 16, 2023, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. _____1%

Deliverable – Objective 7: Performance Measures
Domain: Countermeasures and Mitigation
Capability: 3, 8, 15

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

Successful Completion of the Deliverable(s) Includes:

- **Objective 7.1:** By August 31, 2022, the subrecipient must submit into GMIS a completed ***SFY23 Volunteer Deployment Performance Measurement*** form and ***SFY23 Information Sharing Performance Measure Form.*** _____2%

- **Objective 7.2:** By March 31, 2023, the subrecipient must submit into GMIS a completed ***SFY23 Volunteer Deployment Performance Measurement*** form and ***SFY23 Information Sharing Performance Measure Form.*** _____2%

Deliverable – Objective 8: After Action Report and Improvement Plan Activity and Reporting
Domain: All
Capability: All

Description: Each year PHEP recipients submit After Action Report/Improvement Plans (AAR/IP) that describe recommendations for the jurisdiction to improve their preparedness planning and/or response operations. In this deliverable, the subrecipient will select an AAR/IP Issue/Area for Improvement and take corrective action to mitigate/address. The improvements/corrective action

selected must be captured in a local or regional AAR/IP from a real-world event or exercise. The plan must include what activities will be performed, the capability addressed, how the activity will result in improvements described in the AAR/IP, and the benefits that will result and other items as described in the ***Subrecipient AAR/IP Improvement Implementation Activity Plan*** template**.** Upon completion and approval of ***Subrecipient AAR/IP Improvement Implementation Activity Plan,*** the subrecipient will proceed with the activities described in the submitted plan. Once the activities have been completed, the LHD will submit a report describing a summary of the activities achieved, barriers faced, and how improvements will be sustained. The subrecipient will complete the ***Subrecipient AAR/IP Improvement Implementation Activity Report*** template and submit into GMIS to demonstrate meaningful progress toward improvement of selection corrective action. Action steps must be planned and implemented within the applicable fiscal year for deliverable credit.

Successful Completion of the Deliverable(s) Includes:

- **Objective 8.1**: By August 31, 2022, the subrecipient must submit into GMIS a completed ***Subrecipient AAR/IP Improvement Implementation Activity Plan*** in accordance with the requirements detailed within the provided template. _____5%

- **Objective 8.2:** By May 28, 2023, the subrecipient will submit into GMIS a completed ***Subrecipient AAR/IP Improvement Implementation Activity Report*** in accordance with the requirements detailed in the provided template. _____6%

Deliverable – Objective 9: Attend Regional Integrated Preparedness Planning Workshop
Domain: Community Resilience
Capability: 1

Description: Subrecipients attend the Regional Integrated Preparedness Planning Workshop **(**IPPW) to identify and discuss exercise program priorities that will advance preparedness for their jurisdiction. Workshop attendance is necessary to collaborate on regional training and exercise planning efforts among all local jurisdictions and the regional health care coalition (HCC). The PHEP Regional Coordinator cannot provide representation on behalf of a local health department for PHEP Core. Deliverable submission checklists, additional information, and requirements for participation 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 jurisdiction's Emergency Response Coordinator or designee at the Regional IPPW. _____3%

Deliverable – Objective 10: PHEP Core Integrated Preparedness Plan
Domain: Community Resilience
Capability: 1

Description: Subrecipients submit the PHEP Core 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 jurisdiction. Deliverable submission checklists, additional information, and requirements for the PHEP Core IPP are located in the ***BP4/SFY23 Exercise Deliverable Technical Assistance and Requirements*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 10.1:** By December 9, 2022, the subrecipient must submit into GMIS the updated jurisdictional PHEP Core IPP on the ***ODH PHEP IPP Template***. _____6%

Deliverable – Objective 11: After-Action Report/Improvement Plan (AAR/IP) for a Planned Tabletop (TTX), Functional (FE) or Full-Scale Exercise (FSE) to Include Access and Functional Needs (AFN) Partners
Domain: Community Resilience, Incident Management
Capability: 1, 3

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

Successful Completion of the Deliverable(s) Includes:

- **Objective 11.1**: By March 31, 2023, the subrecipient must submit into GMIS the PHEP Core jurisdictional AAR/IP the planned TTX, FE or FSE on the ***ODH PHEP AAR/IP Template*** following requirements listed in ***BP4/SFY23 Exercise Deliverable Technical Assistance and Requirements*** document. _____15%

Deliverable – Objective 12: Public Health Critical Infrastructure Personnel
Domain: Incident Management, Countermeasures and Mitigation
Capability: 3, 8, 15

Description: Critical infrastructure personnel (CIP) within a public health agency's workforce are required to carry out essential functions and assist with the execution of the mass prophylaxis plans, exercises and responses. In each of these drills the subrecipient should involve their critical infrastructure personnel (CIP) as well as CIP partners within the jurisdiction. Including internal CIP staff and external CIP partners in planned drills, exercises and/or response allows for a comprehensive assessment of the overall PHEP impact. Documenting performance measure outcomes is one of many methods of assessment across all PHEP domains that aids in a national level of preparedness and PHEP program impact.

Successful Completion of the Deliverable(s) Includes:

- **Objective 12.1**: By April 28, 2023, the subrecipient must submit into GMIS the ***CIP Workbook*** that has been updated in accordance with the requirements detailed therein._____4%

Deliverable – Objective 13: Medical Countermeasure Dispensing and Distribution Strategies
Domain: Countermeasures and Mitigation
Capability: 9

Description: Subrecipients must develop alternative dispensing strategies to provide medical countermeasures (MCMs) in their jurisdiction in addition to existing modalities (open and closed PODS) based on social vulnerability index census data and population densities. Examples of alternative modalities include but are not limited to mobile dispensing and mass dispensing sites. Subrecipients must also establish methods to allocate, distribute and transport MCMs. Processes and written procedures for distribution strategies are critical for implementation during a public health emergency. Agreements should be established to aid in the coordination, transportation, and distribution of MCM assets between receiving and dispensing sites.

Successful Completion of the Deliverable(s) Includes:
Objective 13.1: By February 12, 2023, the subrecipient must submit into GMIS their updated MCM Plan containing the required components in the ***MCM Dispensing and Distribution Strategy Workbook for SFY23***. _____8%

Deliverable – Objective 14: Tactical Communications Strategy
Domain: Information Management
Capability: 6

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

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

Successful Completion of the Deliverable(s) Includes:

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

1. The subrecipient must report the completed action on the ***Communications Worksheet.***
2. The subrecipient must attach a report from the alerting system that reflects responder acknowledgment rate of 75% **or above** within four hours of drill activation**.**

3. Alerting drills must be completed by the last business day of the first three quarters and no later than 23 May during the fourth quarter.

    - **Objective 14.1**: By October 7, 2022, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report._____1%

    - **Objective 14.2**: By January 6, 2023, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report. _____1%

    - **Objective 14.3**: By April 7, 2023, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report._____1%

    - **Objective 14.4**: By May 29, 2023, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report._____1%

Deliverable – Objective 15: Annual Medical Countermeasure Dispensing Drills
Domain: Countermeasures and Mitigation
Capability: 8

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

Successful Completion of the Deliverable(s) Includes:

- **Objective 15.1**: By November 4, 2022, the subrecipient must submit into GMIS the completed ***Annual MCM Dispensing Drills*** form, and the supporting evidence, in accordance with the requirements detailed in the ***Annual MCM Dispensing Drill Requirements*** document._____5%

Deliverable – Objective 16: Inventory of Medical Countermeasures
Domain: Countermeasures and Mitigation
Capability: 9

Description: Prior to and during an emergency response the accurate tracking of assets and medical countermeasure (MCM) inventory is critical to the timely and equitable distribution of assets and MCMs. The inventory management function ensures that all pharmaceuticals, supplies, and equipment are tracked, distributed, and managed appropriately. The ability to provide accurate inventory information to ODH at a moment's notice is critical during emergency response. The subrecipient must submit the current inventory report for all Federal and State supplied medical countermeasures, along with any local MCMs currently in their possession using the ***MCM Inventory Report Template*** as detailed in the ***MCM Inventory Reporting Requirements*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 16.1**: By December 15, 2022, the subrecipient must submit into GMIS the completed ***Inventory List Template*** as detailed in the ***Inventory Reporting Requirements*** document. _____5%

Name of Subgrant Program: Public Health Emergency Preparedness Regional
Budget Period: July 1, 2022 – June 30, 2023 (BP4)
# of Deliverables: 10
Use Budget Justification Scenario #: PHEP Budget Justification – Attachment 3

Deliverable – Objective 1: Regional Drop Site Coordination and Call Down
Domain: Information Management, Countermeasures and Mitigation
Capability: 6, 9

Description: Each Ohio public health preparedness region must have a designated a regional drop site (RDS). The RDS will receive medical countermeasures from the State Receipt, Stage, Store (RSS) warehouse for further distribution to local drop sites and/or dispensing sites. The subrecipient will collaborate with the region's PHEP Core subrecipients to determine a location to serve as the region's RDS, and update or revise the current site survey and memorandum of understanding (MOU) for the selected site.

The RDS must be a separate and distinct location from other jurisdictional sites/PODs. The subrecipient and the entity selected to serve as the RDS will need to establish and sign a memorandum of understanding including contractual language that gives the jurisdiction and the region access to the facility during an emergency or situation that requires the distribution of medical countermeasures.

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

Successful Completion of the Deliverable(s) Includes:

- **Objective 1.1:** By April 22, 2023, the subrecipient must submit into GMIS, a new or updated ***Ohio Medical Countermeasures (MCM) Site Survey for Points of Dispensing (POD) and Drop Site Facilities Form*** and a new or updated signed MOU between the RDS administrator or signatory, subrecipient, and the local health justification the RDS resides in. All RDS site-specific information must also be updated in OPOD. _____6%

- **Objective 1.2:** By May 5, 2023, the subrecipient must submit into GMIS, their completed ***RDS Site Activation Drill Form*** per the requirements in the ***RDS Drill Requirements*** document. _____3%

- **Objective 1.3:** By May 24, 2023, the subrecipient must submit into GMIS, their completed ***RDS Staff Notification Drill Form***, the RDS staffing roster, and a system generated message summary report, per the requirements in the ***RDS Drill Requirements*** document. _____3%

Deliverable – Objective 2: Facilitation of Regional Integrated Preparedness Planning Workshop
Domain: Community Resilience
Capability: 1

Description: The Regional Public Health Coordinator develops and facilitates a Regional Integrated Preparedness Planning Workshop (IPPW) to identify and discuss exercise program priorities that will advance preparedness for their region. Workshop facilitation is necessary to convene PHEP and HPP subrecipients (PHEP Core, Cities Readiness Initiative and Regional Healthcare Coordinator). Deliverable submission checklists, additional information, and requirements for the Regional IPPW are located in the ***BP4/SFY23 Exercise Deliverable Technical Assistance and Requirements*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 2.1:** By September 30, 2022, the Regional Public Health Coordinator must facilitate a Regional IPPW for PHEP Core subrecipients, Cities Readiness Initiative subrecipients, and Regional Healthcare Coordinators. The Regional Public Health Coordinator must provide a copy of the completed attendance list or other verification of participation to all participants. The Regional IPPW agenda, presentation materials (PHEP Regional specific MS PowerPoint slides or similar presentation documentation), meeting minutes, and documentation verifying attendance must be submitted into GMIS. _____10%

Deliverable – Objective 3: PHEP Regional Integrated Preparedness Plan
Domain: Community Resilience
Capability: 1

Description: Subrecipients submit the PHEP Regional 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 region. Deliverable submission checklists, additional information, and requirements for the PHEP Regional IPP are located in the ***BP4/SFY23 Exercise Deliverable Technical Assistance and Requirements*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 3.1:** By December 9, 2022, the subrecipient must submit into GMIS the completed PHEP Regional IPP on the ***ODH PHEP IPP Template***. _____6%

Deliverable – Objective 4: After-Action Report/Improvement Plan (AAR/IP) for the Planned Tabletop (TTX), Functional (FE) or Full-Scale Exercise (FSE)
Domain: Community Resilience, Incident Management
Capability: 1, 3

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

Successful Completion of the Deliverable(s) Includes:

- **Objective 4.1**: By March 31, 2023, the subrecipient must submit into GMIS the completed PHEP Regional AAR/IP for the planned TTX, FE or FSE on the ***ODH PHEP AAR/IP Template*** following requirements listed in ***BP4/SFY23 Exercise Deliverable Technical Assistance and Requirements*** document. _____19%

Deliverable – Objective 5: Ohio Department of Health Regional Integrated Preparedness Plan Workshop
Domain: Community Resilience
Capability: 1

Description: Subrecipients attend the Ohio Department of Health (ODH) Integrated Preparedness Plan 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 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 5.1:** By July 29, 2022, the subrecipient must submit into GMIS the documentation verifying attendance of the Regional Public Health Coordinator or his/her designee to the ODH IPPW and must complete the participant feedback survey. _____3%

Deliverable – Objective 6: Joint Healthcare and Public Health Radiation Emergency Surge Tabletop Exercise
Domain: Community Resilience, Surge Management
Capability: 1, 10

Description: Attendance and participation in the joint Healthcare and Public Health Radiation Emergency Surge Tabletop Exercise (TTX) allows for collaboration between the HCC Core members and ODH to validate current state and regional plans. Deliverable submission checklists, additional information, and requirements for participation in the HCC Radiation Emergency Surge TTX are located in the ***BP4/SFY23 Exercise Deliverable Technical Assistance and Requirements*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 6.1:** By March 31, 2023, the subrecipient must submit into GMIS the documentation verifying attendance and participation of the Regional Public Health Coordinator or his/her designee in the HCC Radiation Emergency Surge TTX. _____5%

Deliverable – Objective 7: Volunteer and Surge Staffing Capacity Building
Domain: Community Resilience, Information Management, Surge Management
Capability: 1, 6, 15

Description: Engaging the whole community in emergency preparedness and response efforts is key to our nation's security. This deliverable is intended to enhance efforts regarding volunteer and community member capacity with the knowledge and skills necessary to prepare for and respond to emergencies that adversely affect the public's health, and to be able to withstand and recover from disasters. In SFY21, regional subrecipients completed the Regional Volunteer and Surge Staffing Workbook. In SFY23, regional subrecipients completed the Activity Plan describing the strategies and action steps outlined to demonstrate building ability/capacity in identified gaps. The Activity Report at the end of the year provided discussion regarding barriers to achieving a greater ability/capacity. Utilizing the ***Volunteer and Surge Staffing Activity Plan*** and ***Volunteer and Surge Staffing Activity Report***, the subrecipient will continue to build upon the foundation for improving/strengthening ability/capacity in the three previously identified areas. The ***Volunteer and Surge Staffing Activity Report*** will showcase the increase of ability/capacity by demonstrating a "**significant** ability/capacity" in at least one of the three previously identified areas.

Successful Completion of the Deliverable(s) Includes:

- **Objective 7.1**: By October 30, 2022, the subrecipient must submit into GMIS a completed ***Volunteer and Surge Staffing Activity Plan*** for building increased ability/capacity in the three previously identified volunteer capabilities within their region. _____2%

- **Objective 7.2**: By May 30, 2023, the subrecipient must submit into GMIS a completed ***Volunteer and Surge Staffing Activity Report*** demonstrating ***significant*** ability/capacity within their region in at least one of the three previously identified areas. _____4%

Deliverable – Objective 8: Communication and Volunteer Activity Reporting
Domain: Community Resilience, Information Management, Surge Management
Capability: 1, 6, 15

Description: Engaging the whole community in emergency preparedness and response efforts is key to our nation's security. Trained medical and non-medical volunteers are requested to assist in planned activities, such as immunization clinics, as well as respond to emergent events, such as a weather disaster. This deliverable is intended to enhance volunteer management communication and information sharing and increase documentation of volunteer response to planned activities and emergent events. The subrecipient must meet quarterly (at least four (4) times a year) with MRC Unit Coordinators for communication and information sharing. A successful deliverable includes the RPHC submitting meeting materials including meeting agenda, attendance record, meeting minutes, and the completed ***BP4/ SFY23 Data Entry Attestation template.*** The completed template

must contain confirmation of data entry into the MRC Unit Profile and Activity Reporting System at PHE.GOV/MRC by each of the unit coordinators within his/her region. Data entry at a minimum will include the name of the event, the date(s) of the event, the total number of volunteers who participated in the event, and the total number of hours served for the event.

Successful Completion of the Deliverable(s) Includes:

- **Objective 8.1: By** September 30, 2022, the subrecipient must submit into GMIS the first MRC Unit Coordinator Meeting Materials, including the agenda, meeting minutes, attendance record and the completed ***BP4/SFY23 Data Entry Attestation template*** documenting the activities that each unit coordinator entered into the MRC Unit Profile and Activity Reporting System. _____3%

- **Objective 8.2:** By December 31, 2022, the subrecipient must submit into GMIS the second MRC Unit Coordinator Meeting Materials, including the agenda, meeting minutes, attendance record and the completed ***BP4/SFY23 Data Entry Attestation template*** documenting the activities that each unit coordinator entered into the MRC Unit Profile and Activity Reporting System. _____3%

- **Objective 8.3:** By March 31, 2023, the subrecipient must submit into GMIS the third MRC Unit Coordinator Meeting Materials, including the agenda, meeting minutes, attendance record and the completed ***BP4/SFY23 Data Entry Attestation template*** documenting the activities that each unit coordinator entered into the MRC Unit Profile and Activity Reporting System. _____3%

- **Objective 8.4:** By June 1, 2023, the subrecipient must submit into GMIS the fourth MRC Unit Coordinator Meeting Materials, including the agenda, meeting minutes, attendance record and the completed ***BP4/SFY23 Data Entry Attestation template*** documenting the activities that each unit coordinator entered into the MRC Unit Profile and Activity Reporting System. _____3%

Deliverable – Objective 9: Healthcare Coalition Meeting Presentation and Participation
Domain: Community Resilience, Information Management, Surge Management
Capability: 1, 6, 15

Description: The Healthcare Coalition (HCC) meetings promote 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 Public Health Coordinator must present regional public health activities and coordination opportunities at each of the Regional Healthcare Coalition Meetings. The Regional Public Health Coordinator will provide a written report of what they presented.

Successful Completion of the Deliverable(s) Includes:
The verbal presentation and written report must include:

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

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

- **Objective 9.1:** By October 21, 2022, the subrecipient will submit into GMIS one written report describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting. _____3%

- **Objective 9.2:** By January 23, 2023, the subrecipient will submit into GMIS one written report describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting. _____3%

- **Objective 9.3:** By April 21, 2023, the subrecipient will submit into GMIS one written report describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting. _____3%

- **Objective 9.4:** By June 21, 2023, the subrecipient will submit into GMIS one written report describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting. _____3%

Deliverable – Objective 10: Whole Community Planning Regional Assessment and Training
Domain: Community Resilience, Information Management, Surge Management
Capability: 1, 6, 15

Description: Emergencies impact the whole community; however, certain at-risk populations are often disproportionally affected and require additional response assistance before, during, and after an incident. At-risk populations consist of individuals with access and functional needs who may need additional assistance because of any condition (temporary or permanent) that may limit their ability to take action or access critical information and resources throughout an emergency response (i.e. people with disabilities, people with limited English proficiency, people without personal transportation, older adults, children, etc.). Additional considerations for such populations are vital towards inclusive and equitable planning for the whole community and have been mandated for inclusion in all levels of public health emergency response planning by the Public Health Service (PHS) Act. (Source: US Dept. of Health and Human Services (HHS) Public Health Emergency (PHE)). Regional Public Health Coordinators will support their regional jurisdictions to better understand how to use existing data and resources to plan for at-risk populations in public health response. This will include regional assessments and establishing a regional training in coordination with the Ohio Department of Health. ODH will work with the Regional Public Health Coordinator to schedule a training for the region. Prior to the meeting, the Regional Public Health Coordinator will provide a regional assessment using the ***Regional Whole Community Planning Needs Assessment Workbook.*** Once the training is completed, the Regional Public Health Coordinator will submit attendance records and the feedback via a completed ***Regional Whole Community Planning Coordination and Action Plan.***

Successful Completion of the Deliverable(s) Includes:

- **Objective 10.1:** By November 30, 2022, the subrecipient will submit into GMIS a completed ***Regional Whole Community Planning Needs Assessment Workbook*** _____6%

- **Objective 10.2:** By April 30, 2023, the subrecipient will submit into GMIS an attendance record of the regional meeting demonstrating completion of the ODH-provided Whole Community Planning in Health Preparedness Training_____3%

- **Objective 10.3:** By June 1, 2023, the subrecipient will submit into GMIS a completed ***Regional Whole Community Planning Coordination and Action Plan*** _____6%

Name of Subgrant Program: Public Health Emergency Preparedness Cities Readiness Initiative (CRI)
Budget Period: July 1, 2022 – June 30, 2023 (BP4)
# of Deliverables: 5
Use Budget Justification Scenario #: PHEP Budget Justification – Attachment 3

Deliverable – Objective 1: Medical Countermeasure Operational Readiness Review – Documentation Update
Domain: Countermeasures and Mitigation
Capability: 8

Description: As a requirement of the Cities Readiness Initiative (CRI) jurisdictions must submit the required Medical Countermeasure (MCM) Operational Readiness Review (ORR) forms in the CDC designated platform and update the required tabs in the OPOD platform. This information is used to measure a jurisdiction's ability to execute a large emergency response requiring MCM distribution and dispensing.

Successful Completion of the Deliverable(s) Includes:

1. Once access is granted to the new CDC-designated platform the jurisdictions will be required to go into the new CDC-designated platform and complete all required forms and fields***.**
2. The subrecipient must:
    - Review/upload the newest versions of plans and procedures listed in the Documents Tab.
    - Complete the ***ORR/OPOD Update Workbook for BP4*** document and upload it into GMIS.
    - Review and update all fields in each of the tabs listed below:
        - Information Tab
        - Contacts Tab
        - All facilities in the Facilities Tab
        - Jurisdictional Data Summary Tab
        - User Administration Access Tab
        - ORR Documents Tab

- **Objective 1.1:** By September 30, 2022, the subrecipient must submit into GMIS the completed ***ORR/OPOD Update Workbook for BP4*** document documenting completion of all the CDC designated platform required fields and forms and updated the sections in OPOD._____55%

*The timeline by which CRI jurisdictions are expected to have access to the new CDC platform has not been confirmed. ODH will ensure CRI subrecipients have adequate time to enter information into the new platform. CRI subrecipients will be expected to participate in any training offered to support understanding of new platform.

Deliverable – Objective 2: Annual Medical Countermeasure Drills
Domain: Countermeasures and Mitigation
Capability: 8

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

Successful Completion of the Deliverable(s) Includes:

- **Objective 2.1:** By November 4, 2022, the subrecipient must submit into GMIS the completed ***Annual MCM Dispensing Drills*** form, and the supporting evidence, in accordance with the requirements detailed in the ***Annual MCM Dispensing Drill Requirements*** document. _____3%

*Upon completion of this deliverable, CRI jurisdictions who are also PHEP subrecipients should place a note in GMIS to obtain reimbursement of PHEP Core Deliverable 15.

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

Description: A Medical Countermeasure (MCM) Action Plan is used to help local health departments reach the goal of achieving an "Established" level of implementation for all elements of the MCM ORR by 2023. If a jurisdiction has already reached "established" on all three elements (descriptive, planning, and operations), other inputs may be considered, including technical application review comments, observations from receipt, improvement items from exercises or incidents, and strategic priorities of the jurisdiction.

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

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

- **Objective 3.1:** By September 2, 2022, the subrecipient must submit into GMIS the Quarter 1 MCM Action Plan and quarterly technical assistance call attendance record. _____3%

- **Objective 3.2:** By December 5, 2022, the subrecipient must submit into GMIS the Quarter 2 MCM Action Plan and quarterly technical assistance call attendance record. _____3%

- **Objective 3.3:** By March 3, 2023, the subrecipient must submit into GMIS the Quarter 3 MCM Action Plan and quarterly technical assistance call attendance record. _____3%

- **Objective 3.4:** By June 3, 2023, the subrecipient must submit into GMIS the Quarter 4 MCM Action Plan and quarterly technical assistance call attendance record. _____3%

Deliverable – Objective 4: COVID After-Action Report/Improvement Plan
Domain: Community Resilience, Incident Management, Countermeasures and Mitigation
Capability: 1, 3, 8

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

Successful Completion of the Deliverable(s) Includes:

- **Objective 4.1**: By October 31, 2022, the subrecipient must submit into GMIS and the new CDC ORR platform, the PHEP CRI jurisdictional AAR/IP for the COVID-19 pandemic response. _____15%

Deliverable – Objective 5: Operational Readiness Review Assessment
CDC Preparedness Domain: Countermeasures and Mitigation
Capability: 8

Description: The subrecipient must complete the Medical Countermeasure Operational Readiness Review (ORR) assessment and site visit scheduled and conducted by ODH. The subrecipient will have five business days upon the completion of their site visit to update documentation in the new CDC platform and OPOD. Any items not fully addressed within five business days will be incorporated into future MCM Action Plans.

- **Objective 5.1:** By June 3, 2023, the subrecipient must submit into GMIS a copy of the sign-in sheets from their jurisdiction's ORR assessment. _____15%

Appendix B2

A full breakdown of funding allocation by deliverables is available on OPHCS.

	PHEP Funding Allocations			
County/Subrecipient	**Total PHEP Allocation**	**PHEP Core Allocation**	**PHEP Regional Allocation**	**PHEP CRI Allocation**
Adams	$ 65,000	$ 65,000	$ -	$ -
Allen	$ 90,034	$ 90,034	$ -	$ -
Ashland	$ 68,743	$ 68,743	$ -	$ -
Ashtabula	$ 86,425	$ 86,425	$ -	$ -
Athens	$ 72,258	$ 72,258	$ -	$ -
Auglaize	$ 72,652	$ 72,652	$ -	$ -
Belmont	$ 73,007	$ 73,007	$ -	$ -
Brown	$ 86,986	$ 69,542	$ -	$ 17,444
Butler	$ 293,643	$ 223,892	$ -	$ 69,751
Carroll	$ 65,000	$ 65,000	$ -	$ -
Champaign	$ 66,844	$ 66,844	$ -	$ -
Clark	$ 104,940	$ 104,940	$ -	$ -
Clermont	$ 196,361	$ 140,458	$ -	$ 55,903
Clinton	$ 70,084	$ 70,084	$ -	$ -
Columbiana	$ 88,119	$ 88,119	$ -	$ -
Coshocton	$ 67,233	$ 67,233	$ -	$ -
Crawford	$ 68,078	$ 68,078	$ -	$ -
Cuyahoga	$ 868,187	$ 577,848	$ 77,571	$ 212,768
Cleveland City	$ 95,742	$ -	$ -	$ 95,742
Darke	$ 67,744	$ 67,744	$ -	$ -
Defiance	$ 67,423	$ 67,423	$ -	$ -
Delaware	$ 186,749	$ 140,501	$ -	$ 46,248
Erie	$ 81,898	$ 81,898	$ -	$ -
Fairfield	$ 137,544	$ 105,003	$ -	$ 32,541
Fayette	$ 65,000	$ 65,000	$ -	$ -
Franklin (Columbus City)	$ 825,660	$ 636,324	$ -	$ 189,336
Franklin (Franklin County)	$ 178,551	$ -	$ 77,571	$ 100,980
Fulton	$ 70,498	$ 70,498	$ -	$ -
Gallia	$ 65,000	$ 65,000	$ -	$ -
Geauga	$ 120,216	$ 89,886	$ -	$ 30,330
Greene	$ 121,841	$ 121,841	$ -	$ -
Guernsey	$ 66,380	$ 66,380	$ -	$ -
Hamilton	$ 591,098	$ 391,065	$ 77,571	$ 122,462
Cincinnati City	$ 79,695	$ -	$ -	$ 79,695
Hancock	$ 78,230	$ 78,230	$ -	$ -

Appendix B2

A full breakdown of funding allocation by deliverables is available on OPHCS.

County/Subrecipient	Total PHEP Allocation	PHEP Core Allocation	PHEP Regional Allocation	PHEP CRI Allocation
Hardin	$ 65,000	$ 65,000	$ -	$ -
Harrison	$ 65,000	$ 65,000	$ -	$ -
Henry	$ 65,000	$ 65,000	$ -	$ -
Highland	$ 70,389	$ 70,389	$ -	$ -
Hocking	$ 155,211	$ 65,000	$ 77,571	$ 12,640
Holmes	$ 73,254	$ 73,254	$ -	$ -
Huron	$ 72,791	$ 72,791	$ -	$ -
Jackson	$ 65,000	$ 65,000	$ -	$ -
Jefferson	$ 72,525	$ 72,525	$ -	$ -
Knox	$ 75,341	$ 75,341	$ -	$ -
Lake	$ 213,344	$ 150,397	$ -	$ 62,947
Lawrence	$ 68,906	$ 68,906	$ -	$ -
Licking	$ 164,978	$ 123,936	$ -	$ 41,042
Logan	$ 72,274	$ 72,274	$ -	$ -
Lorain	$ 229,405	$ 185,541	$ -	$ 43,864
Lucas	$ 238,862	$ 238,862	$ -	$ -
Madison	$ 88,097	$ 71,782	$ -	$ 16,315
Mahoning	$ 145,763	$ 145,763	$ -	$ -
Marion	$ 74,440	$ 74,440	$ -	$ -
Medina	$ 180,726	$ 129,415	$ -	$ 51,311
Meigs	$ 65,000	$ 65,000	$ -	$ -
Mercer	$ 72,518	$ 72,518	$ -	$ -
Miami	$ 95,780	$ 95,780	$ -	$ -
Monroe	$ 65,000	$ 65,000	$ -	$ -
Montgomery	$ 354,046	$ 276,475	$ 77,571	$ -
Morgan	$ 65,000	$ 65,000	$ -	$ -
Morrow	$ 81,416	$ 67,055	$ -	$ 14,361
Muskingum	$ 84,636	$ 84,636	$ -	$ -
Noble	$ 65,000	$ 65,000	$ -	$ -
Ottawa	$ 68,048	$ 68,048	$ -	$ -
Paulding	$ 65,000	$ 65,000	$ -	$ -
Perry	$ 80,960	$ 66,515	$ -	$ 14,445
Pickaway	$ 93,824	$ 74,462	$ -	$ 19,362
Pike	$ 65,000	$ 65,000	$ -	$ -
Portage	$ 116,999	$ 116,999	$ -	$ -
Preble	$ 68,237	$ 68,237	$ -	$ -
Putnam	$ 66,577	$ 66,577	$ -	$ -
Richland	$ 101,207	$ 101,207	$ -	$ -
Ross	$ 80,025	$ 80,025	$ -	$ -
Sandusky	$ 68,369	$ 68,369	$ -	$ -
Scioto (Portsmouth City)	$ 76,048	$ 76,048	$ -	$ -

Appendix B2

A full breakdown of funding allocation by deliverables is available on OPHCS.

County/Subrecipient	Total PHEP Allocation	PHEP Core Allocation	PHEP Regional Allocation	PHEP CRI Allocation
Seneca	$ 71,298	$ 71,298	$ -	$ -
Shelby	$ 71,728	$ 71,728	$ -	$ -
Stark	$ 214,982	$ 214,982	$ -	$ -
Summit	$ 355,898	$ 278,327	$ 77,571	$ -
Trumbull	$ 134,168	$ 134,168	$ -	$ -
Tuscarawas	$ 88,396	$ 88,396	$ -	$ -
Union	$ 108,517	$ 88,031	$ -	$ 20,486
Van Wert	$ 65,000	$ 65,000	$ -	$ -
Vinton	$ 65,000	$ 65,000	$ -	$ -
Warren	$ 223,507	$ 159,262	$ -	$ 64,245
Washington	$ 148,760	$ 71,189	$ 77,571	$ -
Wayne	$ 97,948	$ 97,948	$ -	$ -
Williams	$ 67,132	$ 67,132	$ -	$ -
Wood	$ 183,378	$ 105,807	$ 77,571	$ -
Wyandot	$ 65,000	$ 65,000	$ -	$ -
Total	**$11,518,568**	**$9,483,785**	**$620,565**	**$1,414,218**

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.

[Note to Program: These requirements and best practices should be tied to deliverables and review criteria when possible and appropriate.]

Appendix D

Review Date:

Reviewer's Name:

FY23 APPLICATION CHECKLIST: July 1, 2022 -June 30, 2023

*Agency Name**:***

Project Key:

- Reimbursement Type Form was submitted with the application ☐ Yes ☐ No
- Reimbursement Type Form was submitted by the required date of **December 15, 2021** ☐ Yes ☐ No

Program Evaluation

PROGRAM ATTACHMENTS & APPENDICES

PHEP Core
PHEP Regional
PHEP CRI

	GRANT APPLICATION COMPONENT	Y/N	COMMENTS
1.	☐ Application submitted on time		
2.	☐ Attachment #1 was submitted and complete ☐ Attachment #1 received approval from BID		
3.	☐ Attachment #2 Match Letter was submitted ☐ Match Letter is on Agency letterhead ☐ Correct funding and match amount used ☐ Letter is signed by the Health Commissioner/Agency Head		
4.	☐ Attachment #3 (Budget Justification) as per specified Program was submitted ☐ Signed by Agency Head		
5.	**PHEP CORE ONLY** ☐ Appendix E was submitted and signed by Health Commissioner ☐ Appendix F was submitted and signed by Health Commissioner ☐ Appendix G was submitted and signed by Health Commissioner		
6.	**PHEP REGIONAL ONLY:** ☐ Appendix H was submitted and signed by HC		

APPENDIX E

PHEP Epidemiologist Position Requirements and Expectations

Goal

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

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

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

Position Requirements

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

- Newly graduated Master's degree in Public Health or other similar field with minimal experience

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

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

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

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

Position Expectations

General

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

Surveillance/Disease Reporting

a. Ensure overall data management for individual disease reports and outbreak investigations. Collect data for surveillance of communicable diseases in the community by abstracting data from confidential medical or public health records or through survey and other epidemiologic approaches.
b. Ensure all Ohio notifiable infectious disease reports are submitted in accordance with Ohio Administrative Code (OAC) using ODRS.
c. Establish and maintain the ability to receive, investigate, and conduct appropriate public health disease prevention and control interventions for Class A reports 24/7/365 for the jurisdictions in your region.

i. Submit all Class A disease reports to ODH immediately by phone and enter into ODRS by the next business day.
ii. Electronically submit all Ohio reportable infectious disease reports in accordance with Ohio Administrative Code (OAC) using ODRS in an accurate, complete and timely manner.
iii. Ensure timely review, investigation and reporting of infectious disease reports following OAC timelines.

d. Data quality and review
   i. Assure the appropriate case definitions are utilized for disease reporting.
   ii. Maintain data integrity by ensuring individual disease/case reports entered into ODRS are timely, accurate and complete.
   iii. Ensure proper collection and reporting of demographic data, including race and ethnicity, for disease/case reporting.
e. Evaluate surveillance system
   i. Evaluate timeliness and completeness of reports to local health jurisdictions (local reporting, ODRS, sentinel influenza surveillance, specialized disease or early event surveillance).
   ii. Evaluate disease reports to identify gaps in reporting.
f. Improving diseases surveillance
   i. Work with other LHD staff to improve disease reporting in the jurisdiction(s).
   ii. Use ODH guidance "Guidelines to Improve Infectious Disease Reporting in Local Health Jurisdictions."(see Appendix AA)
g. Data analysis
   i. Conduct descriptive analysis of the epidemiology of reported diseases.
   ii. Initiate investigation when disease reports (either routine disease reports or syndromic data) indicate an increase incidence.
   iii. Monitor disease trends.
   iv. Create statistical reports.
   v. Perform early event surveillance activities (e.g., EpiCenter) in the designated area.
   vi. Respond to requests for local data.
h. Collaborate with health department staff, hospitals, infection preventionists, healthcare providers, schools, ODH and others to provide a comprehensive approach to surveillance and follow-up of communicable diseases.

Investigation

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

ii. Collect demographic, location, laboratory, clinical, risk information, and other data necessary to assist outbreak and case investigations.
iii. Review records.
iv. Coordinate with nursing, environmental health and other LHD staff about responsibilities and duties during an outbreak investigation.
v. Assist with preparing materials that can be distributed to the media, patients or the general public regarding the outbreak or disease under investigation.
vi. Assess:
    a. Unequal distribution of risk and burden across populations within the region
    b. Barriers to necessary interventions and facilitate appropriate referrals per local protocols.

g. Coordinate, or assist with, cross-jurisdictional investigation.
    i. Integrate with incident command structure for the investigation or event.
h. Write or assist local health district in writing final summary report of disease outbreak investigations. Submit final outbreak report to ODH within **90 days of date last case became ill in ODRS.**
i. Complete appropriate CDC forms for outbreak investigations (such as disease specific questionnaires) and ensure data is entered into the National Outbreak Reporting System (NORS) in a timely manner. Timely is defined as entered into NORS within 7 business days of report to ODH and closed within **90 days of date last case became ill in ODRS.**
j. Use statistical and database software to collect and analyze outbreak data.
k. Assist in developing disease specific protocols for investigation, case management and contact tracing.
l. Participate in Regional Epidemiology Response Team (e.g., mobilize local health staff cross-jurisdictionally in a public health emergency) and assist with:
    i. Planning
    ii. Training
    iii. Event response

Training

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

Agency Name:_____

_____ _____

Health Commissioner Signature **Date**

APPENDIX F

Public Health Surveillance and Epidemiology Investigation Standards

Standard 1: Public Health detects health events that could result from naturally-occurring, man-made, or terrorist events in a timely manner.
Measure 1: Time in which knowledgeable public health professional answers a call of urgent public health consequence 24/7/365.
Target: A knowledgeable public health professional answers a call of urgent public health consequence 24/7/365 within 15 minutes of the time a call is initiated from a physician, laboratory, health care facility, or other local, state or federal agency.
Jurisdictional Measurement Level: State and all local health departments.
Data Source(s): Staff call logs, answering service, ID on Call. Time the call was initiated and received should be reported for LHD and ODH for Class A disease report, outbreak or bioterrorism event detected.
Rationale for Measure: Public health is responsible for receiving and responding to Class A events within 24/7/365 availability.
Purpose of Measure 1: Health events are received and responded to in a timely manner. This measure is a process measure.
Frequency of Measure: Minimum of semi-annually with at least one test annually during non-business hours.
Unit of Measure: Time in minutes from when the urgent public health call was placed until the time it was returned.
Limitations of Measure: This measure does not take into account whether the incident was responded to appropriately. It may not measure calls from private citizens and their ability to reach public health.

Standard 2: Public Health conducts epidemiologic investigations involving health events that could result from naturally-occurring, man-made, or terrorist events in a timely manner.
Measure 2: Time in which an initial report describing the public health event, including all known cases by person, place, and time, was produced.
Target: By the end of the next business day after identification of the index case or first known case or cases day for Class B and Class C reportable diseases.
Jurisdictional Measurement Level: State and all local health departments.
Data Source(s): Documentation e.g. Ohio Disease Reporting System (ODRS) entries, timestamps on email, faxes, Ohio Public Health Communications System (OPHCS) postings from drill, exercise, or real event, and EpiCenter alert entries.
Rationale for Measure: Exposure, agent and mode of transmission are identified in a timely manner and health events (disease) are controlled.
Purpose of Measure 2: Information is received, analyzed, interpreted and initial recommendations are made. This measure is an output measure.
Frequency of Measure: At least annually for reporting.
Unit of Measure: Time in hours from the initial report of the index case or first known case or cases to a preliminary report describing all known cases by person, place, and time.
Limitations of Measure: Some events develop too rapidly to describe all cases and last for more than one business day. During large events, the measure will have been met if an initial subset of 30 cases is described.

Standard 3: Public health provides recommendations for interventions and facilitates implementation of interventions involving health events that could result from naturally-occurring, man-made, or terrorist events in a timely manner.
Measure 3: Time in which a health alert that describes the initial report of a public health event - along with known cases, possible risk factors, and initial public health interventions - is developed and distributed via multiple means such as: Ohio Public Health Communications System (OPHCS), fax, and e-mail.
Target: Within 12 hours from initiation of the public heath event investigation.
Jurisdictional Measurement Level: State and all local health departments.
Data source(s): Drill, exercise, or real event.
Rationale for Measure: After completing a risk and vulnerability assessment, public health agencies should recommend courses of action to minimize human health consequences of the identified risk/vulnerability and disseminate the information to public health partners.
Purpose of Measure: Health events (disease) are controlled.
Frequency of measure: For each real event; or at last annually during a drill, if no qualifying event occurred.
Unit of measure: Time in hours in which a health alert that describes the initial report of a public health event along with known cases, possible risk factors, and initial recommendations for public health interventions is distributed via multiple means such as: Ohio Public Health Communications System (OPHCS), fax, and e-mail.
Limitations of Measure: Not all health jurisdictions will have an event. Sometimes the index case of triggering event is only discovered after investigation.
Definitions and Other Guidance: Crisis & Emergency Risk Communication (CERC) https://emergency.cdc.gov/cerc/index.asp

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Agency Name

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

(Print Name: Health Commissioner)

_____ _____

Health Commissioner Signature **Date**

Appendix G

PHEP Core Public Health Coordinator Grant Expectations

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

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

at least two (2) Volunteer Deployment, and two (2) Information Sharing Performance Measure drills per grant year. One (1) Information Sharing Performance Measure and one (1) Volunteer Deployment Performance Measure must be submitted into GMIS by December 15, 2022, and one (1) Information Sharing Performance Measure and one (1) Volunteer Deployment Performance Measure must be submitted by June 15, 2023.

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

32. Ensure all preparedness staff, for your agency, have the following required trainings:
    - IS-29.A: Public Information Officer Awareness--Online, 2.5 hours
    - IS-100.C: Introduction to the Incident Command System, ICS 100
    - IS-120.C: An Introduction to Exercises
    - IS-130.A: How to be an Exercise Evaluator
    - IS-200.C: Basic Incident Command System for Initial Response
    - IS-242.B: OR equivalent E/L/G course: Effective Communication--8 hours
    - IS-244.B: Developing and Managing Volunteers
    - IS-368: Including People with Disabilities & Others with Access & Functional Needs in Disaster Operations.
    - IS-1300: Introduction to Continuity of Operations
    - IS-700.B: An Introduction to the National Incident Management System--Online, 3.5 hours
    - IS-800.D: National Response Framework, an Introduction
    - Surgenet
    - C-MIST, OPHCS, MARCS (trainings offered by ODH)
    - Homeland Security Exercise and Evaluation Program (HSEEP)
    - Nationwide SAR Initiative (NSI) Training: Public Health and Health Care Partners (https://www.dhs.gov/course/nsi-training-public-health-and-health-care-partners)
    - Disability Training for Emergency Planners: Serving People with Disabilities (available on OhioTrain)
    - CDC Crisis and Emergency Risk Communication Course—Online, 2 hours

_____

Agency Name

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

(Print Name: Health Commissioner)

_____ _____

Health Commissioner Signature **Date**

Appendix H

PHEP Regional Public Health Coordinator Grant Expectations

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

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

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

16. Provide technical assistance to assist local health departments with development, and review of public health emergency plans, manuals and standard operating procedures, utilizing local, state and federal guidelines and requirements. Notify ODH of any gaps in local capabilities that may hinder either local or regional planning efforts.
17. Maintain trained, primary and back-up OPHCS Administrators.
18. Serve as the regional OPHCS contact and coordinator of user accounts, including user access for local health departments within the region.
19. Provide an orientation to all newly hired PHEP planning staff to familiarize them with the regional partners and processes as well as to identify any opportunities for assistance.
20. Subrecipients must submit an Exercise Request Form (ERF) for all planned exercises, on the current ***Exercise Request Form HEA 1100*** posted on OPHCS no later than 10 business days after the Initial Planning Meeting (IPM)**.**
21. Provide data and information as requested by Ohio Department of Health (ODH) to assist with the completion of local, state, and federal reports, including completion of at least two (2) Volunteer Deployment, and two (2) Information Sharing Performance Measure drills per grant year. One (1) Information Sharing Performance Measure and one (1) Volunteer Deployment Performance Measure must be submitted into GMIS by December 31, 2022 and one (1) Information Sharing Performance Measure and one (1) Volunteer Deployment Performance Measure must be submitted by June 30, 2023.
22. Subrecipients must coordinate with all PHEP Core Subrecipients in their region to aggregate and report the PHEP federal Capabilities Planning Guide (CPG) data requirements for their region upon request.
23. Assist with and have visibility over jurisdiction's Open PODS, Closed PODS, and Drop Sites in OPOD.
24. Ensure that regional plans correspond and integrate with other response plans and related documents.
25. Utilize developed regional plans and procedures in incident coordination activities.
26. Acquire and maintain proficiency in computer programs (Microsoft Office, Adobe Reader/Adobe Acrobat, and Virtual Meeting Platforms) needed to complete deliverables and to support preparedness, response, and recovery efforts within the region.
27. As resources are available, support public health response efforts in other regions, when another region is overwhelmed and a request for assistance is made by another RPHC or ODH.
28. Be knowledgeable in applicable guidance documents, including but not limited to the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal and Territorial Public Health – October 2018; Updated January 2019, the National Response Framework, Comprehensive Preparedness Guide 101, Continuity Guidance Circulars, the National Health Security Strategy, Updated Preparedness and Response Framework for

Influenza Pandemics, and this Solicitation.

29. Expeditiously engage ODH with any questions that arise about the completion of deliverables on the local and regional level.
30. Ensure that regional preparedness and response activities are designed to serve the whole community.
31. Must participate as a non-voting member of their Regional Healthcare Coalition's Executive Steering Committee, participate in regional healthcare coalition meetings, and fulfill all Executive Steering Committee roles, responsibilities, and participation requirements as outlined in the Regional Healthcare Coalition Requirements.
32. Ensure all preparedness staff, for your agency, have the following required trainings:

- IS-100.C: Introduction to the Incident Command System, ICS 100
- IS-120.C: An Introduction to Exercises
- IS-130.A: How to be an Exercise Evaluator
- IS-200.C: Basic Incident Command System for Initial Response
- IS-244.B: Developing and Managing Volunteers
- IS-700.B: An Introduction to the National Incident Management System
- IS-800.D: National Response Framework, an Introduction
- Surgenet
- C-MIST, OPHCS, MARCS (trainings offered by ODH)
- Homeland Security Exercise and Evaluation Program (HSEEP)
- Nationwide SAR Initiative (NSI) Training: Public Health and Health Care Partners (https://www.dhs.gov/course/nsi-training-public-health-and-health-care-partners)

_____

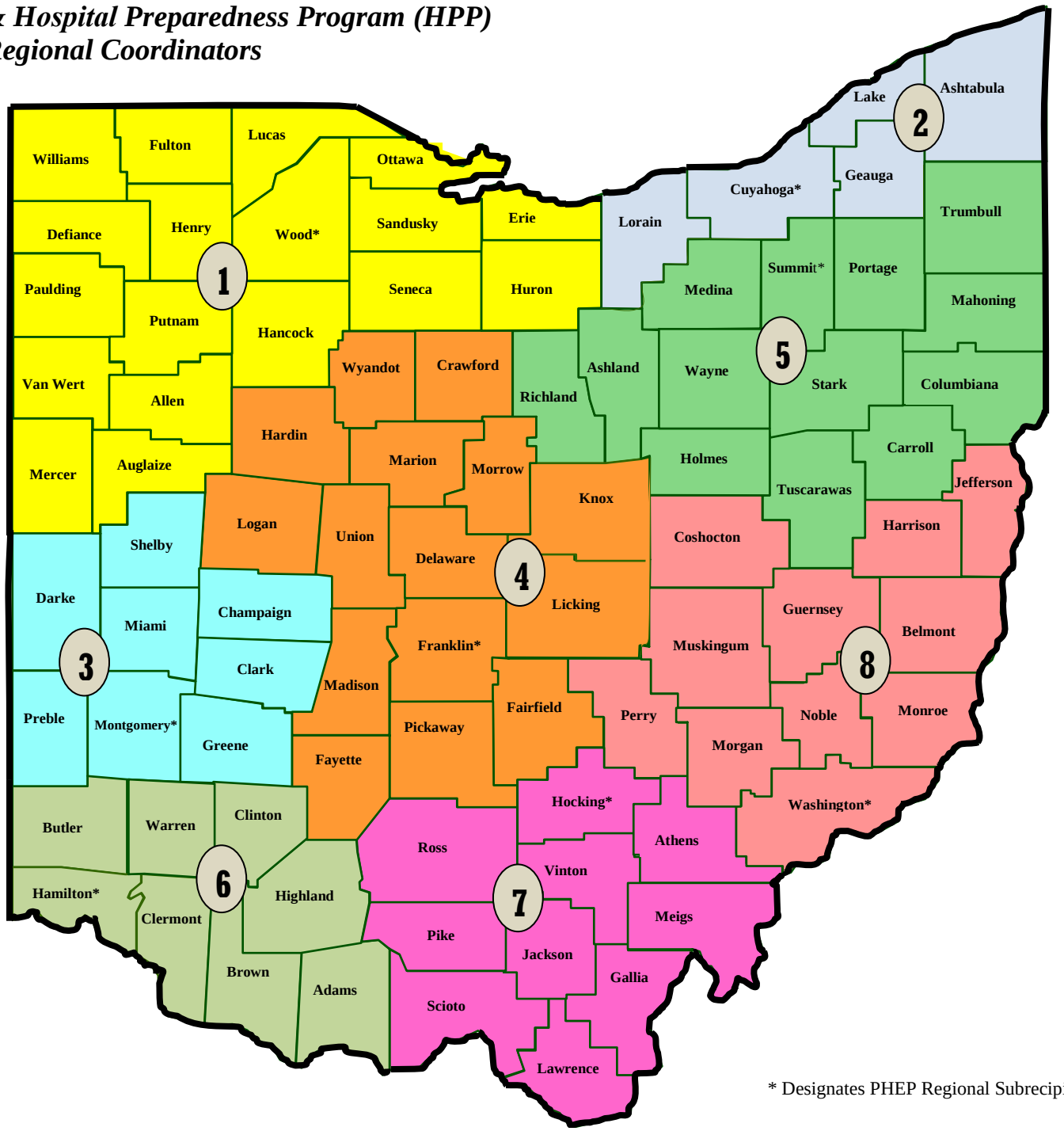
Agency Name

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

_____

Health Commissioner Signature **Date**

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

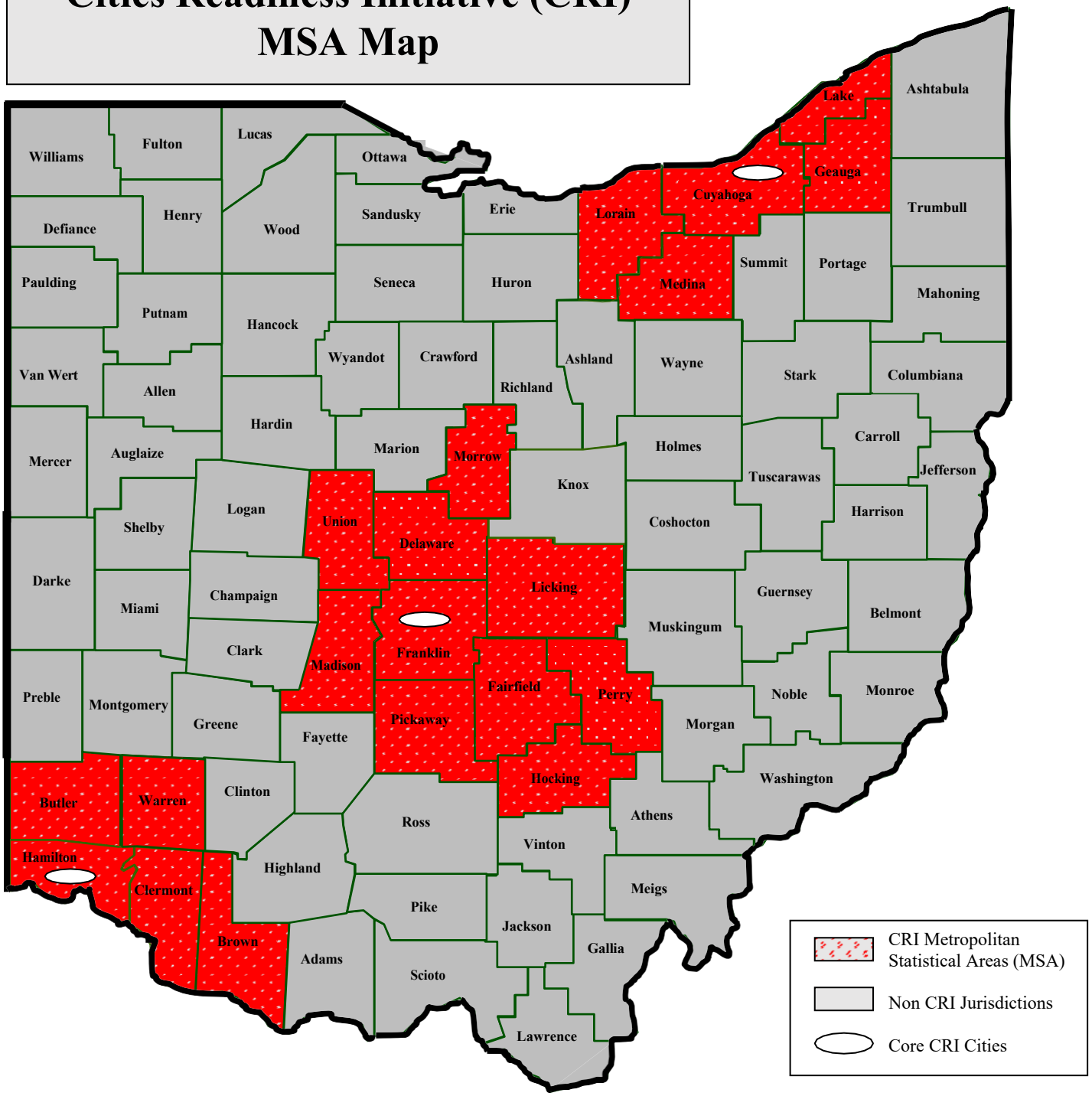


* Designates PHEP Regional Subrecipient

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@hcno.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 Burkhart	937-224-8091 wburkhart@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		

Updated 11/3/2021

Cities Readiness Initiative (CRI) MSA Map



Updated 11/01/2020

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

(a) Basic rule: Costs and contributions acceptable.

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

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

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

(b) Qualifications and exceptions—

(1) Costs borne by other Federal grant agreements.

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

(2) General revenue sharing.

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

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

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

(4) Costs financed by program income.

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

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

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

(6) Records.

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

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

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

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

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

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

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

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

(c) Valuation of donated services—

(1) Volunteer services.

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

(2) Employees of other organizations.

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

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

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

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

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

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

(1) Awards for capital expenditures.

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

(2) Other awards.

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

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

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

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

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

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

(g) Appraisal of real property.

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

APPENDIX L

PHEP Epi Coverage Matrix

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

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

2. FTE requirements for proportion of populations up to 900,000 will be in .5 increments. Follow tables below.

3. FTE requirements for populations above 900,000 will be in .1 increments. Follow tables below.

4. Rounding of population is allowed to meet FTE requirements. Follow tables below.

POPULATION	FTE Requirement
1 – 300,000	1

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

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

To submit, please click the appropriate regional email button.

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

Ohio Department of Health

ATTACHMENT #1 LOCAL HEALTH DEPARTMENT CONTACT INFORMATION

Initial Completion Date: _____ Revision Date: _____

- Note: Each agency must complete the required portions of this document and submit this document in its entirety with the application.
- If there are any pending changes to the TRIAD please complete this form and submit clicking the appropriate regional email button above, immediately.
- Any changes to ANY other portions of this document must be submitted to ODH by clicking the appropriate regional email button above, within 10 days of the change occurring.
- Local Health Departments may be requested to submit an updated Attachment 1 at the start of the grant year.

Facility Information

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

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

_____ _____ ☐ Check to authenticate signature.

Health Commissioner Date

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

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

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

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

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

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

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

SECTION 4: EPIDEMIOLOGY SERVICES: PHEP Epidemiologist Contact Information

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

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

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

PART A

<table>
<tr><th>PHEP Epidemiologist Contact Information</th><th colspan="2">List the designated epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of EpiCenter, and oversight of PHEP epidemiologic investigations for the jurisdiction:

*If there are additional Epi staff in the agency providing Epi coverage (based on Appendix L, PHEP Epi coverage matrix), complete Attachment #1B (Supplemental Epi Contact Information Sheet)</th><th colspan="2">**If the designated epidemiologist is not 1 FTE, provide the name of the second epidemiologist allocating 50% of time to PHEP epidemiologic activities</th></tr>
<tr><td>Name:</td><td colspan="2"></td><td colspan="2"></td></tr>
<tr><td>Direct Phone Number:</td><td colspan="2">Extension:</td><td colspan="2">Extension:</td></tr>
<tr><td>Email:</td><td colspan="2"></td><td colspan="2"></td></tr>
<tr><td>Fax:</td><td colspan="2"></td><td colspan="2"></td></tr>
<tr><td>Back-up Phone:
*Do not use personal cell phone unless it is also used for the position.</td><td colspan="2"></td><td colspan="2"></td></tr>
<tr><td rowspan="2">THIS epidemiologist is an employee of THIS agency:
*Note: The FTE as defined by the agency for a full time equivalent position, regardless of pay source</td><td colspan="2">☐ Yes
☐ No (Must Complete PART B)</td><td colspan="2">☐ Yes
☐ No (Must Complete PART B)</td></tr>
<tr><td>☐ Agency Personnel
☐ Contractor</td><td>One (1) FTE*
☐ .5 FTE ** ☐ 1 FTE
*Must be at least .5</td><td>☐ Agency Personnel
☐ Contractor</td><td>One (1) FTE*
☐ .5 FTE ** ☐ 1 FTE
*Must be at least .5</td></tr>
</table>

SECTION 4: EPIDEMIOLOGY SERVICES: PHEP Epidemiologist Contact Information

PHEP Epidemiologist Contact Information	**List the designated epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of EpiCenter, and oversight of PHEP epidemiologic investigations for the jurisdiction:** ***If there are additional Epi staff in the agency providing Epi coverage (based on Appendix L, PHEP Epi coverage matrix), complete Attachment #1B (Supplemental Epi Contact Information Sheet in Section 14)**	****If the designated epidemiologist is not 1 FTE, provide the name of the second epidemiologist allocating 50% of time to PHEP epidemiologic activities**
This epidemiologist meets the education and experience requirements as per Appendix E to serve as a:	☐ Primary Epidemiologist (Agency must complete Section 5) ☐ Consulting Epidemiologist	☐ Primary Epidemiologist (Agency must complete Section 5) ☐ Consulting Epidemiologist
Additional positions held within the agency: (i.e. MRC Coordinator, Emergency Response Coordinator, Program Director)		
Our agency pays for THIS epidemiologist through the identified funding:	**(Check all that apply)** ☐ PHEP funds_____% of time on budget **Note:** (This amount should match time and activity records) ☐ General revenue or other county funds ☐ Contract with other LHDs	**(Check all that apply)** ☐ PHEP funds_____% of time on budget **Note:** (This amount should match time and activity records) ☐ General revenue or other county funds ☐ Contract with other LHDs

List all local Health Departments for which a contract/MOU is in place for which THIS epidemiologist provides primary Epi Coverage

To determine population, use the most recent Census data:

https://www.census.gov/library/stories/state-by-state/ohio-population-change-between-census-decade.html

This Epi provides coverage for the following counties	Population	Contract / Population MOU Exists	This Epi provides coverage for the following counties	Population	Contract / Population MOU Exists
		☐ Yes ☐ No			☐ Yes ☐ No
		☐ Yes ☐ No			☐ Yes ☐ No
		☐ Yes ☐ No			☐ Yes ☐ No
		☐ Yes ☐ No			☐ Yes ☐ No
		☐ Yes ☐ No			☐ Yes ☐ No
		☐ Yes ☐ No			☐ Yes ☐ No
		☐ Yes ☐ No			☐ Yes ☐ No
		☐ Yes ☐ No			☐ Yes ☐ No
		☐ Yes ☐ No			☐ Yes ☐ No
Population Total:	**0**		Population Total:	**0**	

SECTION 4: EPIDEMIOLOGY SERVICES: PHEP Epidemiologist Contact Information

PHEP Epidemiologist Contact Information	**List the designated epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of EpiCenter, and oversight of PHEP epidemiologic investigations for the jurisdiction:** ***If there are additional Epi staff in the agency providing Epi coverage (based on Appendix L, PHEP Epi coverage matrix), complete Attachment #1B (Supplemental Epi Contact Information Sheet)**		****If the designated epidemiologist is not 1 FTE, provide the name of the second epidemiologist allocating 50% of time to PHEP epidemiologic activities**	
Bcepcc&q'-Acprgdga_rgm l &q' M`r_g l cb8	Afcai _jj rf_r _nnjw8	B_rc m`r_g l cb8	Afcai _jj rf_r _nnjw8	B_rc m`r_g l cb8
	☐ BS/BA		☐ BS/BA	
	☐ BSN		☐ BSN	
	☐ MPH / MS		☐ MPH / MS	
	☐ RS		☐ RS	
	☐ RN		☐ RN	
	☐ OTHER: (specify)		☐ OTHER: (specify)	
Ls k `cp md wc_pq _l b jma_rgm l q qnc l r g l _ns `jga fc_jrf _ec l aw npm tgbg l e Cng qcp tgacq	&Jma_rgm l '	! md wc_pq	&Jma_rgm l '	! md wc_pq
Gd rfc cngbc k gmjmegqr bmcq l mr fmjb _l KNF mp KQ g l Ns `jga Fc_jrf* l _k c md @?QGA cngbc k gmjmew aj_qq _l b b_rc am k njcrcb	**Name of Basic Course:**	**Date:**	**Name of Basic Course:**	**Date:**
	Name of Graduate Course:	**Date:**	**Name of Graduate Course:**	**Date:**
	☐ **Not eligible for Graduate course work**		☐ **Not eligible for Graduate course work**	

For ODH use only:

The EPI staff for this agency meets / exceeds the minimal qualifications: ☐ YES ☐ NO This agency must have access to a qualified Epi for consultation: ☐ YES (Agency must complete page 9) ☐ NO	This Agency has adequate coverage per 300,000 population: ☐ YES ☐ NO This agency must submit additional documentation to BID for completion of the Basic Epidemiology Course for the following Epi staff: ☐ YES ☐ NO
BID staff completing review:	Date:

PART B

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

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

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

Consulting Epidemiologist Contact Information **Note: The total population covered for ANY individual epidemiologist cannot exceed 300,000 persons, including those epidemiologists serving in a consultative and/or providing primary coverage.**	**Consulting Epidemiologist**		
List all local Health Departments for which a contract/MOU is in place for which THIS epidemiologist provides primary Epi Coverage **To determine population, use the following link:** **https://www.census.gov/library/stories/state-by-state/ohio-population-change-between-census-decade.html**	**This EPI provides consultation for the following counties:**	**Population:**	**Contract / MOU Exists:**
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
	Population Total:	**0**	

Consulting Epidemiologist Contact Information Note: **The total population covered for ANY individual epidemiologist cannot exceed 300,000 persons, including those epidemiologists serving in a consultative and/or providing primary coverage.**	**Consulting Epidemiologist**

Degree(s)/Certification(s) Obtained:	**Check all that apply:**	**Date obtained:**
	☐ BS/BA	
	☐ BSN	
	☐ MPH/MS	
	☐ RS	
	☐ RN	
	☐ Other	

If the epidemiologist does not hold an MPH or MS in Public Health, name of BASIC epidemiology class and date completed	**Name of BASIC Course:**	**Date:**	**Name of BASIC Course:**	**Date:**

If the epidemiologist does not hold an MPH or MS in Public Health, name of GRADUATE course in epidemiology or statistics and date completed	**Name of GRADUATE Course:**	**Date:**	**Name of GRADUATE Course:**	**Date:**

Number of years and location spent in a public health agency providing Epi services	&Jma_rgm l '	! md wc_pq

For ODH use only:

This Epidemiologist is acceptable to serve in a consultative role:
☐ YES ☐ NO

BID staff completing review: Date:	Date:

EPIDEMIOLOGY SERVICES:
PART C

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

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

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

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

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

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

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

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

SECTION 7: **Identify the lead contact for the following:**
Note: This position does not have to be an epidemiologist

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

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

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

SECTION 9: **MARCS Contact Information**

Name of LHD:		

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

Name of LHD:		

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

Name of LHD:		

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

Name of LHD:		

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

SECTION 10: OPHCS Contact Information

Name of LHD:		

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

Name of LHD:		

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

Name of LHD:		

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

Name of LHD:		

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

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

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

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

SECTION 12: Ohio Responds/Medical Reserve Corps Contact Information

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

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

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

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

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

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

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

<table>
<tr><th>PHEP Epidemiologist Contact Information</th><th colspan="2">List the designated epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of EpiCenter, and oversight of PHEP epidemiologic investigations for the jurisdiction:
*If there are additional Epi staff in the agency providing Epi coverage (based on Appendix A, PHEP Epi coverage matrix), complete Attachment #1B (Supplemental Epi Contact Information Sheet)</th><th colspan="2">**If the designated epidemiologist is not 1 FTE, provide the name of the second epidemiologist allocating 50% of time to PHEP epidemiologic activities</th></tr>
<tr><td>Name:</td><td colspan="2"></td><td colspan="2"></td></tr>
<tr><td>Direct Phone Number:</td><td colspan="2">Extension:</td><td colspan="2">Extension:</td></tr>
<tr><td>Email:</td><td colspan="2"></td><td colspan="2"></td></tr>
<tr><td>Fax:</td><td colspan="2"></td><td colspan="2"></td></tr>
<tr><td>Back-up Phone:
*Do not use personal cell phone unless it is also used for the position.</td><td colspan="2"></td><td colspan="2"></td></tr>
<tr><td rowspan="2">THIS epidemiologist is an employee of THIS agency:
*Note: The FTE as defined by the agency for a full time equivalent position, regardless of pay source</td><td colspan="2">☐ Yes
☐ No (Must Complete PART B)</td><td colspan="2">☐ Yes
☐ No (Must Complete PART B)</td></tr>
<tr><td>☐ Agency Personnel
☐ Contractor</td><td>One (1) FTE*
☐ .5 FTE ** ☐ 1 FTE
*Must be at least .5</td><td>☐ Agency Personnel
☐ Contractor</td><td>One (1) FTE*
☐ .5 FTE ** ☐ 1 FTE
*Must be at least .5</td></tr>
<tr><td>Additional positions held within the agency: (i.e., MRC Coordinator, Emergency Response Coordinator, Program Director)</td><td colspan="2"></td><td colspan="2"></td></tr>
<tr><td>Our agency pays for THIS Epidemiologist through the identified funding:</td><td colspan="2">(Check all that apply)
☐ PHEP funds_____% of time on budget
Note: (This amount should match time and activity records)
☐ General revenue or other county funds
☐ Contract with other LHDs</td><td colspan="2">(Check all that apply)
☐ PHEP funds_____% of time on budget
Note: (This amount should match time and activity records)
☐ General revenue or other county funds
☐ Contract with other LHDs</td></tr>
</table>

List all local Health Departments for which a contract/MOU is in place for which THIS epidemiologist provides primary Epi Coverage To determine population, use the following link only: https://www.census.gov/library/stories/state-by-state/ohio-population-change-between-census-decade.html	This Epi provides coverage for the following counties	Population	Contract / Population MOU Exists	This Epi provides coverage for the following counties	Population	Contract / Population MOU Exists
			☐ Yes ☐ No			☐ Yes ☐ No
			☐ Yes ☐ No			☐ Yes ☐ No
			☐ Yes ☐ No			☐ Yes ☐ No
			☐ Yes ☐ No			☐ Yes ☐ No
			☐ Yes ☐ No			☐ Yes ☐ No
			☐ Yes ☐ No			☐ Yes ☐ No
			☐ Yes ☐ No			☐ Yes ☐ No
			☐ Yes ☐ No			☐ Yes ☐ No
			☐ Yes ☐ No			☐ Yes ☐ No
	Population Total:	**0**		Population Total:	**0**	

Bcepcc&q'-Acprgdga_rgm l &q' M`r_g l cb8	Afcai _jj rf _r _nnjw8	B_rc m`r_g l cb8	Afcai _jj rf _r _nnjw8	B_rc m`r_g l cb8
	☐ BS/BA		☐ BS/BA	
	☐ BSN		☐ BSN	
	☐ MPH / MS		☐ MPH / MS	
	☐ RS		☐ RS	
	☐ RN		☐ RN	
	☐ OTHER: (specify)		☐ OTHER: (specify)	

Ls k `cp md wc_pq _l b jma_rgm l q qnc l r g l _ns`jga fc_jrf _ec l aw npm tgbg l e Cng qcptgacq	&Jma_rgm l '	! md wc_pq	&Jma_rgm l '	! md wc_pq

Gd r f c cngbc k gmjmegqr bmcq l mr f mjb _l KNF mp KQ g l Ns`jga Fc_jrf* l _k c md @?QGA cngbc k gmjmew aj_qq _l b b_rc am k njcrcb	Name of Basic Course:	Date:	Name of Basic Course:	Date:
	Name of Graduate Course:	**Date:**	**Name of Graduate Course:**	**Date:**
	☐ **Not eligible for Graduate course work**		☐ **Not eligible for Graduate course work**	

For ODH use only:

The EPI staff for this agency meets / exceeds the minimal qualifications: ☐ YES ☐ NO This agency must have access to a qualified Epi for consultation: ☐ YES (Agency must complete page 9) ☐ NO	This Agency has adequate coverage per 300,000 population: ☐ YES ☐ NO This agency must submit additional documentation to BID for completion of the Basic Epidemiology Course for the following Epi staff: ☐ YES ☐ NO
BID staff completing review:	Date:

Attachment Two

Match Documentation Letter

Date:

Name of Health Commissioner/Agency Head
Agency Name
Address

Dear ODH:

Our agency is required to contribute a 7.7% match for the Public Health Emergency Preparedness grant. Our total PHEP grant amount is *(Insert Total PHEP Award)* with project number *(Insert Project Number)*. A total of *(Insert Matching Funds Amount)* matching funds is provided for the period of July 1, 2022 – June 30, 2023 as described below. The table below outlines the source and amount of the funds.

These funds are not used for other match requirements nor are they federal funds. The funds come from our general revenue from our health department. These matching funds reflect work and activities that enhance and support our public health preparedness efforts in our jurisdiction. If you have any questions about this, please contact *(Insert Contact Person)*.

Sincerely,

_____
Health Commissioner or Agency Head (must be signed)

Match Category	Match Description	Match Amount
TOTAL MATCH AMOUNT		

Attachment Three

PHEP CORE
BUDGET JUSTIFICATION
SCENARIO: 1

Deliverable 1 **Total $_____**

Objective 1.1: By April 28, 2023, the subrecipient must submit into GMIS the subrecipient's Radiological Response Annex that has been developed, revised, and adopted in accordance with the requirements detailed in the ***Radiological Incident Response Annex Rubric for FY23.***

Deliverable 2 **Total $_____**

Objective 2.1: By February 24, 2023, the subrecipient must submit into GMIS the subrecipient's updated COOP Plan and completed ****COOP Workbook for FY23*** in accordance with the requirements detailed in the ****COOP Workbook for FY23.***

Deliverable 3 **Total $_____**

Objective 3.1: By September 17, 2022, the subrecipient must submit into GMIS the completed ***Whole Community Communications Planning Workbook - FY23*** in accordance with the requirements detailed in the provided template.

Deliverable 4 **Total $_____**

Objective 4.1: By September 30, 2022, the subrecipient must submit into GMIS the completed ***Emergency Response Planning Workbook for FY23*** in accordance with the requirements detailed in the provided template.

Deliverable 5 **Total $_____**

Objective 5.1: Q1: By October 07, 2022 (for investigations reported May 16, 2022 – September 30, 2022, including any not closed after April 1, 2021), the subrecipient must submit into GMIS the ***Outbreak Report Status Worksheet***. **$_____**

Objective 5.2: Q2: By January 06, 2023 (for investigations reported October 1, 2022 – December 31, 2022, including any not closed during the previous quarter), the subrecipient must submit into GMIS the ***Outbreak Report Status Worksheet***. **$_____**

Objective 5.3: Q3: By April 07, 2023 (for investigations reported January 1, 2023 – March 31, 2023, including any not closed during the previous quarter), the subrecipient must submit into GMIS the ***Outbreak Report Status Worksheet***. **$_____**

Objective 5.4: Q4: By May 31, 2023 (for investigations reported April 1, 2023 – May 12, 2022, including any not closed during the previous quarter), the subrecipient must submit into GMIS the ***Outbreak Report Status Worksheet***. **$_____**

Deliverable 6 **Total $_____**

Objective 6.1: Q1: By October 3, 2022 the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. **$_____**

Objective 6.2: Q2: By January 6, 2023 the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. **$_____**

Objective 6.3: Q3: By April 3, 2023, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. **$_____**

Objective 6.4: Q4: By June 16, 2023, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. **$_____**

Deliverable 7 **Total $_____**

Objective 7.1: By August 31, 2022, the subrecipient must submit into GMIS a completed ***SFY22 Volunteer Deployment Performance Measurement*** form and ***SFY22 Information Sharing Performance Measure*** form. **$_____**

Objective 7.2: By March 31, 2023, the subrecipient must submit into GMIS a completed ***SFY22 Volunteer Deployment Performance Measurement*** form and ***SFY22 Information Sharing Performance Measure*** form. **$_____**

Deliverable 8 **Total $_____**

Objective 8.1: By August 31, 2022, the subrecipient must submit into GMIS a completed ***Subrecipient AAR/IP Improvement*** **Implementation Activity Plan** in accordance with the requirements detailed within the provided template.

Objective 8.2: By May 28, 2023, the subrecipient must submit into GMIS a completed ***Subrecipient AAR/IP Improvement*** **Implementation Activity Report** in accordance with the requirements detailed within the provided template.

Deliverable 9 **Total $_____**

Objective 9.1: By September 30, 2022, the subrecipient must submit into GMIS the documentation verifying attendance of the jurisdiction's Emergency Response Coordinator or designee at the Regional IPPW.

Deliverable 10 **Total $_____**

Objective 10.1: By December 9, 2022, the subrecipient must submit into GMIS the updated jurisdictional PHEP Core IPP on the ***ODH PHEP IPP Template.***

Deliverable 11 **Total $_____**

Objective 11.1: By March 31, 2023, the subrecipient must submit into GMIS the PHEP Core jurisdictional AAR/IP the planned TTX, FE or FSE on the ***ODH PHEP AAR/IP Template** following requirements listed in ***BP4/SFY23 Exercise Deliverable Technical Assistance and Requirements*** document.

Deliverable 12 Total $_____

Objective 12.1: By April 28, 2023, the subrecipient must submit into GMIS the ***CIP Worksheet*** that has been updated in accordance with the requirements detailed therein.

Deliverable 13 Total $_____

Objective 13.1: By February 12, 2023, the subrecipient must submit into GMIS their updated MCM Plan containing the required components in the ***MCM Dispensing and Distribution Strategy Workbook for SFY22.***

Deliverable 14 Total $_____

Objective 14.1: By October 7, 2022, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report. **$_____**

Objective 14.2: By January 6, 2023, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report. **$_____**

Objective 14.3: By April 7, 2023, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report. **$_____**

Objective 14.4: By May 29, 2023, the subrecipient must submit into GMIS the **** Communications Worksheet*** and alerting system message summary report. **$_____**

Deliverable 15 Total $_____

Objective 15.1: By November 4, 2022, the subrecipient must submit into GMIS the completed ***Annual MCM Dispensing Drills*** form, and the supporting evidence, in accordance with the requirements detailed in the ***Annual MCM Dispensing Drill Requirements*** document.

Deliverable 16 Total $_____

Objective 16.1: By December 15, 2022, the subrecipient must submit into GMIS the completed ***Inventory List Template as*** detailed in the ***Inventory Reporting Requirements document***.

Total PHEP Core Funding (sum of Deliverables 1 -16 above) $_____

Notes:

- **Budget justification line items MUST be in the same order as in the GMIS budget**
- **Provide the amount of funding for which the subrecipient will seek reimbursement based on the percentage ascribed to the deliverables on B2.**
- **The budget justification must be signed by the agency head listed in GMIS.**

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

Subrecipient's authorized representative certifies the foregoing:

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

_____

[Signature]

_____

[Print Name & Title]

_____

[Date]

PHEP REGIONAL
BUDGET JUSTIFICATION
SCENARIO: 2

Deliverable 1 Total $_____

Objective 1.1: By April 22, 2023, the subrecipient must submit into GMIS, a new or updated ***Ohio Medical Countermeasures (MCM) Site Survey for Points of Dispensing (POD) and Drop Site Facilities Form*** and a new or updated signed MOU between the RDS administrator or signatory, subrecipient, and the local health justification the RDS resides in. All RDS site-specific information must also be updated in OPOD. **$_____**

Objective 1.2: By May 5, 2023, the subrecipient must submit into GMIS, their completed ***RDS Site Activation Drill Form*** per the requirements in the ****RDS Drill Requirements*** document. **$_____**

Objective 1.3: By May 24, 2023, the subrecipient must submit into GMIS, their completed ****RDS Staff Notification Drill Form***, the RDS staffing roster, and a system generated message summary report, per the requirements in the ****RDS Drill Requirements*** document. **$_____**

Deliverable 2 Total $_____

Objective 2.1: By September 30, 2022, the Regional Public Health Coordinator must facilitate a Regional IPPW for PHEP Core subrecipients, Cities Readiness Initiative subrecipients, and Regional Healthcare Coordinators. The Regional Public Health Coordinator must provide a copy of the completed attendance list or other verification of participation to all participants. The Regional IPPW agenda, presentation materials (PHEP Regional specific MS PowerPoint slides or similar presentation documentation), meeting minutes, and documentation verifying attendance must be submitted into GMIS.

Deliverable 3 Total $_____

Objective 3.1: By December 9, 2022, the subrecipient must submit into GMIS the completed PHEP Regional IPP on the ****ODH PHEP IPP Template***.

Deliverable 4 Total $_____

Objective 4.1: By March 31, 2023, the subrecipient must submit into GMIS the completed PHEP Regional AAR/IP for the planned TTX, FE or FSE on the ***ODH PHEP AAR/IP Template*** following requirements listed in ****BP4/SFY23 Exercise Deliverable Technical Assistance and Requirements*** document.

Deliverable 5 Total $_____

Objective 5.1 By July 29, 2022, the subrecipient must submit into GMIS the documentation verifying attendance of the Regional Public Health Coordinator or his/her designee to the ODH IPPW and must complete the participant feedback survey.

Deliverable 6 **Total $_____**

Objective 6.1: By March 31, 2023, the subrecipient must submit into GMIS the documentation verifying attendance and participation of the Regional Public Health Coordinator or his/her designee in the HCC Radiation Emergency Surge TTX.

Deliverable 7 **Total $_____**

Objective 7.1: By October 30, 2022, the subrecipient must submit into GMIS an Activity Plan for building increased ability/capacity in the three previously identified volunteer capabilities within their region. **$_____**

Objective 7.2: By May 30, 2023, the subrecipient must submit into GMIS the end of year Activity Report demonstrating "significant ability/capacity" within their region in at least one of the three previously identified areas. **$_____**

Deliverable 8 **Total $_____**

Objective 8.1: By September 30, 2022, the subrecipient must submit into GMIS the first MRC Unit Coordinator Meeting Materials, including the agenda, meeting minutes, attendance record and the completed ***BP4/SFY23 Data Entry Attestation Template*** documenting the activities that each unit coordinator entered into the MRC Unit Profile and Activity Reporting System. **$_____**

Objective 8.2: By December 31, 2022, the subrecipient must submit into GMIS the second MRC Unit Coordinator Meeting Materials, including the agenda, meeting minutes, attendance record and the completed ***BP4/SFY23 Data Entry Attestation Template*** documenting the activities that each unit coordinator entered into the MRC Unit Profile and Activity Reporting System. **$_____**

Objective 8.3: By March 31, 2023, the subrecipient must submit into GMIS the third MRC Unit Coordinator Meeting Materials, including the agenda, meeting minutes, attendance record and the completed ***BP4/SFY23 Data Entry Attestation Template*** documenting the activities that each unit coordinator entered into the MRC Unit Profile and Activity Reporting System. **$_____**

Objective 8.4: By June 1, 2023, the subrecipient must submit into GMIS the fourth MRC Unit Coordinator Meeting Materials, including the agenda, meeting minutes, attendance record and the completed ***BP4/SFY23 Data Entry Attestation Template*** documenting the activities that each unit coordinator entered into the MRC Unit Profile and Activity Reporting System. **$_____**

Deliverable 9 **Total $_____**

Objective 9.1: By October 21, 2022, the subrecipient will submit into GMIS one written report describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting. **$_____**

Objective 9.2: By January 23, 2023, the subrecipient will submit into GMIS one written report describing the content presented by the regional subrecipient at one full/general Regional

Healthcare Coalition meeting.

$_____

Objective 9.3: By April 21, 2023, the subrecipient will submit into GMIS one written report describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting.

$_____

Objective 9.4: By June 21, 2023, the subrecipient will submit into GMIS one written report describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting. **$_____**

Deliverable 10 **Total $_____**

Objective 10.1: By November 30, 2022, the subrecipient will submit into GMIS a completed ***Regional Whole Community Planning Needs Assessment Workbook.***

$_____

Objective 10.2: By April 30, 2023, the subrecipient will submit into GMIS an attendance record of the regional meeting demonstrating completion of the ODH-provided Whole Community Planning in Health Preparedness Training.

$_____

Objective 10.3: By June 1, 2023, the subrecipient will submit into GMIS a completed ***Regional Whole Community Planning Coordination and Action Plan.***

$_____

Total PHEP Regional Funding (sum of Deliverables 1 -10 above) $_____

Notes:

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

Subrecipient's authorized representative certifies the foregoing:

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

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

_____

[Signature]

_____

[Print Name & Title]

_____

[Date]

PHEP CRI
BUDGET JUSTIFICATION
SCENARIO: 3

Deliverable 1 Total $_____

Objective 1.1: By September 30, 2022, the subrecipient must submit into GMIS the completed ****ORR/OPOD Update Workbook for BP4*** document documenting completion of all the CDC designated platform required fields and forms and updated the sections in OPOD.

Deliverable 2 Total $_____

Objective 2.1: By November 4, 2022, the subrecipient must submit into GMIS the completed ****Annual MCM Dispensing Drills*** form, and the supporting evidence, in accordance with the requirements detailed in the ****Annual MCM Dispensing Drill Requirements*** document.

Deliverable 3 Total $_____

Objective 3.1: By September 2, 2022, the subrecipient must submit into GMIS the Quarter 1 MCM Action Plan and quarterly technical assistance call attendance record. **$**_____

Objective 3.2: By December 5, 2022, the subrecipient must submit into GMIS the Quarter 2 MCM Action Plan and quarterly technical assistance call attendance record. **$**_____

Objective 3.3: By March 3, 2023, the subrecipient must submit into GMIS the Quarter 3 MCM Action Plan and quarterly technical assistance call attendance record. **$**_____

Objective 3.4: By June 2, 2023, the subrecipient must submit into GMIS the Quarter 4 MCM Action Plan and quarterly technical assistance call attendance record. **$**_____

Deliverable 4 Total $_____

Objective 4.1: By October 31, 2022, the subrecipient must submit into GMIS and the new CDC ORR platform, the PHEP CRI jurisdictional AAR/IP for the COVID-19 pandemic response

Deliverable 5 Total $_____

Objective 5.1: By June 3, 2023, the subrecipient must submit into GMIS a copy of the sign-in sheets from their jurisdiction's ORR assessment.

Total PHEP CRI Funding (sum of Deliverables 1 - 5 above) $_____

Notes:

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

Subrecipient's authorized representative certifies the foregoing:

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

_____

[Signature]

_____

[Print Name & Title]

_____

[Date]