MEMORANDUM

Date: January 23, 2025

To: Hospital Preparedness (HPP) Subrecipient Agencies

From: Renee Dickman
Bureau of Health Preparedness
Ohio Department of Health

Subject: Regional Health Care System Coordination for Disaster Preparedness (RP26) Continuation Solicitation July 1, 2025 - June 30, 2026

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 p.m., on Monday, March 3, 2025**. 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 at https://odh.ohio.gov/about-us/funding-opportunities/resources/grant-solicitations

If you have questions, please contact Jessica Yuzwa at 614.466.8064 or e-mail at Jessica.Yuzwa@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

Base Only Funding

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates, Program Budget and Budget Narrative, and Other Required Attachments.
Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules, and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: **July 1, 2025, through June 30, 2026, of the total project period, July 1, 2024, through June 30, 2029.** Reference the competitive solicitation for more information.

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

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; 2 CFR, Part 200; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of the agency's policy regarding subawards and are prepared to establish the necessary inter- institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Number of Grants and Funds Available*:* Up to seven grants may beawarded for a total amount of $5,017,879.00 on the following allocations for each region.)

Region	FY26 Funding
Northwest	$758,412.39
Northeast	$763,780.65
West Central	$524,134.55
Central	$836,803.62
Northeast Central	$847,408.18
Southeast/Southeast Central	$600,542.44
Southwest	$686,797.17
Total Award Amount	$5,017,879.00

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

C. Formatting Requirements for Attachments:

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

D. Qualified Applicants:

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

1. The Applicant does not owe funds to ODH and has repaid any funds due with 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. The subrecipient will identify one full-time equivalent staff member designated as the Regional Healthcare Coordinator (RHC) that meets the requirements described in **Appendix E: Regional Healthcare Coordinator Sub-Recipient Expectations and the HPP FY26 Coalition Requirements document.**
4. The subrecipient must also identify a clinical advisor that meets the requirements described in the HPP FY26 Coalition Requirements document. Contact information should be provided to ODH via an Attachment 1 submission.
5. Applicant has submitted an application and all required attachments by **4 p.m. on Monday, March 3, 2025**

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: (<u>This is not applicable for the HPP application</u>.) 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.

B. 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. The subrecipient will support vulnerable communities and engage partners who support individuals with access and functional needs. ***Progress on Health Equity and Disparity Reduction Activities is addressed in the deliverables to be completed by the subrecipient during SFY26/BP2.***

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

1. **Budget Narrative:** Provide a detailed budget justification in a narrative that describes how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including plans for out-of-state travel), supplies and training costs. If you have shared costs, refer to OGAPP Chapter 2

Section C2.4 Cost Allocation Plan for additional information. Please refer to the GMIS bulletin board for attachment instructions.

Due to federal and state requirements, the subrecipient must submit the budget in two templates: Budget Narrative (Attachment 3) as provided by ODH and the ASPR HCC Budget Narrative.

This grant will provide funds to Regional Healthcare Coalitions to coordinate Ohio's healthcare delivery system to effectively plan for and coordinate a surge response during an emergency that may impact the public's health, including training and exercising for such a response. Funds will continue to support existing infrastructure while improving, where needed, additional opportunities to enhance planning and coordination, interoperable communications, and increased situational awareness. A portion of the grant funding must be distributed among all ASPR-funded hospitals.

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

2. **State Fiscal Year 2025 Budget via GMIS:** Complete requested budget information as follows:

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

Any personnel listed in the budget must complete daily timesheets. Time and Effort reporting must be completed if staff are charged to multiple funding sources.

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

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

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

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.

8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building (unless allowable by the grant).
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Travel and meals over the current state rates (see OBM website: http://obm.ohio.gov/TravelRule/default.aspx for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in thebudget narrative.
17. Training longer than one week in duration, unless otherwise approved by ODH.
18. Contracts for compensation with advisory board members.
19. Grant-related equipment costs greater than $1,000, unless justified in the budget narrative andapproved by ODH.
20. Payments to any person for influencing or attempting to influence members of Congress or theOhio General Assembly in connection with awarding of grants.
21. Promotional Items.
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated.
23. Unallowable costs as described by the Administration for Strategic Preparedness and Response (ASPR) as described in the federal notice of funding opportunity for these sub-award funds and those unallowable costs described in the competitive solicitation.

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

4. Indirect (Facilities and Administration):

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

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may new indirect cost effective 10-1-2024 elect to charge a de minimis rate of 15% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

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

D. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

All attachments must be completed and submitted electronically.

a. Other Required Documentation:

1) Attachment 1: Contact Information
2) Attachment 2: Match Letter
3) Attachment 3: Budget Justification
4) Appendix A - NOIAF/Continuation Solicitation Reimbursement Type Form
5) Appendix E - Regional Healthcare Coordinator Expectations
6) Appendix F - HCC Budget Template

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

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

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

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

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

- **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 to the financial standards of conduct as stated therein.

- **Federal Funding Accountability and Transparency Act (FFATA):** All new 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 into the federal system.

  All applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to https://sam.gov/.

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

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

- **For Non-Profit Organizations Only:**

  1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.

  2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letterapproving non-tax-exempt status.

E. 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.
   1. At-risk population.
   2. Mental health population.
   3. Homeless population.

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

____Applicable __X__Not Applicable to Hospital Preparedness Program

F. 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 orexpenditure 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 required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

_X___Program Reports Required _____No Program Reports Required

Period	Report Due Date
July 1, 2025 - December 31, 2025	January 15, 2026 (Mid-Year Report)
January 1, 2026 - June 2026	June 15, 2026 (End of Year Report)

B. **Subrecipient Reimbursement Expenditure Reports:** Subrecipient monthly expenditure reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
July 1 – 31, 2025	August 10, 2025
August 1 – 31, 2025	September 10, 2025
September 1 – 30, 2025	October 10, 2025
October 1 – 31, 2025	November 10, 2025
November 1 – 30, 2025	December 10, 2025
December 1 – 31, 2025	January 10, 2026
January 1 - 31, 2026	February 10, 2026
February 1 - 28, 2026	March 10, 2026
March 1 - 31, 2026	April 10, 2026
April 1 - 30, 2026	May 10, 2026
May 1 - 31, 2026	June 10, 2026
June 1 - 30, 2026	July 10, 2026

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

Period	Report Due Date
July 1 - September 30, 2025	October 10, 2025
October 1 - December 31, 2025	January 10, 2026
January 1 - March 31, 2026	April 10, 2026
April 1 - June 30, 2026	July 10, 2026

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 p.m. on or before August 5, 2026.** 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, which serves as an invoice to return unused funds.

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

III APPENDICES

A. NOIAF/Continuation Solicitation ReimbursementType Form
B. B1 Deliverable Objective Descriptions
   B2 Deliverable Objective Allocations
C. Evidence of Health Equity Strategies Checklist
D. Application Checklist
E. Regional Healthcare Coordinator Expectations
F. HCC Budget Template
G. ASPR Hospital Roster
H. Regional Map
I. Cost Sharing

IV ATTACHMENTS

1) Attachment 1: Contact Information
2) Attachment 2: Match Letter
3) Attachment 3: Budget Justification Template

Appendix A – Notice of Intent to Apply (NOIAF)

Submission Required

CONTINUATION SOLICITATION

REIMBURSEMENT TYPE FORM

Ohio Department of Health

Bureau of Health Preparedness

Regional Health Care System Coordination for Disaster Preparedness (Hospital Preparedness Program)

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

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

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

_____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

_____ _____

Agency Head (Print Name) Agency Head (Signature)

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

Due to ODH by 1/29/2025

Please email completed form to Grant.Support@odh.ohio.gov

Appendix B1

Name of Subgrant Program: Hospital Preparedness Program (HPP)
Budget Period: July 1, 2025 – June 30, 2026 (BP2)
Number of deliverables: 8
Use Budget Justification Scenario #: Budget Justification – Attachment 3

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

Deliverable – Objective 1: Healthcare Coalition Meetings

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

The Regional Healthcare Coordinator must lead regular Regional Healthcare Coalition (HCC) meetings and demonstrate in meeting minutes compliance according to the ***BP2/SFY26 HCC Meeting Requirements, BP2/SFY26 Coalition Requirements,*** and Regional Healthcare Coordinator Subrecipient Expectations.

Successful Completion of the Deliverable(s) Includes:

- **Objective 1.1:** By August 1, 2025, the subrecipient will submit into GMIS a calendar schedule utilizing the ***BP2/SFY26 HCC Meetings Template*** for a minimum of six HCC meetings within the grant year in accordance with the ***BP2/SFY26 HCC Meeting Requirements.*** The submitted schedule will document the name of the meeting, type (full coalition, executive steering, etc.), date and time of the meeting, and the location and/or format the meeting will be held (e.g., MS Teams, WebEx, etc.) This Objective should be completed prior to your first meeting. _____1%
- **Objective 1.2:** By October 15, 2025, the subrecipient will submit into GMIS at least one full/general Regional Healthcare Coalition and one Executive Steering Committee agenda, minutes, presentations, attendance record and other documentation indicated in the ***BP2/SFY26 HCC Meeting Requirements,*** from each meeting within 21 days of the meeting occurrence. Attendance must identify names of the participating individuals, and the agencies represented. The meeting materials must also be distributed to the meeting attendees, including the Regional Public Health Coordinator and ODH HPP Planner. _____2%
- **Objective 1.3:** By January 15, 2026, the subrecipient will submit into GMIS at least one full/general Regional Healthcare Coalition agenda, minutes, presentations, attendance record and other documentation indicated in the ***BP2/SFY26 HCC Meeting Requirements,*** from each meeting within 21 days of the meeting occurrence. Attendance must identify names of the participating individuals, and the agencies represented. The meeting materials must also be distributed to the meeting attendees, including the Regional Public Health Coordinator and ODH HPP Planner. _____2%
- **Objective 1.4:** By April 15, 2026, the subrecipient will submit into GMIS at least one full/general Regional Healthcare Coalition and one Executive Steering Committee agenda, minutes, presentations, attendance record and other documentation indicated in the ***BP2/SFY26 HCC Meeting Requirements,*** from each meeting within 21 days of the meeting occurrence. Attendance must identify names of the participating individuals, and the agencies

represented. The meeting materials must also be distributed to the meeting attendees, including the Regional Public Health Coordinator and ODH HPP Planner. _____2%

- **Objective 1.5:** By June 1, 2026, the subrecipient will submit into GMIS at least one full/general Regional Healthcare Coalition agenda, minutes, presentations, attendance record and other documentation indicated in the ***BP2/SFY26 HCC Meeting Requirements,*** from each meeting within 21 days of the meeting occurrence. Attendance must identify names of the participating individuals, and the agencies represented. The meeting materials must also be distributed to the meeting attendees, including the Regional Public Health Coordinator and ODH HPP Planner. _____2%

Deliverable – Objective 2: Healthcare Coalition Roster

Description: The Healthcare Coalition (HCC) is useful for all phases of Comprehensive Emergency Management, but its primary mission should be to support healthcare organizations during emergency response and recovery. An element of this mission is promoting integration and accessibility of Coalition member organizations into the broader community response. Subrecipients must track the organizations engaging in the HCC in its annual roster. The roster submission must demonstrate Regional Healthcare Coalition compliance with the ***BP2/SFY26 Coalition Requirements.***

The subrecipient will submit an organizational chart, depicting the entire HCC as a whole and then including rollups of all committees, workgroups, and taskforces (either as identified in governance documents, or standing committees by practice).

Successful Completion of the Deliverable(s) Includes:

- **Objective 2.1**: By September 15, 2025, the subrecipient will submit into GMIS an HCC organization chart and a current HCC roster using the ***BP2/SFY26 Coalition Membership Roster*** in accordance with all conditions and requirements therein. _____2%

Deliverable – Objective 3: Tactical Communications Drills

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

Successful Completion of the Deliverable(s) Includes:

1. The subrecipient must conduct **one resource drill** via the agency's redundant communication system bi-annually.
    a. The subrecipient must report the completed action on the ***Communications Worksheet.***
    b. The subrecipient must attach a report from the alerting system that reflects responder acknowledgment rate of 75% or above.
    c. One of the two communications drills submitted must be completed during the Medical Response and Surge Exercise (MRSE).
2. MARCS Radios: The subrecipient and all ASPR hospitals must participate in scheduled MARCS radio checks conducted by ODH.

- **Objective 3.1:** By September 15, 2025, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report. _____1%

- **Objective 3.2:** By June 1, 2026, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report. _____1%

Deliverable – Objective 4: Integrated Preparedness Planning

Description: Integrated preparedness planning incorporates the whole community to plan and synchronize all aspects of preparedness, including training and exercise, to address capability gaps and improve overall preparedness.

All subrecipients will attend the ODH Statewide Integrated Preparedness Planning Workshop **(**IPPW) to identify and discuss exercise program priorities that will advance the State of Ohio's preparedness. Workshop attendance is necessary to collaborate on statewide training and exercise planning efforts among all PHEP and HPP subrecipients.

In addition, HCC subrecipients will update all tabs of the five-year HCC Readiness Plan. The HCC Readiness Plan should be updated to reflect the coalitions top strategic priorities so that their Readiness Plan and the Strategic Plan for FY 2025–2029 are aligned. HCCs should update their priorities for each BP based on the previous year's assessments.

Successful Completion of the Deliverable(s) Includes:

- **Objective 4.1:** By October 1, 2025, the Regional Healthcare Coordinator or designee must provide representation at the ODH Statewide IPPW and must complete the participant feedback survey and upload into GMIS the verification of attendance. _____7%
- **Objective 4.2:** By January 15, 2026, the subrecipient must submit into GMIS the updated the updated HCC Readiness Plan. _____5%

Deliverable – Objective 5: HCC Planning

Description: Health care and medical response coordination enables the health care delivery system and other organizations to share information, manage and share resources, and integrate their activities. HCCs and their members can best achieve enhanced coordination and improved situational awareness when there is active participation from hospitals, EMS, EMA, and public health agencies and by documenting roles, responsibilities, and authorities before, during, and immediately after an emergency. Recovery after a disaster can be the most prolonged and complex phase of emergency management. Recovery includes the restoration and strengthening of key systems and resource assets that are critical to a community's continued viability.

Cybersecurity attacks and extended downtime events can lead to significant impact on healthcare delivery. Health care facilities have been among the top targets of ransomware and disruption of service attacks. Health care facilities have increasingly faced infrastructure failures that threaten safe provision of care, including extended losses of utilities, such as water and power. In conjunction with implementing routine system mitigation efforts and periodic exercises and drills, it is critical for IT cybersecurity efforts to include ample downtime preparedness activities. Careful planning for downtime will save time while in the midst of a cyber event where resources are maxed.

Regional planning efforts support ensuring all HCC members are able to better protect against, mitigate, respond to, and recover from cyber threats and during non-cyber extended down time, ensuring patient safety and operational continuity. A cybersecurity and extended downtime healthcare delivery impact assessment was completed by each region in BP1/SFY25. Each region will use the assessments to create an HCC Cybersecurity Support Plan and an Extended Downtime (non-cyber event) Support Plan in accordance with the ***BP2/SFY26 HCC Planning Guidance***.

Additionally, each HCC must develop a Recovery Plan that describes how the HCC integrates with key recovery involved partners, to support the health care workforce, to support the recovery of critical infrastructure necessary for health care, to manage community impact and to engage community partners. HCCs will make any necessary updates to the existing HCC Response Plan and develop a Recovery Plan in accordance with the ***BP2/SFY26 HCC Planning Guidance***.

Successful Completion of the Deliverable(s) Includes:

- **Objective 5.1** By March 1, 2026, the subrecipient will develop a final Recovery Plan and make any necessary updates to the existing HCC Response Plan addressing the requirements in the ***BP2/SFY26 HCC Planning Guidance*** and submit into GMIS. _____20%

- **Objective 5.2:** By May 1, 2026, the subrecipient will submit into GMIS and the ASPR reporting tool a final Cybersecurity Plan and Extended Downtime (non-cyber event) Support Plan adopted in accordance with the requirements detailed in the ***BP2/SFY26 HCC Planning Guidance***. _____25%

Deliverable – Objective 6: Regional Hazard & Vulnerability Analysis (HVA)

Description: Each HCC has a regional HVA. The subrecipient will complete an annual review of their HVA using the ***BP2/SFY26 HCC HVA Workbook***. Health care facilities, EMS, and other health care organizations should provide input into the development of the regional HVA based on their facilities or organizations' HVAs. The assessment components should include regional characteristics, such as risks for natural or man-made disasters, geography, and critical infrastructure. The assessment components should also address population characteristics (including demographics) and consider those individuals who might require additional help in an emergency, such as children; pregnant women; seniors; individuals with access and functional needs, including people with disabilities; and others with unique needs.

Successful Completion of the Deliverable(s) Includes:

- **Objective 6.1:** By December 15, 2025, the subrecipient must complete an updated HVA for the region and submit into GMIS a completed ***BP2/SFY26 HCC HVA Workbook.*** The final HCC HVA must also be submitted into the ASPR reporting tool. _____4%

Deliverable – Objective 7: Medical Response and Surge Exercise (MRSE)

Description: The purpose of the Medical Response and Surge Exercise (MRSE) is to provide HCCs with an opportunity to test their surge response and preparedness capabilities. The scenario used in the MRSE is defined by the HCC, but all exercises will test an HCC and its members' capacity to accommodate a surge of patients equal to at least 10% of its licensed general medical/surgical bed capacity that will be provided by ODH. HCCs will utilize ASPR provided exercise documents to complete this deliverable.

HCCs must complete one communication drill (Deliverable 3.1 or 3.2) during the MRSE to ensure the availability of redundant communications in the event of a public health emergency. Deliverable submission checklists and additional information are located in the ***BP2/SFY26 Exercise Deliverable Technical Assistance*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 7.1:** By June 1, 2026, the subrecipient must conduct the MRSE and submit into GMIS the MRSE documentation for review by ODH within 90 days following the exercise. _____18%

- **Objective 7.2:** By June 15, 2026, the subrecipient must submit the MRSE documentation and MRSE Reporting Tool to ASPR and submit evidence that this has been completed (screenshots permitted) into GMIS. _____4%

Deliverable – Objective 8: HPP Zone Engagement

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

structure to best operate. RHCs will represent their coalitions in zone planning, training, and exercise activities to imbed zone activities into healthcare readiness activities beyond COVID-19.
As part of the zone support, HPP subrecipients will:

- Attend Zone meetings with ODH, Ohio Hospital Association, and Zone leads as requested by Ohio Hospital Association.
- Coordinate with the OHA to develop and disseminate any planning guidance to address complex mass casualty events.
- Provide training opportunities for healthcare coalition stakeholders on specific response processes.
- Provide regional review and comment on zone plans, processes, or protocols.
- Attend at least one discussion – based exercise regarding zone related activities as directed by ODH and OHA.
- Participate in exercise follow- up activities including hot-wash and review of the resulting After-Action Report and Improvement Plan.
- Engage subject matter experts within the regional healthcare coalition to increase participation of coalition members in zone activities.

Successful Completion of the Deliverable(s) Includes:

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

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

- **Objective 8.1:** By June 15, 2026, the subrecipient must provide verification of participation in GMIS. _____4%

Appendix B2

Budget Period: 2									
# of Deliverables: 8									
Use Budget Justification Scenario #: 1									
__X__ Base Only									
____ Base and Deliverables									
____ Deliverables Only									
SUBRECIPIENT		**Objective 1.1**	**Objective 1.2**	**Objective 1.3**	**Objective 1.4**	**Objective 1.5**	**Objective 2.1**	**Objective 3.1**	**Objective 3.2**
DELIVERABLE	Allocation	Healthcare Coalition Meetings	Healthcare Coalition Meetings	Healthcare Coalition Meetings	Healthcare Coalition Meetings	Healthcare Coalition Meetings	Healthcare Coalition Roster	Tactical Communications Drills	Tactical Communications Drills
WEIGHT (%)		**1.0%**	**2.0%**	**2.0%**	**2.0%**	**2.0%**	**2.0%**	**1.0%**	**1.0%**
Northeast	$ 763,780.65	$ 7,637.81	$ 15,275.61	$ 15,275.61	$ 15,275.61	$ 15,275.61	$ 15,275.61	$ 7,637.81	$ 7,637.81
Southeast Central/SE	$ 600,542.44	$ 6,005.42	$ 12,010.85	$ 12,010.85	$ 12,010.85	$ 12,010.85	$ 12,010.85	$ 6,005.42	$ 6,005.42
Central	$ 836,803.62	$ 8,368.04	$ 16,736.07	$ 16,736.07	$ 16,736.07	$ 16,736.07	$ 16,736.07	$ 8,368.04	$ 8,368.04
Southwest	$ 686,797.17	$ 6,867.97	$ 13,735.94	$ 13,735.94	$ 13,735.94	$ 13,735.94	$ 13,735.94	$ 6,867.97	$ 6,867.97
Northwest	$ 758,412.39	$ 7,584.12	$ 15,168.25	$ 15,168.25	$ 15,168.25	$ 15,168.25	$ 15,168.25	$ 7,584.12	$ 7,584.12
West Central	$ 524,134.55	$ 5,241.35	$ 10,482.69	$ 10,482.69	$ 10,482.69	$ 10,482.69	$ 10,482.69	$ 5,241.35	$ 5,241.35
Northeast Central	$ 847,408.18	$ 8,474.08	$ 16,948.16	$ 16,948.16	$ 16,948.16	$ 16,948.16	$ 16,948.16	$ 8,474.08	$ 8,474.08
TOTAL	**$ 5,017,879.00**	**$ 50,178.79**	**$ 100,357.58**	**$ 100,357.58**	**$ 100,357.58**	**$ 100,357.58**	**$ 100,357.58**	**$ 50,178.79**	**$ 50,178.79**

Budget Period: 2									
# of Deliverables: 8									
Use Budget Justification Scenario #: 1									
__X__ Base Only									
____ Base and Deliverables									
____ Deliverables Only									
SUBRECIPIENT	**Objective 4.1**	**Objective 4.2**	**Objective 5.1**	**Objective 5.2**	**Objective 6.1**	**Objective 7.1**	**Objective 7.2**	**Objective 8.1**	**TOTAL**
DELIVERABLE	Integrated Preparedness Planning	Integrated Preparedness Planning	HCC Planning	HCC Planning	Regional HVA	Medical Response and Surge Exercise (MRSE)	Medical Response and Surge Exercise (MRSE)	Zone Engagement	
WEIGHT (%)	**7.0%**	**5.0%**	**20.0%**	**25.0%**	**4.0%**	**18.0%**	**4.0%**	**4.0%**	**100.0%**
Northeast	$ 53,464.65	$ 38,189.03	$ 152,756.13	$ 190,945.16	$ 30,551.23	$ 137,480.52	$ 30,551.23	$ 30,551.23	$ 763,780.65
Southeast Central/SE	$ 42,037.97	$ 30,027.12	$ 120,108.49	$ 150,135.61	$ 24,021.70	$ 108,097.64	$ 24,021.70	$ 24,021.70	$ 600,542.44
Central	$ 58,576.25	$ 41,840.18	$ 167,360.72	$ 209,200.90	$ 33,472.14	$ 150,624.65	$ 33,472.14	$ 33,472.14	$ 836,803.62
Southwest	$ 48,075.80	$ 34,339.86	$ 137,359.43	$ 171,699.29	$ 27,471.89	$ 123,623.49	$ 27,471.89	$ 27,471.89	$ 686,797.17
Northwest	$ 53,088.87	$ 37,920.62	$ 151,682.48	$ 189,603.10	$ 30,336.50	$ 136,514.23	$ 30,336.50	$ 30,336.50	$ 758,412.39
West Central	$ 36,689.42	$ 26,206.73	$ 104,826.91	$ 131,033.64	$ 20,965.38	$ 94,344.22	$ 20,965.38	$ 20,965.38	$ 524,134.55
Northeast Central	$ 59,318.57	$ 42,370.41	$ 169,481.64	$ 211,852.04	$ 33,896.33	$ 152,533.47	$ 33,896.33	$ 33,896.33	$ 847,408.18
TOTAL	**$ 351,251.53**	**$ 250,893.95**	**$ 1,003,575.80**	**$ 1,254,469.75**	**$ 200,715.16**	**$ 903,218.22**	**$ 200,715.16**	**$ 200,715.16**	**$ 5,017,879.00**

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 aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to use.

1) Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in 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, community organizations, businesses, universities, 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.]

HOSPITAL PREPAREDNESS PROGRAM GRANT
SFY26 – July 1, 2025 – June 30, 2026

Agency Name: Click or tap here to enter text.

Project Key: Click or tap here to enter text.

1. Reimbursement Type Form was submitted with the Application?
   ☐ **Yes** ☐ **No**
2. Reimbursement Type Forms was submitted by the required date of January 22, 2025
   ☐ **Yes** ☐ **No**

SECTION 1

PROGRAM ATTACHMENTS

	GRANT APPLICATION COMPONENT	SCORE	COMMENTS
1.	☐ Application submitted on time		
2.	☐ Attachment #1 was submitted and complete ☐ A full-time equivalent staff member designated as the Regional Healthcare Coordinator (RHC) that meets the requirements described in Appendix E: Regional Healthcare Coordinator Sub-Recipient Expectations and the HPP FY26 Coalition Requirements document. ☐ A clinical advisor was identified that meets the requirements described in the HPP FY26 Coalition Requirements document. Contact information should be provided to ODH on the Attachment 1.		
3.	☐ Match Letter was submitted ☐ Match Letter is on Agency letterhead ☐ Correct funding and match amount used ☐ Match letter was signed by Agency Head		
4.	☐ Attachment Three (Budget Justification) was submitted ☐ Signed by Agency Head		
5.	☐ Regional Healthcare Coordination Subrecipient Expectations (Appendix E) was submitted ☐ Signed by Agency Head		

Appendix E

Regional Healthcare Coordinator Sub-Recipient Expectations

Successful applicant agencies for the Hospital Preparedness Program (HPP) Grant agree to serve as the primary planning resource and liaison to the Administration for Strategic Preparedness and Response (ASPR) hospitals and the Healthcare Coalitions (HCC) in their planning region. These program requirements are for the project period of July 1, 2025 through June 30, 2026. In Ohio, these roles are known as Regional Healthcare Coordinator (RHC), and nationally known as the HCC Readiness and Response Coordinator (RCC) or HCC RRC.

Collaboration

- Provide representation, guidance, and assistance as needed with local, regional and state planning partners for the purpose of developing and supporting local and regional partnerships and coalitions.
- Convene and facilitate regional meetings, including Regional HCC meetings to assure coordination and collaboration. Compile meeting minutes and maintain documentation of strategies, activities, and responsibilities.
- Coordinate, plan and conduct healthcare related emergency preparedness and response training, periodic disaster drills and exercises with applicable hospitals, health departments, emergency management agencies, emergency medical services, other government agencies, and HCC agencies involved in healthcare emergency preparedness and response.
    - Submit an Exercise Request Form (ERF) for all planned exercises utilizing the Microsoft Forms format no later than 10 business days after the Initial Planning Meeting (IPM).
- Recruit new members, across all provider and organization types but with additional focus to the 17 Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule provider-types.
- Collaborate with the Regional Public Health Coordinator (RPHC) in regional planning.
- Maintain relationships with local public health, emergency management, homeland security and others in the region involved in healthcare preparedness planning.
- Participate in state-sponsored site visits, meetings, and training activities when requested.
- Subrecipients must complete and submit after-action reports and improvement plans (AAR/IPs) for all exercises, planned events, and responses to real-world incidents to demonstrate compliance with HPP program requirements. HPP subrecipients must submit all AAR/IPs to the Ohio Department of Health (ODH) within 90 days of completion of an exercise or response. Once approved, ODH will submit the HCC AAR/IPs to ASPR in accordance with grant guidance.

Planning

- Review regional emergency response plans at least annually. Notify ODH of any barriers to planning collaboration.
- Provide, as requested, documentation such as meeting minutes, emails, and/or signatures, indicating planning collaboration both within the HCC and with partners and stakeholders, when reviewing and updating the regional healthcare response plans.
- Assist HCC members, particularly ASPR-funded and ASPR-participating members, with development, review and technical assistance of healthcare emergency response plans, manuals and standard operating procedures, utilizing local, state and federal guidelines and requirements. RHCs should offer members technical assistance or consultive services in meeting the CMS Emergency Preparedness Rule.
- Coordinate efforts to expand communication and emergency response capabilities between HCC members and community agencies/partners.

- Coordinate with HCC members to address capability gaps identified in real world events or exercises utilizing the coalition AAR/IP tracking process.

Situational Awareness and Data Sharing

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

Grant Administrative Requirements

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

Individual Training Requirements

Participate in and complete all training requirements, including:

- IS-100.C: Introduction to the Incident Command System
- IS-120.C: An Introduction to Exercises
- IS-130.A: How to be an Exercise Evaluator
- IS-200.C: Basic Incident Command System for Initial Response
- IS-244.B: Developing and Managing Volunteers
- IS-700.B: An Introduction to the National Incident Management System
- IS-800.D: National Response Framework, an Introduction
- IS-368: Including People with Disabilities & Others with Access & Functional Needs in Disaster Operations
- L-146 Homeland Security Exercise and Evaluation Program (HSEEP)
- Nationwide SAR Initiative (NSI) Training: Public Health and Health Care Partners (Public Health and Health Care Partners - SAR - Training
- Prepared4ALL: Whole Community Inclusive Emergency Planning (https://nationalcenterdph.org/our-focus-areas/emergency-preparedness/prepared4all/online-training/)
- Bureau of Health Preparedness Systems trainings, including, situational awareness systems for bed availability, patient tracking, C-MIST, OPHCS, MARCS and other required trainings offered by ODH.

Agency Name: _____

Agency Head: _____

Signature Date

Appendix F

Hospital Preparedness Program (HPP) Notice of Funding Opportunity (NOFO) HCC (Health Care Coalition) Budget Template Overview

Purpose	You may use this budget template to document your HCC's funded activities during Fiscal Year (2024) budget period 1 (BP1). The Office of Health Care Readiness (OHCR) is providing this budget template as an optional resource.
NOFO Instructions	HCCs submit their final budgets to the recipients and the Administration for Strategic Preparedness and Response (ASPR) within 30 days following receipt of the subaward. The budget should identify the funding sources the HCC uses (e.g., fiduciary agent, direct funding by contract), the amount received from each funding source, and the mechanism(s) your HCC uses to receive funds. Final budgets must be directly linked to the annual HCC Readiness Plan.

Budget Template Content

Tab	Description
Activity Requirements	A reference table of activity requirements for the FY 2024–2028 HPP NOFO with submission instructions, a timeline, and administrative oversight activities.
Budget Summary	Budget component
Budget - Personnel	Budget component
Budget - Travel	Budget component
Budget - Equipment	Budget component
Budget - Supplies	Budget component
Budget - Contractual	Budget component
Budget - Other	Budget component

Reference Table

HPP NOFO Outcomes	Outcome Description
Establish and act on multi-year priorities.	Outcomes include: • Health care delivery system readiness to respond to a shifting threat landscape and community needs over multiple years. • Continuous programmatic and administrative improvement on multi-year priorities.
Enhance and sustain HCCs.	Outcomes include: • HCC governance, management, and operations that reflect community partnerships.
Coordination.	Outcomes include: • Coordinated planning and decision making among health care delivery system partners. • State, local, tribal, and territorial agencies, HCCs, and other partners provide integrated health care response incident management (Emergency Support Function #8 [ESF-8] – Public Health and Medical Services).
Continuity of health care service delivery.	Outcomes include: • A resilient health care workforce able to safely meet response and recovery demands. • Sufficient space, systems, staff, and resources to support patient movement and patient care delivery during response and recovery. *Note: As used in the HPP NOFO, "health care workforce" does not refer only to clinical providers, but also includes all those who support the functioning of health care during disasters and emergencies.*

HPP NOFO Core Functions	Function Description
Assessment and risk mitigation.	Anticipate challenges and mitigate risks to support decision-making that meets community or jurisdiction health care needs during a disaster or emergency.
Information sharing.	Collect and share near real-time information to provide multidirectional health care situational awareness during an emergency or disaster.
Specialty care planning and coordination.	Incorporate necessary expertise to support health care readiness planning, disaster and incident management, including for specialty care delivery, and/or to address specific hazards or events.
Respond.	Coordinate and support the implementation of plans, policies, and procedures among recipients, HCCs, HCC members, and their partners to address patient care needs during an emergency or disaster.
Health care workforce support.	Equip, protect, and support the health care workforce by providing access to health care readiness resources, training, and exercises.
Resource management.	Facilitate resource management and planning among recipients, HCCs, HCC members, and their partners to mitigate shortfalls, maintain operations, and sustain delivery of patient care services during an emergency or disaster.
Training, exercise, and evaluation.	Conduct trainings, exercises, and evaluations that incorporate input from assessments, plans, policies, and previous trainings and exercises to evaluate, validate, and improve readiness and response processes.
Continuity and recovery.	Support the improvement of processes and systems that promote continuity of health care operations and aid in recovery.
Organizational development.	Create and carry out strategies to sustain and grow HCCs and their partnerships.

End of worksheet

FY 2024–2028 HPP NOFO Requirements

The following table is for your reference. Please refer to the HPP NOFO Timing and Deadlines table for activities 1-4 on p. 44-45 of the HPP NOFO. Refer to the Benchmarks table for Recipient and HCC benchmarks on p. 42 of the HPP NOFO.

Activities	Guidance
0. Administrative Oversight	*0. Administrative Oversight – Guidance*
0.1 Program Administration	Work with HCCs and pertinent partners to maintain program oversight throughout the period of performance. Please adhere to program

3. Plan and Implement	*3. Plan and Implement – Submission Instructions and Timeline*	*3. Plan and Implement – Responsible Owner*
3.1 Strategic Plan for FY 2024–2028	Due by March 31, 2025 (BP1). Review each BP from BP2–BP5 and submit updated material as needed.	HPP recipient with input from HCCs
3.2 Readiness Plan	Due by March 31, 2025 (BP1). Review and submit updated material each BP from BP2–BP5.	HCC in coordination with HPP recipient
3.2.1 Training and Exercise Plan	Due by March 31, 2025 (BP1). Review and submit updated material each BP from BP2–BP5.	HCC in coordination with HPP recipient
3.3 Response Plan	3.3 Response Plan – Submission Instructions and Timeline	3.3 Response Plan – Responsible Owner
3.3.1 Information-Sharing Plan	Review the current information-sharing plan each BP from BP1–BP5 and submit updated material as needed. If you and your HCC(s) do not have an information-sharing plan, submit this by June 30, 2025 (BP1). Review each BP from BP2–BP5 and submit updated material as needed.	HCC in coordination with HPP recipient
3.3.2 Resource Management Plan	Review the current resource management plan each BP from BP1-BP5 and submit updated material as needed. If you and your HCC(s) do not have a resource management plan, submit this by June 30, 2025 (BP1). Review each BP from BP2–BP5 and submit updated material as needed.	HCC in coordination with HPP recipient
3.3.3 Workforce Readiness/Resilience Plan	Due by December 31, 2026 (BP3). Review each BP from BP4–BP5 and submit updated material as needed.	HCC in coordination with HPP recipient
3.3.4 Medical Surge Support Plan	Review the current medical surge support plan each BP from BP1–BP5 and submit updated material as needed. If you and your HCC(s) do not have a medical surge support plan, submit by June 30, 2025 (BP1). Review each BP from BP2–BP5 and submit updated material as needed.	HCC in coordination with HPP recipient
3.3.5 Patient Movement Plan	You and your HCC(s) must define the submission deadline for the Patient Movement Plan when you and your HCC(s) develop your Readiness Plan. Once submitted, review each BP and submit updated material as needed.	HPP recipient with input from HCCs
3.3.6 Allocation of Scarce Resources Plan	You and your HCC(s) must define the submission deadline for the Allocation of Scarce Resources Plan when you develop your Readiness Plan. Once submitted, review each BP and submit updated material as needed.	HCC in coordination with HPP recipient
3.4 Continuity and Recovery Plan	3.4 Continuity and Recovery Plan – Submission Instructions and Timeline	3.4 Continuity and Recovery Plan – Responsible Owner
3.4.1 Continuity of Operations Plan (COOP)	Review the current COOP each BP from BP1–BP5 and submit updated material as needed. If you and your HCC(s) do not have a COOP, complete this by June 30, 2025 (BP1). Once submitted, review each BP and submit updated material as needed.	HCC in coordination with HPP recipient
3.4.2 Cybersecurity Support Plan	Due by June 30, 2026 (BP2). Review each BP from BP3–BP5 and submit updated material as needed.	HCC in coordination with HPP recipient
3.4.3 Extended Downtime Support Plan	Due by June 30, 2026 (BP2). Review each BP from BP3–BP5 and submit updated material as needed.	HCC in coordination with HPP recipient
3.4.4 Recovery Plan	Due by June 30, 2026 (BP2). Review each BP from BP3–BP5 and submit updated material as needed.	HCC in coordination with HPP recipient

4. Exercise and Improve [1]	*4. Exercise and Improve – Submission Instructions and Timeline*	*4. Exercise and Improve – Submission Instructions and Timeline*
4.1 Medical Response and Surge Exercise (MRSE)	Complete the exercise and submit the MRSE Exercise Reporting Tool by June 30 of each BP.	HCC with HPP recipient support
4.2 Patient Movement Exercise	Complete once within one year of submitting the Patient Movement Plan.	HPP recipient with HCC participation
4.3 Federal Patient Movement Exercise	If applicable, complete once every three years, or as required by other cooperative agreements/programs.	HCC with HPP recipient support
4.4 Cybersecurity Exercise	Complete once by June 30, 2027 (BP3).	HCC with HPP recipient support
4.5 Non-Cyber Extended Downtime Exercise	Complete once between BP3–BP5.	HCC with HPP recipient support
4.6 Exercise to Address Additional Jurisdictional Priorities or Areas of Improvement	Complete once in the five-year period of performance.	HPP recipient with HCC participation
4.7 Statewide Exercise	Complete once in the five-year period of performance.	HPP recipient with HCC participation

[1] Please refer to the Exercise and Improve section of the HPP NOFO for a full list of requirements for this section.
Please note that certain compliance requirements, like the requirement to conduct at least one exercise that address the needs of at-risk individuals and communities most impacted by disasters, are not listed in this table.

End of worksheet

Budget Summary

FY 2024–2028 HPP NOFO HCC Budget Narrative Template

Instructions and reminders:

1. Provide your HCC name in row 10.
2. Please provide the date your budget was submitted.
3. Please **do not** complete the Category totals column below. These will auto-populate based on your responses in the corresponding template tabs.
4. The total financial assistance requested must equal your funding award amount.

Budget period:	07/01/2024 to 06/30/2025
Health care coalition name:	[insert name]
Date submitted:	[mm/dd/yyyy]

Budget category	Category total
Personnel	$0
Fringe benefits	$0
Travel	$0
Equipment	$0
Supplies	$0
Contractual costs	$0
Other	$0
Total financial assistance requested	$0

End of worksheet

Budget: Personnel and Fringe Benefits

Instructions and reminders:

Column B: Provide the position or title.
Column C: Provide the full name of the personnel. Use the format of Last Name, First Name.
Column D: Input total amount for annual salary. If the personnel is staffed for shorter than 12 months (e.g., 6 months), provide the total salary for the duration of the months that they are employed.
Column E: Input total amount for fringe benefits.
Column F: Input the total number of months the personnel will be employed.
Column G: Input percentage of time/salary allocated to HPP support.
Column H: Verify the total salary requested (*'auto-calculated'*).
Column I: Verify the total fringe requested (*'auto-calculated'*).
Column J: Select the most appropriate supported organization from the dropdown. If 'Other', please type the organization name. If 'Multiple', please type in all organization names.
Column K: Input the cost justification, which must include the personnel's primary role or responsibility and benefit to the program.
Column L: Select the most appropriate readiness plan activity from the dropdown. If there are multiple readiness plan activities to list, manually input all the activity numbers (e.g., 1.2, 3.1, 3.2.1) rather than the full activity names. All budget line items must support one or more readiness plan activities or requirements.

Item number	Position/Title	Name	Annual salary	Annual fringe benefits	Total months employed	Percentage of full-time equivalent (FTE) dedicated to HPP	Total salary requested	Total fringe requested	Supported organization	Cost justification	Association to readiness plan
Example	*HPP Director*	*Smith, John*	*$85,000.00*	*$31,000.00*	*12.00*	*100%*	*$85,000*	*$31,000*	*Recipient*	*Oversees day to day operations of HPP. Coordinates with HCCs and partners to ensure all program deliverables are met.*	*1.2, 3.1, 3.2.1*
1						0%	$0	$0			
2						0%	$0	$0			
3						0%	$0	$0			
4						0%	$0	$0			
5						0%	$0	$0			
6						0%	$0	$0			
7						0%	$0	$0			
8						0%	$0	$0			
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29						0%	$0	$0			
30						0%	$0	$0			
		Total:	$0	$0			$0	$0			

End of worksheet

Budget: Travel

Instructions and reminders:

Column B: Input the trip name and location.
Column C: Select the most appropriate supported organization from the dropdown. If 'Other', please type the organization name. If 'Multiple', please type in all organization names.
Column D: Select in-state or out-of-state travel from the dropdown.
Column E: Input total number of trips (can be more than one, if the trip is recurring and cost remains the same).
Column F: Input the number of people traveling.
Column G: Input the number of days per trip.
Column H: Input the number of nights per trip.
Column I: Input total mileage.
Column J: Input mileage rate (e.g., 42 cents per mile is written as .42)
Column K: Input total cost of airfare per person, including tax and fees.
Column L: Input cost of lodging plus tax per night, including tax and fees.
Column M: Input the daily per diem rate for your jurisdiction as determined by the jurisdiction travel authority.
Column N: Input any other allowable costs as determined by jurisdiction travel authority.
Column O: Verify the total cost of your trip (*auto-calculated*).
Column P: Input the cost justification. Please note: Your justification must include the names and roles of all travelers and a description of how the trip benefits the program.
Column Q: Select the most appropriate readiness plan activity from the dropdown. If there are multiple readiness plan activities to list, manually input all the activity numbers (e.g., 1.2, 3.1, 3.2.1) rather than the full activity names. All budget line items must support one or more readiness plan activities or requirements.

Item number	Location and trip name	Supported organization	Travel type	Total number of trips	People (per trip)	Days (per trip)	Nights (per trip)	Total mileage	Mileage rate (per mile)	Total airfare (per person)	Lodging rate w/ tax (per night)	Per diem rate (per day)	Total other travel costs	Amount total	Cost justification	Association to readiness plan
Example	*National Healthcare Coalition Preparedness Conference (NHCPC) Orlando, FL*	*Health care coalition*	*Out of state*	*1*	*2*	*4*	*3*	*350.00*	*$0.42*	*$0.00*	*$243.00*	*$57.00*	*$0.00*	*$2,087*	*Two members of Region X HCC will gain valuable training at the annual NHCPC and provide reports to their HCC upon return and incorporate and key findings in their program.*	*3.2.1 Training and Exercise Plan*
Example	*National Healthcare Coalition Preparedness Conference (NHCPC) Orlando, FL*	*Health care coalition*	*Out of state*	*1*	*1*	*4*	*3*	*350.00*	*$0.42*	*$0.00*	*$243.00*	*$57.00*	*$0.00*	*$1,122*	*An additional member of Region X HCC will gain valuable training at the annual NHCPC and provide reports to their HCC upon return and incorporate and key findings in their program.*	*3.2.1 Training and Exercise Plan*
1			Select one											$0		
2			Select one											$0		
3			Select one											$0		
4			Select one											$0		
5			Select one											$0		
6			Select one											$0		
7			Select one											$0		
8			Select one											$0		
9			Select one											$0		
10			Select one											$0		
11			Select one											$0		
12			Select one											$0		
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26			Select one											$0		
27			Select one											$0		
28			Select one											$0		
29			Select one											$0		
30			Select one											$0		
													Total:	$0		

End of worksheet

Budget: Equipment

Instructions and reminders:

Column B: Input equipment item and brief description.
Column C: Input quantity of item.
Column D: Input cost for each item.
Column E: Verify the total cost (*auto-calculated*).
Column F: Select the most appropriate supported organization from the dropdown. If 'Other', please type the organization name. If 'Multiple', please type in all organization names.
Column G: Input the cost justification. *Please note: Your justification must include a description of how the equipment benefits the program and if the equipment item is addressing a known capability gap.*
If there are multiple supported organizations, briefly describe in your cost justification how this equipment supports multiple/other organizations and health care readiness within your jurisdiction.
Column H: Select the most appropriate readiness plan activity from the dropdown. If there are multiple readiness plan activities to list, manually input all the activity numbers (e.g., 1.2, 3.1, 3.2.1) rather than the full activity names. All budget line items must support one or more readiness plan activities or requirements.

Item number	Item description	Quantity	Unit cost	Total requested	Supported organization	Cost justification	Association to readiness plan
Example	*3M™ Versaflo™ Helmets M-300 Series - PAPR helmet*	*5*	*$1,500.00*	*$7,500.00*	*Recipient*	*Recipient buying five helmet systems that replace outdated worn systems in the state personal protective equipment (PPE) cache in support of and to back up our state special pathogen assessment center (Regent University Medical Center) and associated EMS agencies. Will be stored and maintained at state's PPE warehouse. The item replacement was listed as a gap in the most recent Health Care Coalition Hazard Vulnerability Assessment (HCC HVA).*	*3.3.4 Medical Surge Support Plan*
1				$0			
2				$0			
3				$0			
4				$0			
5				$0			
6				$0			
7				$0			
8				$0			
9				$0			
10				$0			
11				$0			
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25				$0			
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27				$0			
28				$0			
29				$0			
30				$0			
			Total:	$0			

End of worksheet

Budget: Supplies

Instructions and reminders:

Column B: Input supply item description.
You may group items such as office supplies or supplies associated with a specific training activity; however, other items (e.g., specific to an equipment item or personnel) must be listed separately. Any grouped supply items must be described in the Cost Justification.
Column C: Input quantity of item.
Column D: Input cost for each item.
Column E: Verify the total cost requested (*auto-calculated*).
Column F: Select the most appropriate supported organization from the dropdown. If 'Other', please type the organization name. If 'Multiple', please type in all organization names.
Column G: Input the cost justification. *Please note: Your justification must include a description of how the supply item benefits the program and if the supply item is addressing a known capability gap.*
If there are multiple supported organizations, briefly describe in your cost justification how the supply item(s) supports multiple/other organizations and health care readinesss within your jurisdiction.
Column H: Select the most appropriate readiness plan activity from the dropdown. If there are multiple readiness plan activities to list, manually input all the activity numbers (e.g., 1.2, 3.1, 3.2.1) rather than the full activity names. All budget line items must support one or more readiness plan activities or requirements.

Item number	Item description	Quantity	Unit cost	Total requested	Supported organization	Cost justification	Association to readiness plan
Example	*Office supplies: paper, toner, folders, pens, staples for two regional staff at Region X HCC*	*1.00*	*$350.00*	*$350.00*	*Recipient*	*Supplies required to support administrative functions of the HCC including meetings, trainings, and other duties for the Region X HCC Coordinator and administrative assistant.*	*0.1 Program Administration*
1				$0.00			
2				$0.00			
3				$0.00			
4				$0.00			
5				$0.00			
6				$0.00			
7				$0.00			
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23				$0.00			
24				$0.00			
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26				$0.00			
27				$0.00			
28				$0.00			
29				$0.00			
30				$0.00			
			Total:	$0.00			

End of worksheet

Budget: Contractual

Instructions and reminders:

Column B: Input the sub-recipient or contractor name.
Column C: Select the most appropriate choice for the organization/business type from the dropdown.
Column D: Input the planned contract start date. Use the mm/dd/yyyy format.
Column E: Input the planned contract end date. Use the mm/dd/yyyy format.
Column F: Input the total amount requested.
Column G: Select the most appropriate choice for the contractor accountability reporting timeframe from the dropdown.
Column H: Select the most appropriate supported organization from the dropdown. If 'Other', please type the organization name. If 'Multiple', please type in all organization names.
Column I: Input the cost justification. *Please note: Your justification must include a description of how the contract benefits the program. Wherever possible, reference line item details from the contract to further justify the sub-recipient's/contractor's costs.*
If there are multiple supported organizations, briefly describe in your cost justification how the contractual item(s) supports multiple/other organizations and health care readiness within your jurisdiction.
Column J: Select the most appropriate readiness plan activity from the dropdown. If there are multiple readiness plan activities to list, manually input all the activity numbers (e.g., 1.2, 3.1, 3.2.1) rather than the full activity names. All budget line items must support one or more readiness plan activities or requirements.

Item number	Sub-Recipient/Contractor (Legal name)	Organization/Business type	Start date	End Date	Total request	Monitoring/Accountability	Supported organization	Cost justification	Association to readiness plan
Example 1	*The X foundation (Non-profit fiduciary of the Region X HCC)*	*Private non-profit organization*	*7/1/2024*	*3/30/2025*	*$222,000*	*Monthly*	*Health care coalition*	*Direct contracted funds to the Region X HCC, non-profit 501(c)(3), fiduciary to support the HCC's BP1 activities.*	*1. Establish governance*
Example 2	*[State] Hospital Association*	*State or local hospital association*	*7/1/2024*	*3/30/2025*	*$1,000,000*	*Monthly*	*Health care coalition*	*Hospital association acting as fiduciary for Regions V, W, Y, and Z HCCs: Region V: AHA 10 $200,000 Region W: $200,000 Region Y: $200,000 Region Z: $200,000 Hospital association HCC point of contact salary: $100,000 will support HCC development of planning, training, exercise, and budget/work plan management in addition to supporting state Strategic Advisory Committee. Administrative costs: $50,000 – budget and accounting management and service costs supporting Region V, W, Y, and Z HCCs. Equipment, Supply, and Travel costs: $50,000 – minimum of four technical assistance (TA) trips to each HCC, office, and T&E supplies.*	*0.1 Program Administration*
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30		Select one				Select one			
				Total:	$0				

End of worksheet

Budget: Other

Instructions and reminders:

Column B: Input item description.

Column C: Input the total amount requested.

Column D: Select the most appropriate supported organization from the dropdown. If 'Other', please type the organization name. If 'Multiple', please type in all organization names.

Column E: Input the cost justification. *Please note: Your justification must include a description of how the budget item benefits the program and if the budget item is addressing a known capability gap.*
If there are multiple supported organizations, briefly describe in your cost justification how the budget item supports multiple/other organizations and health care readinesss within your jurisdiction.

Column F: Select the most appropriate readiness plan activity from the dropdown. If there are multiple readiness plan activities to list, manually input all the activity numbers (e.g., 1.2, 3.1, 3.2.1) rather than the full activity names. All budget line items must support one or more readiness plan activities or requirements.

Item number	Item description	Total requested	Supported organization	Cost justification	Association to readiness plan
Example	*Cell phone and internet service charges for six FTEs*	*$1,500*	*Recipient*	*Cost includes Verizon monthly cell charges, mobile hot spot, and satellite service fees for six FTEs at $250 per employee.*	*0.1 Program Administration*
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	Total:	$0			

End of worksheet

Appendix G

Title	Sub-Type	Region	ASPR Type	Capability_ED	Capability_Trauma	Active Member	City	State	County
Adams County Regional Medical Center	CRITICAL ACCESS HOSPITALS	6-SW	ASPR - Funded	Yes	None	Yes	SEAMAN	OH	Adams
Adena Fayette Medical Center	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Funded	Yes	None	Yes	WASHINGTON CH	OH	Fayette
Adena Greenfield Medical Center	CRITICAL ACCESS HOSPITALS	6-SW	ASPR - Participating	Yes	None	Yes	GREENFIELD	OH	HIGHLAND
Adena Pike Medical Center	CRITICAL ACCESS HOSPITALS	7-SEC	ASPR - Participating	Yes	None	Yes	WAVERLY	OH	PIKE
Adena Regional Medical Center	SHORT TERM	7-SEC	ASPR - Participating	Yes	None	Yes	CHILLICOTHE	OH	ROSS
Advanced Specialty Hospital of Toledo	LONG TERM	1-NW	ASPR - Participating	No	None	Yes	TOLEDO	OH	Lucas
Akron Children's Hospital	CHILDRENS	5-NECO	ASPR - Funded	Yes	1	Yes	AKRON	OH	Summit
Akron Children's Hospital Mahoning Valley	CHILDRENS	5-NECO	ASPR - Funded	Yes	None	Yes	YOUNGSTOWN	OH	MAHONING
Arrowhead Behavioral Health	PSYCHIATRIC	1-NW	ASPR - Participating	No	None	Yes	MAUMEE	OH	LUCAS
Ashtabula Regional Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	ASHTABULA	OH	Ashtabula
Aultman Alliance Community Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	ALLIANCE	OH	STARK
Aultman Main Campus	SHORT TERM	5-NECO	ASPR - Funded	Yes	2	Yes	CANTON	OH	STARK
Aultman Orrville	CRITICAL ACCESS HOSPITALS	5-NECO	ASPR - Funded	Yes	None	Yes	ORRVILLE	OH	Wayne
Avita Bucyrus Hospital	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Funded	Yes	None	Yes	BUCYRUS	OH	Crawford
Avita Galion Hospital	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Funded	Yes	None	Yes	GALION	OH	Crawford
Avita Ontario Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	ONTARIO	OH	RICHLAND
Barnesville Hospital WVU	CRITICAL ACCESS HOSPITALS	8-SE	ASPR - Funded	Yes	None	Yes	BARNESVILLE	OH	Belmont
Bellevue Hospital, The	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	BELLEVUE	OH	SANDUSKY
Blanchard Valley Bluffton Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	BLUFFTON	OH	Allen
Blanchard Valley Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	3	Yes	FINDLAY	OH	Hancock
Christ Hospital, The	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	CINCINNATI	OH	Hamilton
Christ Hospital, The - Liberty Township	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	LIBERTY TOWNSHIP	OH	Butler
Cincinnati Children's - Liberty Campus	CHILDRENS	6-SW	ASPR - Funded	Yes	None	Yes	LIBERTY TOWNSHIP	OH	Butler
Cincinnati Children's Hospital Medical Center	CHILDRENS	6-SW	ASPR - Funded	Yes	1	Yes	CINCINNATI	OH	Hamilton
ClearSky Rehabilitation Hospital of Lancaster	REHABILITATION	4-CEN		No	None		LANCASTER	OH	Fairfield
Cleveland Clinic	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	CLEVELAND	OH	Cuyahoga
Cleveland Clinic Akron General Bath Emergency Department	FSED	5-NECO	ASPR - Participating	Yes	None	Yes	Akron	OH	Summit
Cleveland Clinic Akron General Green Emergency Department	FSED	5-NECO	ASPR - Participating	Yes	None	Yes	Uniontown	OH	Summit
Cleveland Clinic Akron General Lodi Hospital	CRITICAL ACCESS HOSPITALS	5-NECO	ASPR - Funded	Yes	None	Yes	LODI	OH	MEDINA
Cleveland Clinic Akron General Medical Center	SHORT TERM	5-NECO	ASPR - Funded	Yes	1	Yes	AKRON	OH	Summit
Cleveland Clinic Akron General Stow Emegency Department	FSED	5-NECO	ASPR - Participating	Yes	None	Yes	Stow	OH	Summit
Cleveland Clinic Avon Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	AVON	OH	LORAIN
Cleveland Clinic Brunswick Emergency Department	FSED	5-NECO	ASPR - Participating	Yes	None	Yes	Brunswick	OH	Medina
Cleveland Clinic Euclid Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	EUCLID	OH	Cuyahoga
Cleveland Clinic Fairview Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	2	Yes	CLEVELAND	OH	Cuyahoga
Cleveland Clinic Hillcrest Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	2	Yes	MAYFIELD HEIGHTS	OH	Cuyahoga
Cleveland Clinic Lutheran Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	CLEVELAND	OH	Cuyahoga
Cleveland Clinic Marymount Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	GARFIELD HEIGHTS	OH	Cuyahoga
Cleveland Clinic Medina Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	MEDINA	OH	MEDINA
Cleveland Clinic Mentor Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	Mentor	OH	LAKE
Cleveland Clinic Mercy Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	2	Yes	CANTON	OH	STARK
Cleveland Clinic South Pointe Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	WARRENSVILLE HEIGHTS	OH	Cuyahoga
Cleveland Clinic Twinsburg Emergency Department	FSED	5-NECO	ASPR - Participating	Yes	None	Yes	Twinsburg	OH	Summit
Cleveland Clinic Union Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	DOVER	OH	Tuscarawas
Clinton Memorial Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	WILMINGTON	OH	Clinton
Coshocton Regional Medical Center	SHORT TERM	8-SE	ASPR - Funded	Yes	None	Yes	COSHOCTON	OH	Coshocton

Crystal Clinic Orthopaedic Center	SHORT TERM	5-NECO	ASPR - Participating	No	None	Yes	AKRON	OH	Summit
Dayton Children's Hospital	CHILDRENS	3-WC	ASPR - Funded	Yes	1	Yes	DAYTON	OH	MONTGOMERY
Dayton Children's South Campus FSED	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Miamisburg	OH	MONTGOMERY
Diley Ridge Medical Center	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	CANAL WINCHESTER	OH	Fairfield
East Liverpool City Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	EAST LIVERPOOL	OH	Columbiana
East Ohio Regional Hospital	SHORT TERM	8-SE	ASPR - Funded	Yes	None	Yes	MARTINS FERRY	OH	Belmont
Encompass Health Rehab Hospital of Toledo	REHABILITATION	1-NW	ASPR - Participating	No	None	Yes	TOLEDO	OH	LUCAS
Encompass Health Rehabilitation Hospital of Cincinnati at Norwood	REHABILITATION	6-SW		No	None		Cincinnati	OH	Hamilton
Fairfield Medical Center	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	LANCASTER	OH	Fairfield
Fairfield Medical Center River Valley Campus	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Lancaster	OH	Fairfield
Firelands Regional Medical Center	SHORT TERM	1-NW	ASPR - Funded	Yes	3	Yes	SANDUSKY	OH	Erie
Fisher-Titus Medical Center	SHORT TERM	1-NW	ASPR - Funded	Yes	3	Yes	NORWALK	OH	HURON
Fulton County Health Center	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	WAUSEON	OH	Fulton
Generations Behavioral Health - Youngstown	PSYCHIATRIC	5-NECO	ASPR - Participating	No	None	No	YOUNGSTOWN	OH	MAHONING
Genesis Coshocton Medical Center	FSED	8-SE	ASPR - Funded	Yes	None	Yes	Coshocton	OH	Coshocton
Genesis Hospital	SHORT TERM	8-SE	ASPR - Funded	Yes	3	Yes	ZANESVILLE	OH	MUSKINGUM
Genesis Perry County Medical Center	FSED	8-SE	ASPR - Funded	Yes	None	Yes	Somerset	OH	Perry
Glenbeigh Health Sources	PSYCHIATRIC	2-NE	ASPR - Participating	No	None	Yes	ROCK CREEK	OH	Ashtabula
Grand Lake Joint Township District Memorial	SHORT TERM	1-NW	ASPR - Participating	Yes	None	Yes	SAINT MARYS	OH	Auglaize
Harrison Community Hospital - WVU	CRITICAL ACCESS HOSPITALS	8-SE	ASPR - Funded	Yes	None	Yes	CADIZ	OH	Harrison
Henry County Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	NAPOLEON	OH	HENRY
Highland District Hospital	CRITICAL ACCESS HOSPITALS	6-SW	ASPR - Funded	Yes	None	Yes	HILLSBORO	OH	HIGHLAND
Highland Springs	PSYCHIATRIC	2-NE	ASPR - Participating	No	None	Yes	BEACHWOOD	OH	Cuyahoga
Hocking Valley Community Hospital	CRITICAL ACCESS HOSPITALS	7-SEC	ASPR - Participating	Yes	None	Yes	LOGAN	OH	HOCKING
Holzer Medical Center Gallipolis	SHORT TERM	7-SEC	ASPR - Funded	Yes	None	Yes	GALLIPOLIS	OH	Gallia
Holzer Medical Center Jackson	CRITICAL ACCESS HOSPITALS	7-SEC	ASPR - Funded	Yes	None	Yes	JACKSON	OH	JACKSON
Holzer Meigs Emergency Department	FSED	7-SEC	ASPR - Funded	Yes	None		Pomeroy	OH	Meigs
Institute For Orthopaedic Surgery	SHORT TERM SURGICAL	1-NW	ASPR - Participating	No	None	Yes	LIMA	OH	Allen
Kettering Health Dayton (Grandview)	SHORT TERM	3-WC	ASPR - Participating	Yes	3	Yes	DAYTON	OH	MONTGOMERY
Kettering Health Franklin Emergency Center	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Franklin	OH	Warren
Kettering Health Greene Memorial	SHORT TERM	3-WC	ASPR - Participating	Yes	None	Yes	XENIA	OH	Greene
Kettering Health Hamilton	SHORT TERM	6-SW	ASPR - Participating	Yes	3	Yes	HAMILTON	OH	Butler
Kettering Health Huber Heights	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Huber Heights	OH	Montgomery
Kettering Health Main Campus	SHORT TERM	3-WC	ASPR - Participating	Yes	2	Yes	KETTERING	OH	MONTGOMERY
Kettering Health Miamisburg	SHORT TERM	3-WC	ASPR - Participating	Yes	None	Yes	MIAMISBURG	OH	MONTGOMERY
Kettering Health Middletown	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Middletown	OH	Butler
Kettering Health Preble	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Eaton	OH	Preble
Kettering Health Soin Medical Center	SHORT TERM	3-WC	ASPR - Participating	Yes	3	Yes	BEAVERCREEK	OH	Greene
Kettering Health Springfield Emergency	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Springfield	OH	Clark
Kettering Health Troy	SHORT TERM	3-WC	ASPR - Participating	Yes	None	Yes	TROY	OH	MIAMI
Kettering Health Washington Twp	SHORT TERM	3-WC	ASPR - Participating	Yes	None	Yes	DAYTON	OH	MONTGOMERY
Kings Daughters Medical Center Ohio	SHORT TERM	7-SEC	ASPR - Participating	Yes	None	Yes	PORTSMOUTH	OH	SCIOTO
Knox Community Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	MOUNT VERNON	OH	KNOX
Licking Memorial Health	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	NEWARK	OH	LICKING
Lima Memorial Health System	SHORT TERM	1-NW	ASPR - Funded	Yes	2	Yes	LIMA	OH	Allen
Madison Health	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	LONDON	OH	MADISON
Magruder Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	PORT CLINTON	OH	OTTAWA
Margaret Mary Health	OTHER - SHORT TERM	6-SW	ASPR - Participating	Yes	None	Yes	BATESVILLE	IN	
Mary Rutan Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	BELLEFONTAINE	OH	LOGAN

Memorial Health	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	MARYSVILLE	OH	Union
Memorial Health System Marietta Memorial Hospital	SHORT TERM	8-SE	ASPR - Funded	Yes	3	Yes	MARIETTA	OH	Washington
Memorial Health System Pediatric ED	FSED	8-SE	ASPR - Participating	Yes	None		Belpre	OH	Washington
Memorial Health System Selby General Hospital	CRITICAL ACCESS HOSPITALS	8-SE	ASPR - Funded	Yes	None	Yes	MARIETTA	OH	Washington
Mercer Health	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	COLDWATER	OH	MERCER
Mercy Health - Allen Hospital	CRITICAL ACCESS HOSPITALS	2-NE	ASPR - Funded	Yes	None	Yes	OBERLIN	OH	LORAIN
Mercy Health - Anderson Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	CINCINNATI	OH	Hamilton
Mercy Health - Clermont Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	BATAVIA	OH	Clermont
Mercy Health - Dayton Springfield Emergency Center	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Fairborn	OH	Greene
Mercy Health - Defiance Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	DEFIANCE	OH	Defiance
Mercy Health - Fairfield Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	FAIRFIELD	OH	Butler
Mercy Health - Harrison Medical Center	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Harrison	OH	Hamilton
Mercy Health - Kings Mills Hospital	SHORT TERM	6-SW	ASPR - Participating	Yes	None	Yes	Mason	OH	Warren
Mercy Health - Lorain Hospital	SHORT TERM	2-NE	ASPR - Funded	Yes	3	Yes	LORAIN	OH	LORAIN
Mercy Health - Mt. Orab	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Mt. Orab	OH	Brown
Mercy Health - Perrysburg Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	PERRYSBURG	OH	Wood
Mercy Health - Queen City Medical Center	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Cincinnati	OH	Hamilton
Mercy Health - Rookwood Medical Center	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Cincinnati	OH	Hamilton
Mercy Health - Springfield Regional Medical Center	SHORT TERM	3-WC	ASPR - Funded	Yes	None	Yes	SPRINGFIELD	OH	Clark
Mercy Health - St Anne Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	TOLEDO	OH	LUCAS
Mercy Health - St Charles Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	3	Yes	OREGON	OH	LUCAS
Mercy Health - St Elizabeth Boardman Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	BOARDMAN	OH	MAHONING
Mercy Health - St Elizabeth Youngstown Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	1	Yes	YOUNGSTOWN	OH	MAHONING
Mercy Health - St Joseph Warren Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	3	Yes	WARREN	OH	Trumbull
Mercy Health - St Rita's Medical Center	SHORT TERM	1-NW	ASPR - Funded	Yes	2	Yes	LIMA	OH	Allen
Mercy Health - St Vincent Medical Center	SHORT TERM	1-NW	ASPR - Funded	Yes	1	Yes	TOLEDO	OH	LUCAS
Mercy Health - The Jewish Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	CINCINNATI	OH	Hamilton
Mercy Health - Tiffin Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	TIFFIN	OH	SENECA
Mercy Health - Urbana Hospital	CRITICAL ACCESS HOSPITALS	3-WC	ASPR - Funded	Yes	None	Yes	URBANA	OH	Champaign
Mercy Health - West Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	CINCINNATI	OH	Hamilton
Mercy Health - Willard Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	WILLARD	OH	HURON
MetroHealth Brecksville Health and Surgery Center	FSED	2-NE	ASPR - Participating	Yes	None	Yes	BRECKSVILLE	OH	Cuyahoga
MetroHealth Cleveland Heights Medical Center	SHORT TERM	2-NE	ASPR - Participating	Yes	None	No	CLEVELAND HEIGHTS	OH	Cuyahoga
MetroHealth Glick Center	SHORT TERM	2-NE	ASPR - Funded	Yes	1	Yes	CLEVELAND	OH	Cuyahoga
MetroHealth Parma Hospital	SHORT TERM	2-NE	ASPR - Participating	Yes	3	Yes	PARMA	OH	Cuyahoga
Morrow County Hospital	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Funded	Yes	None	Yes	MOUNT GILEAD	OH	MORROW
Mount Carmel East	SHORT TERM	4-CEN	ASPR - Funded	Yes	2	Yes	COLUMBUS	OH	Franklin
Mount Carmel Franklinton	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Columbus	OH	Franklin
Mount Carmel Grove City	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	GROVE CITY	OH	Franklin
Mount Carmel Lewis Center	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Lewis Center	OH	Delaware
Mount Carmel New Albany Surgical Hospital	SHORT TERM	4-CEN	ASPR - Participating	No	None	Yes	NEW ALBANY	OH	Franklin
Mount Carmel Reynoldsburg	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Reynoldsburg	OH	Fairfield
Mount Carmel St Ann's	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	WESTERVILLE	OH	Franklin
Nationwide Children's Hospital	CHILDRENS	4-CEN	ASPR - Funded	Yes	1	Yes	COLUMBUS	OH	Franklin
Nationwide Children's Hospital Lewis Center	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Delaware	OH	Delaware
Northwest Ohio Psychiatric Hospital	PSYCHIATRIC	1-NW	ASPR - Participating	No	None	Yes	TOLEDO	OH	LUCAS
Ohio State University Dodd Rehab Hospital	REHABILITATION	4-CEN			None		Columbus	OH	Franklin
Ohio State University East	SHORT TERM	4-CEN	ASPR - Participating	Yes	3	Yes	COLUMBUS	OH	Franklin
Ohio State University Wexner Medical Center	SHORT TERM	4-CEN	ASPR - Participating	Yes	1	Yes	COLUMBUS	OH	Franklin

OhioHealth Berger Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	CIRCLEVILLE	OH	PICKAWAY
OhioHealth Doctors Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	COLUMBUS	OH	Franklin
OhioHealth Dublin Methodist Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	3 (provisional)	Yes	DUBLIN	OH	Franklin
OhioHealth Emergency Care - Ashland	FSED	5-NECO	ASPR - Participating	Yes	None	No	Ashland	OH	Ashland
OhioHealth Emergency Care - Hilliard	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Hilliard	OH	Franklin
OhioHealth Emergency Care - New Albany	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	NEW ALBANY	OH	Franklin
OhioHealth Emergency Care - Obetz	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Obetz	OH	Franklin
OhioHealth Emergency Care - Powell	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Powell	OH	Franklin
OhioHealth Emergency Care - Reynoldsburg	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Reynoldsburg	OH	Franklin
OhioHealth Grady Memorial Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	DELAWARE	OH	Delaware
OhioHealth Grant Medical Center	SHORT TERM	4-CEN	ASPR - Funded	Yes	1	Yes	COLUMBUS	OH	Franklin
OhioHealth Grove City Methodist Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	GROVE CITY	OH	Franklin
OhioHealth Hardin Memorial Hospital	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Funded	Yes	None	Yes	KENTON	OH	Hardin
OhioHealth Lewis Center	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Delaware	OH	Delaware
OhioHealth Mansfield Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	2	Yes	MANSFIELD	OH	RICHLAND
OhioHealth Marion General Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	None	Yes	MARION	OH	MARION
OhioHealth O'Bleness Hospital	SHORT TERM	7-SEC	ASPR - Funded	Yes	None	Yes	ATHENS	OH	Athens
OhioHealth Pickerington Hospital	SHORT TERM	4-CEN	ASPR - Participating	Yes	3 (provisional)	Yes	Pickerington	OH	Franklin
OhioHealth Riverside Methodist Hospital	SHORT TERM	4-CEN	ASPR - Funded	Yes	2	Yes	COLUMBUS	OH	Franklin
OhioHealth Shelby Hospital	CRITICAL ACCESS HOSPITALS	5-NECO	ASPR - Funded	Yes	None	Yes	SHELBY	OH	RICHLAND
OhioHealth Southeastern Medical Center	SHORT TERM	8-SE	ASPR - Funded	Yes	None	Yes	CAMBRIDGE	OH	Guernsey
OhioHealth Van Wert	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	VAN WERT	OH	Van Wert
OhioHealth Westerville	FSED	4-CEN	ASPR - Participating	Yes	None	Yes	Westerville	OH	Franklin
PAM Health Rehabilitation Hospital of Miamisburg	REHABILITATION	3-WC	ASPR - Participating	No	None	Yes	Miamisburg	OH	Montgomery
Parkview Bryan	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	BRYAN	OH	Williams
Parkview Montpelier	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	MONTPELIER	OH	Williams
Paulding County Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	PAULDING	OH	PAULDING
Pomerene Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	MILLERSBURG	OH	HOLMES
Premier Health Atrium Medical Center	SHORT TERM	6-SW	ASPR - Funded	Yes	3	Yes	FRANKLIN	OH	Warren
Premier Health Austin Emergency Care Center	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Miamisburg	OH	Montgomery
Premier Health Miami Valley Hospital	SHORT TERM	3-WC	ASPR - Funded	Yes	1	Yes	DAYTON	OH	MONTGOMERY
Premier Health Miami Valley Hospital Beavercreek ED	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Beavercreek	OH	Greene
Premier Health Miami Valley Hospital Jamestown ED	FSED	3-WC	ASPR - Participating	Yes	None	Yes	Jamestown	OH	Greene
Premier Health Miami Valley Hospital North	SHORT TERM	3-WC	ASPR - Funded	Yes	None	Yes	DAYTON	OH	MONTGOMERY
Premier Health Miami Valley Hospital South	SHORT TERM	3-WC	ASPR - Funded	Yes	None	Yes	CENTERVILLE	OH	MONTGOMERY
Premier Health Upper Valley Medical Center	SHORT TERM	3-WC	ASPR - Funded	Yes	3	Yes	TROY	OH	MIAMI
ProMedica Bay Park Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	OREGON	OH	LUCAS
ProMedica Defiance Regional Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	3	Yes	DEFIANCE	OH	Defiance
ProMedica Flower Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	SYLVANIA	OH	LUCAS
ProMedica Fostoria Community Hospital	CRITICAL ACCESS HOSPITALS	1-NW	ASPR - Funded	Yes	None	Yes	FOSTORIA	OH	SENECA
ProMedica Memorial Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	FREMONT	OH	SANDUSKY
ProMedica Russell J. Ebeid Children's Hospital	CHILDRENS	1-NW	ASPR - Funded	Yes	2	Yes	TOLEDO	OH	LUCAS
ProMedica Toledo Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	1	Yes	TOLEDO	OH	LUCAS
Regency Hospital of Toledo	LONG TERM	1-NW	ASPR - Participating	No	None	Yes	SYLVANIA	OH	LUCAS
Rehabilitation Hospital of Northwest Ohio	REHABILITATION	1-NW	ASPR - Participating	No	None	No	TOLEDO	OH	LUCAS
Salem Regional Medical Center	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	SALEM	OH	Columbiana
Shriners Children's Ohio	CHILDRENS	3-WC	ASPR - Participating	No	None	Yes	DAYTON	OH	MONTGOMERY
Sojourn At Seneca	PSYCHIATRIC	1-NW	ASPR - Participating	No	None	Yes	TIFFIN	OH	SENECA
Southern Ohio Medical Center	SHORT TERM	7-SEC	ASPR - Funded	Yes	None	Yes	PORTSMOUTH	OH	SCIOTO
Southwest General Health Center	SHORT TERM	2-NE	ASPR - Funded	Yes	3	Yes	MIDDLEBURG HEIGHTS	OH	Cuyahoga

St Elizabeth Edgewood	OTHER - SHORT TERM	6-SW	ASPR - Participating	Yes	None	Yes	EDGEWOOD	KY	
St Elizabeth Florence	OTHER - SHORT TERM	6-SW	ASPR - Participating	Yes	None	Yes	FLORENCE	KY	
St Elizabeth Fort Thomas	OTHER - SHORT TERM	6-SW	ASPR - Participating	Yes	None	Yes	FORT THOMAS	KY	
St Elizabeth Covington	OTHER - SHORT TERM	6-SW	ASPR - Participating	Yes	None	Yes	COVINGTON	KY	
St Elizabeth Dearborn	OTHER - CRITICAL ACCESS	6-SW	ASPR - Participating	Yes	None	Yes	LAWRENCEBURG	IN	
St. Vincent Charity Community Health Center Psych FSED	FSED	2-NE	ASPR - Funded	Yes	None	Yes	CLEVELAND	OH	Cuyahoga
Summa Health Akron City Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	1	Yes	AKRON	OH	SUMMIT
Summa Health Barberton Campus	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	BARBERTON	OH	SUMMIT
Summa Health Green Emergency Department	FSED	5-NECO	ASPR - Participating	Yes	None	Yes	Uniontown	OH	Summit
Summa Health Wadsworth-Rittman Medical Center	FSED	5-NECO	ASPR - Participating	Yes	None	Yes	Wadsworth	OH	Medina
Summa Rehab Hospital	REHABILITATION	5-NECO	ASPR - Participating	No	None	Yes	AKRON	OH	SUMMIT
TriHealth Bethesda Arrow Springs Emergency Department	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Lebanon	OH	Warren
TriHealth Bethesda Butler Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	HAMILTON	OH	Butler
TriHealth Bethesda North Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	3	Yes	CINCINNATI	OH	Hamilton
TriHealth Good Samaritan Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	CINCINNATI	OH	Hamilton
TriHealth Good Samaritan Western Ridge	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Cincinnati	OH	Hamilton
TriHealth McCullough-Hyde Memorial Hospital	SHORT TERM	6-SW	ASPR - Funded	Yes	None	Yes	OXFORD	OH	Butler
Trinity Medical Center West	SHORT TERM	8-SE	ASPR - Funded	Yes	None	Yes	STEUBENVILLE	OH	JEFFERSON
Trinity Twin City Hospital	CRITICAL ACCESS HOSPITALS	5-NECO	ASPR - Funded	Yes	None	Yes	DENNISON	OH	Tuscarawas
Trumbull Regional Medical Center	SHORT TERM	5-NECO	ASPR - Funded	Yes	3	Yes	WARREN	OH	Trumbull
UC Health - Psych Emergency Svcs	FSED	6-SW	ASPR - Participating	Yes	None	Yes	Cincinnati	OH	Hamilton
UC Health Drake Center	LONG TERM	6-SW	ASPR - Participating	No	None	Yes	CINCINNATI	OH	Hamilton
University Hospitals Ahuja Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	BEACHWOOD	OH	Cuyahoga
University Hospitals Beachwood Medical Center	SHORT TERM	2-NE	ASPR - Participating	No	None	Yes	BEACHWOOD	OH	Cuyahoga
University Hospitals Cleveland Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	1	Yes	CLEVELAND	OH	Cuyahoga
University Hospitals Conneaut Medical Center	CRITICAL ACCESS HOSPITALS	2-NE	ASPR - Funded	Yes	None	Yes	CONNEAUT	OH	Ashtabula
University Hospitals Elyria Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	3	Yes	ELYRIA	OH	LORAIN
University Hospitals Geneva Medical Center	CRITICAL ACCESS HOSPITALS	2-NE	ASPR - Funded	Yes	None	Yes	GENEVA	OH	Ashtabula
University Hospitals Lake West Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	3	Yes	WILLOUGHBY	OH	LAKE
University Hospitals Parma Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	3	Yes	PARMA	OH	Cuyahoga
University Hospitals Portage Medical Center	SHORT TERM	5-NECO	ASPR - Funded	Yes	3	Yes	RAVENNA	OH	PORTAGE
University Hospitals Rainbow Babies & Childrens Hospital	CHILDRENS	2-NE	ASPR - Funded	Yes	1	Yes	CLEVELAND	OH	Cuyahoga
University Hospitals Regional Hospitals - Geauga Campus	SHORT TERM	2-NE	ASPR - Funded	Yes	3	Yes	CHARDON	OH	Geauga
University Hospitals Samaritan Medical Center	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	ASHLAND	OH	Ashland
University Hospitals Seidman Cancer Ctr	SHORT TERM	2-NE	ASPR - Funded	No	None		Cleveland	OH	Cuyahoga
University Hospitals St John Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	3	Yes	WESTLAKE	OH	Cuyahoga
University Hospitals Tripoint Medical Center	SHORT TERM	2-NE	ASPR - Funded	Yes	None	Yes	CONCORD	OH	LAKE
University of Cincinnati Medical Center	SHORT TERM	6-SW	ASPR - Funded	Yes	1	Yes	CINCINNATI	OH	Hamilton
University of Cincinnati West Chester	SHORT TERM	6-SW	ASPR - Funded	Yes	3	Yes	WEST CHESTER	OH	Butler
University of Toledo Medical Center, The	SHORT TERM	1-NW	ASPR - Funded	Yes	2	Yes	TOLEDO	OH	LUCAS
VA Cincinnati	VA/MILITARY	6-SW	ASPR - Participating	Yes	None	Yes	CINCINNATI	OH	Hamilton
VA Cleveland Louis Stokes	VA/MILITARY	2-NE	ASPR - Participating	Yes	None	Yes	CLEVELAND	OH	Cuyahoga
Wayne HealthCare	CRITICAL ACCESS HOSPITALS	3-WC	ASPR - Funded	Yes	None	Yes	GREENVILLE	OH	Darke
Western Reserve Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	3	Yes	CUYAHOGA FALLS	OH	Summit
Wilson Health	SHORT TERM	3-WC	ASPR - Funded	Yes	None	Yes	SIDNEY	OH	SHELBY
Windsor Laurelwood Center For Behavorial Medicine	PSYCHIATRIC	2-NE	ASPR - Participating	No	None	Yes	WILLOUGHBY	OH	LAKE
Wood County Hospital	SHORT TERM	1-NW	ASPR - Funded	Yes	None	Yes	BOWLING GREEN	OH	Wood
Wooster Community Hospital	SHORT TERM	5-NECO	ASPR - Funded	Yes	None	Yes	WOOSTER	OH	Wayne
Wyandot Memorial Hospital	CRITICAL ACCESS HOSPITALS	4-CEN	ASPR - Funded	Yes	None	Yes	UPPER SANDUSKY	OH	Wyandot


Ashtabula
Lake
2
Williams
Fulton
Lucas
Ottawa
Geauga
Cuyahoga
Trumbull
Defiance
Henry
Wood
Sandusky
Erie
Lorain
Summit
Portage
Paulding
1
Seneca
Huron
Medina
Mahoning
Putnam
Hancock
Wyandot
Crawford
Ashland
Wayne
5
Stark
Columbiana
Van Wert
Allen
Richland
Carroll
Hardin
Marion
Morrow
Holmes
Mercer
Auglaize
Knox
Tuscarawas
Jefferson
Logan
Union
Coshocton
Harrison
Shelby
Delaware
4
Darke
Champaign
Licking
Guernsey
Belmont
Miami
Franklin
Muskingum
3
Clark
Madison
Fairfield
Perry
8
Noble
Monroe
Preble
Montgomery
Greene
Pickaway
Morgan
Fayette
Hocking
Washington
Butler
Warren
Clinton
Ross
Athens
Vinton
Hamilton
6
Highland
7
Meigs
Clermont
Pike
Jackson
Brown
Gallia
Adams
Scioto
Lawrence

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

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

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

(g) Appraisal of real property.

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

Department of Health

Attachment #1

Hospital Preparedness Program Regional Healthcare Coalition Subrecipient Information

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

Revision Date (mm/dd/yyyy):

Subrecipient Contact Information

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

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

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

2. **HCC Clinical Advisor:**

	Clinical Advisor	Clinical Advisor Back-Up *(optional)*
Name		
Phone		
E-mail		
Cell Phone		

3.**Identify 24/7 Contact:**

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

4.**EMResource/EMTrack Platform Contacts:**

	Bed Availability (EMResource) & Patient Tracking (EMTrack) Primary	Bed Availability (EMREsource) & Patient Tracking (EMTrack) Back-Up
Name		
Phone		
E-mail		
Cell Phone		

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

	MARCS Primary	MARCS Back-Up
Name		
Phone		

E-mail		
Cell Phone		

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

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

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

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

Name		
Phone		
E-mail		
Cell Phone		
Role		

Subrecipient Signature: _____

Submission Date (mm/dd/yyyy): _____

Attachment 2

Match Documentation Letter

Date:

Name of Health Commissioner/Agency Head
Agency Name
Address

Dear ODH:

Our agency is required to contribute a total of _____Matching funds to the Hospital Preparedness Program (HPP) grant, project #_____ for the period of July 1, 2025 – June 30, 2026. Our total grant amount is _____. This match includes a minimum 7.7% match. The table below outlines the source and amount of the funds.

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

Sincerely,

Health Commissioner or Agency Head (must be signed)

Match Category	Match Description	Match Amount
	TOTAL MATCH AMOUNT	

BUDGET JUSTIFICATION EXAMPLE (Base Only Funding)

NOTES:

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

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

PERSONNEL

Notes:

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

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

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

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

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

Nurse – Joyce Brown (Part-Time Employee)

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

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

Total Personnel Cost **$209,005.13**

OTHER DIRECT COSTS

Notes:

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

Advertising

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

Client Expenses

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

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

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

Deliverable – Objectives

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

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

- Rent (Two Locations)

  Main Location (1234 Livingston Avenue)
  Agency is requesting funds to cover the cost of renting space at the Columbus Medical Association Foundation offices for the WIC program staff (1330 square feet) at $23.00 per square foot.
  WIC Clinic (567 Walnut Street)
  Agency is requesting funds to cover the cost of renting space for the WIC Clinic (250 square feet) at $17.50 per square foot. Building is owned by Community Health Foundation.

- Depreciation

  Reproductive Health and Wellness Clinic (321 N. Main Street)
  Agency has completed and attached the depreciation worksheet for the 321 N. Main Street clinic. Depreciation is estimated at $960.00 based on the completed worksheet.

- Interest on a Debt

  Immunization Action Plan (100 W. 1st Avenue)
  The interest for this location was $1,345.97 last year. We are estimating the interest will be the same for the upcoming year.

Fees

- WIC website

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

- Lab Fees

  This includes funds for lab tests provided to patients. Estimating $250.00 per month for 12 months.
  - Pap tests - Historically, 1,042 tests are done annually with a reflex rate of 14%.
  - Gonorrhea and Chlamydia tests - ODH grant funds will be allocated to pay for Chlamydia and Gonorrhea tests for individuals that do not qualify for Infertility Prevention Project.

- Background Check

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

- Audit Fees – Cost Allocation plan applied

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

- Fiscal Management Services

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

Indirect

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

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

Maintenance/Lease

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

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

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

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

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

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

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

Other Costs

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

Subscriptions/Publications

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

Supplies

Notes:

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

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

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

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

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

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

Program Supplies

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

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

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

Travel/Training

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

In State
Program Coordinator

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

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

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

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

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

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

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

Utilities/Phone Services

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

Total Other Direct Costs $108,479.83

EQUIPMENT

Laptop Computer

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

Total Equipment Cost **$3,000.00**

CONTRACTS

Notes:

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

ACME Clinic

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

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

Warner Preparedness Enterprises

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

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

Speaker

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

- Personnel $3,000.00

Total Contract Cost **$13,250.00**

Budget Grand Total **$333,734.96**

Notes:

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

Subrecipient's authorized representative certifies the foregoing:

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

_____

[Signature]

_____

[Print Name & Title]

_____

[Date]