Ohio | Department of Health

Mike DeWine, Governor
Jon Husted, Lt.Governor

Bruce Vanderhoff, MD, MBA, Director

MEMORANDUM

Date: December 14, 2022

To: PHEP Subrecipient agencies

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

RD Signed as designee
12/14/2022

Subject: Public Health Emergency Preparedness Continuation Solicitation

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

All electronic applications and attachments are due by 4:00 p.m. on Monday, January 23, 2023. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

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

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

TABLE OF CONTENTS

I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

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

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

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

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

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

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

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

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

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

C. Formatting Requirements for Attachments [Suggested language provided, but can be updated to reflect program-specific requirements]:

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

D. Qualified Applicants:

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

1. Applicant does not owe funds in excess of $1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, January 23, 2023.**

II. PROGRAM UPDATES:

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

A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application. *This requirement is not applicable to the Public Health Emergency Preparedness program application.*

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

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

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

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

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

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

Applicants must use the budget justification narrative template provided in Attachment 3 of this solicitation.

A match of 7% is required by the program. This match amount must be included in the applicant share column of the Budget Summary page with a match plan provided in the application. Subrecipients must use the provided match letter template found in Attachment 2 of this solicitation.

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

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period July 1, 2023 through June 30, 2024.

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

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

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

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

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

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

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

APPENDICES
A. Continuation Solicitation Reimbursement Type Form
B. B1 - Deliverable Descriptions
B2 - Deliverable Allocations
C. Evidence of Health Equity Strategies Checklist
D. Appendix D – Application Submission Guide
E. Appendix E – Epidemiologist Position Expectations
F. Appendix F – PHEP Surveillance and Epidemiological Investigation Standards
G. Appendix G – PHEP Core Public Health Coordinator Expectations
H. Appendix H – PHEP Regional Public Health Coordinator Expectations
I. Appendix I – PHEP and HPP Regional Map
J. Appendix J – Cities Readiness Initiative Map
K. Appendix K – Match Guidance and Requirements
L. Appendix L – PHEP Epidemiology Coverage Matrix

ATTACHMENTS
A. Attachment 1 - Subrecipient Contact Information
B. Match Letter Template
C. Budget Justification Narrative Template

a. **Other Required Documentation:**

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

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

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

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

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

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

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

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

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

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

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

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

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

G. Human Trafficking:

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.

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

a. Victims of human trafficking are included in your agency's target population that may include, but are not limited to the following:
   1. Populations at increased risk
   2. Mental health population
   3. Homeless population

b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

X Not Applicable to PHEP Continuation Grant

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

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

Reports shall be submitted as follows:

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

_____Program Reports Required ___X__No Program Reports Required

Period	Report Due Date

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

Period	Report Due Date
July 1 – 31, 2023	August 10, 2023
August 1 – 31, 2023	September 10, 2023
September 1 – 30, 2023	October 10, 2023
October 1 – 31, 2023	November 10, 2023
November 1 – 30, 2023	December 10, 2023
December 1 – 31, 2023	January 10, 2024
January 1 – 31, 2024	February 10, 2024
February 1 – 28, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024

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

Period	Report Due Date
July 1-September 30, 2023	October 10, 2023
October 1-December 31, 2023	January 10, 2024
January 1 – March 31, 2024	April 10, 2024
April 1 – June 30, 2024	July 10, 2024

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

c. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before **August 5, 2024.**
The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

APPENDICES

Appendix A

Submission Required

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health Office of
Bureau of Health Preparedness

Public Health Emergency
Preparedness

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

Please print:
Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

_____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

_____ _____
Agency Head (Print Name) Agency Head (Signature)

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

Due to ODH by Wednesday, December 21, 2022
Please email completed form to Karen Tinsley (karen.tinsley@odh.ohio.gov).

Appendix B1

Name of Subgrant Program: Public Health Emergency Preparedness Core
Budget Period: July 1, 2023 – June 30, 2024 (BP5)
# of Deliverables: 15
Use Budget Justification Scenario #: PHEP Budget Justification – Attachment 3

100% Deliverables

Deliverable- Objective 1: Emergency Response Plan and Annex Updates
Domain: Community Resilience, Incident Management, Information Management, & Surge Management
Capability: 1, 2, 3, 4, 8, 11

Description: Emergency Response Plan (ERP)s and their associated annexes help to define the scope of emergency response and emergency management activities necessary for that jurisdiction. Updates are used to reflect changes in guidance and effective practices since the current version of the ERP was published. Public Health emergencies over the last few years have provided jurisdictions the opportunity to implement their ERP and associated annexes and develop lessons learned from those responses. This deliverable is intended to ensure local health departments take time to update their written guidance and operational plans based on the changing public health landscape and actions taken during the COVID-19 and Monkeypox responses as well as the development of the Whole Community Planning Workbook. The items identified in the rubric of this reoccurring deliverable are not exhaustive of all the changes that are required but provides a foundation based on the statewide observations of the Ohio Department of Health.

The subrecipient will develop or revise and/or update their ERP and/or associated annexes in accordance with the requirements set forth in the ***ERP and Annex Update Rubric for FY24***.

Successful Completion of the Deliverable(s) Includes:

- **Objective 1.1** By November 15, 2023, the subrecipient must submit into GMIS the subrecipient's updated ERP Annex A Communication section in accordance with the requirements detailed in the ***ERP and Annex Update Rubric for FY24***. 3%
- **Objective 1.2** By February 15, 2024, the subrecipient must submit into GMIS the subrecipient's updated ERP Annex D Pandemic Influenza section in accordance with the requirements detailed in the ***ERP and Annex Update Rubric for FY24***. 3%

Deliverable- Objective 2: Continuity of Operations (COOP) Plan Review
Domain: Community Resilience, Incident Management
Capability: 2, 3

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

emergencies. To achieve that goal, the objective for organizations is to identify their EFs and ensure that those functions can be continued throughout, or resumed rapidly after, a disruption of normal activities.

The intent of this deliverable is to ensure that the Local Health Department's (LHD's) COOP Plan details how the agency would provide essential services and continue to function in an extended emergency event or service disruption. This is best accomplished by facilitating a discussion among critical staff and identifying best practices and limitations to the jurisdiction established COOP Plan. The subrecipient will fully address all requirements identified in the ODH-provided ***COOP Plan Review Guide for FY24*** for each LHD in the jurisdiction.

Successful Completion of the Deliverable(s) Includes:

- **Objective 2.1:** By August 30, 2023, the subrecipient will submit into GMIS the attendance record and summary of areas of improvement according to the ***COOP Plan Review Guide for FY24***. 5%

Deliverable- Objective 3: Whole Community Planning - RAPT Data Tool
Domain: Community Resilience, Incident Management, and Information Management
Capability: 1, 2, 3, 4, 6

Description: Within public health preparedness, there is a special emphasis on addressing the needs of populations with access and functional needs. Specifically, the needs that interfere with their ability to access or receive emergency support before, during, or after a disaster/emergency. This deliverable supports whole community planning by educating jurisdictions on additional planning tools to identify access and functional needs populations.

Built on Esri's ArcGIS system, the Federal Emergency Management Agency's (FEMA) Resilience Analysis and Planning Tool (RAPT) gives emergency managers key data about their community, including population characteristics, infrastructure locations, and potential hazards. Understanding these elements of a community can lead to better preparedness, mitigation, and response strategies. Using RAPT, planners can analyze census and demographic data about people, critical infrastructure such as schools and hospitals, live weather feeds, and historical hazard impacts across space and time. FEMA's Resilience Analysis and Planning Tool Supports All Phases of Emergency Management - Industry Blogs (esri.com) RAPT includes over 100 preloaded layers including updated community resilience indicators from peer-reviewed research, the most current census tract demographic data, new data layers on climate predictions and equity, analysis tools, and an improved user experience.

ODH is providing this deliverable to familiarize LHDs with the functionality of the RAPT tool. Subrecipients will watch a series of tutorial videos and complete a practical exercise to develop staff competencies and give them practice in utilizing the RAPT tool. The jurisdiction's Emergency Response Coordinator and one alternate must complete the training during the Fiscal Year 2024 grant year (on or after July 1, 2023) for reimbursement.

Successful Completion of the Deliverable(s) Includes:

- **Objective 3.1:** By September 30, 2023, the subrecipient must submit certificate of completion into GMIS verifying completion of the RAPT tutorial videos by the jurisdiction's Emergency Response Coordinator and one LHD alternate in OhioTRAIN demonstrating that training was completed on or after July 1, 2023. 3%

- **Objective 3.2:** By December 15, 2023, the subrecipient must submit into GMIS the completed ***Whole Community Planning - RAPT drill form***, and the supporting evidence, in accordance with the requirements detailed in the ***Whole Community Planning - RAPT Data Tool Requirements*** document. 3%

Deliverable – Objective 4: Biostatistics or Epidemiology Training
Domain: Strengthen Bio-surveillance
Capability: 1, 3, 6, 13

Description: Ongoing training and skill development supports a well-trained workforce that can identify, analyze, and respond to infectious disease and outbreak issues. Courses or trainings that can support this development include college-level courses, online trainings, or travel to ODH-led training events. The subrecipient must complete the training during the Fiscal Year 2024 grant year (on or after July 1, 2023) for reimbursement.

Successful Completion of the Deliverable(s) Includes:

- The subrecipient must attend a training or course related to biostatics or epidemiology within the project period.
    - Any college-level course within an epidemiology, statistics, or biostatistics track will qualify. Courses within a general public health track that have substantial evidence of epidemiological principles will qualify upon review by ODH.
    - Any online training with a certificate of completion from a public health group will qualify (for example: CDC TRAIN, NEHA courses).
    - Attendance at an ODH Outbreak Training also qualifies.
    - Note: Attendance at the ongoing Epi Discussion Series (hosted by BID on Thursdays) **does not** qualify.

Successful Completion of the Deliverable(s) Includes:

- **Objective 4.1:** By May 30, 2024, the subrecipient must submit into GMIS a copy of certificate of completion or attendance record showing the date and title of the training and subrecipient attendance demonstrating that training was completed on or after July 1, 2023. 3%

Deliverable – Objective 5: Quarterly Statewide Epidemiology Meetings
Domain: Strengthen Bio-surveillance
Capability: 1, 3, 6, 13

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

Successful Completion of the Deliverable(s) Includes:

1. The subrecipient must send representation of one of the following qualified staff members: Emergency Response Coordinator, Epidemiologist, Communicable Disease Nurse, Director of Nursing, or Health Commissioner.
2. Verify attendance at each meeting through means provided by ODH. This may include virtual meeting

sign-in, post-meeting surveys, or other opportunities identified by ODH prior to, during, or following the meetings.

3. When demonstrating attendance, representatives serving multiple jurisdictions must indicate which subrecipients they serve **to receive credit for attendance.**
4. If you are attending on behalf of someone else, do not sign their name. Sign your own name next to the space for theirs.

- **Objective 5.1:** Q1: By September 30, 2023, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. _____ 1%

- **Objective 5.2:** Q2: By January 5, 2024, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. _____ 1%

- **Objective 5.3:** Q3: By March 30, 2024, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. _____ 1%

- **Objective 5.4:** Q4: By June 15, 2024, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. _____ 1%

Deliverable – Objective 6: Performance Measures
Domain: Countermeasures and Mitigation
Capability: 3, 8, 15

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

Successful Completion of the Deliverable(s) Includes:

- **Objective 6.1:** By August 30, 2023, the subrecipient must submit into GMIS a completed ***BP5/SFY24 Volunteer Deployment Performance Measure*** form and ***BP5/SFY24 Information Sharing Performance Measure*** *form.* _____ 2%

- **Objective 6.2:** By March 30, 2024, the subrecipient must submit into GMIS a completed ***BP5/SFY24 Volunteer Deployment Performance Measure*** form and ***BP5/SFY24 Information Sharing Performance Measure*** *form.* _____ 2%

Deliverable – Objective 7: After Action Report and Improvement Plan Activity and Reporting
Domain: All
Capability: All

Description: Each year PHEP recipients submit After Action Report/Improvement Plans (AAR/IP) that describe recommendations for the jurisdiction to improve their preparedness planning and/or response operations. In this deliverable, the subrecipient will select an AAR/IP Issue/Area for Improvement and take corrective action to mitigate/address. The improvements/corrective action selected must be captured in a local or regional AAR/IP from a real-world event or exercise. The plan must include what activities will be performed, the capability addressed, how the activity will result in improvements described in the AAR/IP, and the benefits that will result and other items as described in the ***Subrecipient AAR/IP Improvement Implementation Activity Plan*** template**.** Upon completion and approval of ***Subrecipient AAR/IP Improvement Implementation Activity Plan,*** the subrecipient will proceed with the activities described in the submitted plan. Once the activities have been completed, the LHD will submit a report describing a summary of the activities achieved, barriers faced, and how improvements will be sustained. The subrecipient will complete the ***Subrecipient AAR/IP Improvement Implementation Activity Report*** template and submit into GMIS to demonstrate meaningful progress toward improvement of selection corrective action. Action steps must be planned and implemented within the applicable fiscal year for deliverable credit.

Successful Completion of the Deliverable(s) Includes:

- **Objective 7.1**: By September 15, 2023, the subrecipient must submit into GMIS a completed ***Subrecipient AAR/IP Improvement Implementation Activity Plan*** in accordance with the requirements detailed within the provided template. _____5%

- **Objective 7.2:** By May 30, 2024, the subrecipient will submit into GMIS a completed ***Subrecipient AAR/IP Improvement Implementation Activity Report*** in accordance with the requirements detailed in the provided template. _____4%

Deliverable – Objective 8: Ohio Department of Health Statewide Integrated Preparedness Planning Workshop (IPPW)
Domain: Community Resilience
Capability: 1

Description: All subrecipients 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. Additional information, and requirements for participating in the ODH Statewide IPPW are located in the ***BP5/SFY24 Exercise Deliverable Technical*** Assistance document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 8.1:** By August 30, 2023, the subrecipient's Emergency Response 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._____3%

Deliverable – Objective 9: Integrated Preparedness Plan (IPP)
Domain: Community Resilience
Capability: 1

Description: Subrecipients submit the PHEP Core IPP with preparedness activity considerations, overall preparedness priorities and reporting, training report, exercise report, and a multi-year schedule of preparedness activities. The IPP deliverable is a foundational document guiding a successful training and exercise program as well as a method to increase whole community preparedness by outlining overall training and exercise program priorities and a detailed schedule of training and exercise activities designed to meet those priorities for the jurisdiction. Deliverable submission checklists and instructions for the PHEP Core IPP are located in the ***PHEP Core IPP Template.***

Successful Completion of the Deliverable(s) Includes:

- **Objective 9.1:** By December 15, 2023, the subrecipient must submit into GMIS the updated jurisdictional PHEP Core IPP on the ***PHEP Core IPP Template.*** _____5%

Deliverable - Objective 10: Statewide Regional Drop Site (RDS) Full-Scale Exercise (FSE)
Domain: Community Resilience, Incident Management, and Countermeasures and Mitigation, Biosurveillance
Capability: All

Description: Subrecipients will participate in the BP5 statewide full-scale exercise to be conducted in October 2023. Following the exercise, subrecipients must complete and submit ***PHEP Core FSE Data Sheet.*** Supporting information for the data sheet and the planned FSE can be found in the ***BP5/SFY24 Exercise Deliverable Technical Assistance*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 10.1:** By January 30, 2024, the subrecipient must participate in the planning, execution, and evaluation of BP5 Full-Scale Exercise and complete and upload into GMIS the ***PHEP Core FSE Data Sheet*** following the requirements listed in the template and the ***BP5/SFY24 Exercise Deliverable Technical Assistance*** document. _____20%

Deliverable - Objective 11: Medical Countermeasures Community Profile – Program Evaluation Annex
Domains: Community Resilience, Countermeasures and Mitigation
Capability: 1, 8, 9

Description: The Medical Countermeasures Community Portfolio (MCCP) strives to ensure all jurisdictions across Ohio have a sound, sustainable, and dynamic medical countermeasures program. The MCCP will provide a comprehensive overview of a community's individual medical countermeasures program while ensuring program continuity for local public health through an iterative evaluation, outreach, planning, and training approach.

The ***Program Evaluation Annex*** assesses a community's medical countermeasures program while creating a snapshot of the program's status and future goals. The ***Program Evaluation Annex*** utilizes tools to determine program needs, measures of program success, outreach opportunities, trajectory timelines for training and exercise, and feedback mechanisms.

Successful Completion of the Deliverable Includes:

- **Objective 11.1:** By December 15, 2023, the subrecipient must complete electronic submission of evaluation summaries via electronic survey tool (e.g., Survey Monkey).and must submit into GMIS the ***Survey Attestation Form***. 4%
- **Objective 11.2:** By March 30, 2024, the subrecipient must submit into GMIS the completed ***Program Evaluation Annex***. 15%

Deliverable – Objective 12: Medical Countermeasures Program Evaluation Seminar
Domain: Community Resilience, Countermeasures and Mitigation
Capability: 1, 8, 9

Description: The Medical Countermeasures Program Evaluation Seminar, an ODH-provided workshop, will provide insight on the Medical Countermeasures Community Portfolio (MCCP), MCCP purpose and trajectory, and MCCP's influence on local-level and state-level medical countermeasures planning initiatives. The seminar will also provide general insights program evaluation, medical countermeasures planning, and continuity techniques for a successful community medical countermeasures program.

Successful Completion of the Deliverable(s) Includes:

- **Objective 12.1**: By October 15, 2023, the subrecipient will submit into GMIS the attendance record demonstrating representation at a Medical Countermeasures Program Evaluation Seminar. 2%

Deliverable – Objective 13: Tactical Communications
Domain: Information Management
Capability: 6

Description: The establishment of a tactical communications strategy is essential to ensuring the availability of redundant communications in the event of a public health emergency.
The purpose of this deliverable is to sustain redundant, interoperable communications systems. Upon the completion of this deliverable, redundant communications systems will be tested and a report indicating message response rate will be generated.

Successful Completion of the Deliverable(s) Includes:
The subrecipient must conduct alerting drills utilizing the agency's redundant communication system to prompt agency-designated staff to respond to the activation of a dispensing campaign, simulated emergency, or volunteer activation. Template language for messaging is available, but not required.

1. The subrecipient must report the completed action on the ***Communications Worksheet***.
2. The subrecipient must attach a report from the alerting system that reflects responder acknowledgment rate of 75% or above within four hours of drill activation. If 75% acknowledgement is not achieved, the alerting drill must be conducted again until 75% acknowledgement is achieved prior to GMIS submission.

- **Objective 13.1:** By September 30, 2023, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report. 1%

- **Objective 13.2:** By March 30, 2024, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report. 1%

Deliverable – Objective 14: Health Care Coalition (HCC) Chemical Surge Tabletop Exercise
Domain: Community Resilience and Surge Management
Capability: 1, 10

Description: Attendance and participation in the Healthcare Coalition Chemical Emergency Surge TTX allows for collaboration between local health departments, the HCC and ODH to validate current local, regional, and state plans.

Successful Completion of the Deliverable(s) Includes:

- **Objective 14.1:** By April 30, 2024, the Emergency Response Coordinator, or designee, must provide representation and participation in the HCC Chemical Emergency Surge TTX. Upon completion of the TTX, the subrecipient must submit into GMIS verification of attendance. 5%

Deliverable – Objective 15: Volunteer Management Training
Domain: Surge Management
Capability: 15

Description: The Public Health Emergency Preparedness volunteer management capability consists of four functions which encompass the range of responsibilities that PHEP subrecipients demonstrate in managing volunteers for public health emergencies. Subrecipients will complete two trainings that cover these four functions of volunteer management. Subrecipients will complete the Federal Emergency Management Agency (FEMA) IS-244b, Developing and Managing Volunteers, and Ohio Train webinar, 2020 February Well Check Webinar: Emergency Responder Health & Safety (ID:1097115). Training certificates will be provided to demonstrate completion of the training. Should trainings be updated by FEMA, the subsequent version (IS-244c) would be acceptable. The staff person responsible for volunteer management at the subrecipient agency must complete the training during the Fiscal Year 2024 grant year (on or after July 1, 2023) for reimbursement.

Successful Completion of the Deliverable(s) Includes:

- **Objective 15.1:** By July 30, 2023, the subrecipient will submit into GMIS the certificates of the staff person responsible for volunteer management with the subrecipient agency for FEMA IS-244b and the Ohio Train Well Check Webinar: Emergency Responder Health and Safety training demonstrating that training was completed on or after July 1, 2023. 7%

Appendix B1

Name of Subgrant Program: Public Health Emergency Preparedness Regional
Budget Period: July 1, 2023 – June 30, 2024 (BP5)
# of Deliverables: 8
Use Budget Justification Scenario #: PHEP Budget Justification – Attachment 3

100% Deliverables

Deliverable – Objective 1: Regional Whole Community Planning Regional Assessment
Domain: Community Resilience & Information Management
Capability: 1, 2, 4, 6

Description: Emergencies impact the whole community; however, certain at-risk populations are often disproportionally affected and require additional response assistance before, during, and after an incident. At-risk populations consist of individuals with access and functional needs who may need additional assistance because of any condition (temporary or permanent) that may limit their ability to act or access critical information and resources throughout an emergency response (i.e., people with disabilities, people with limited English proficiency, people without personal transportation, older adults, children, etc.). Additional considerations for such populations are vital towards inclusive and equitable planning for the whole community and have been mandated for inclusion in all levels of public health emergency response planning by the Public Health Service (PHS) Act. (Source: US Dept. of Health and Human Services (HHS) Public Health Emergency (PHE)).

This is a continuation of the ***BP4 Regional Whole Community Planning Regional Assessment and Training***. The previous deliverable required the subrecipient to submit a completed Regional Whole Community Planning Coordination and Action Plan. This deliverable requires the Regional Public Health Coordinator to submit a summary of actions taken and updated/completed Coordination and Action Plan to demonstrate progress towards more inclusive and equitable approach to public health emergency response planning efforts**.**

Successful Completion of the Deliverable(s) Includes:

- **Objective 1.1:** By June 1, 2024, the subrecipient will submit into GMIS a summary of actions taken and updated/completed coordination and action plan in accordance with the requirements listed in the ***BP5/SFY24*** **Regional Whole Community Planning Coordination and Action Plan** 7%

Deliverable – Objective 2: Updated PHEP Regional Integrated Preparedness Plan (IPP)
Domain: Community Resilience
Capability: 1

Description: Subrecipients submit the PHEP Regional IPP with preparedness activity considerations, overall preparedness priorities and reporting, training report, exercise report, and a multi-year schedule of preparedness activities. The IPP deliverable is a foundation document guiding a successful training and exercise program as well as a method to increase whole community preparedness by outlining overall training and exercise program priorities and a detailed schedule of training and exercise activities

designed to meet those priorities for the region. Deliverable submission checklists and instructions for the PHEP Regional IPP are located in the ***PHEP Regional IPP Template***.

Successful Completion of the Deliverable(s) Includes:

- **Objective 2.1:** By December 15, 2023, the subrecipient must complete and upload into GMIS the updated PHEP Regional IPP on the ***PHEP Regional IPP Template***. 9%

Deliverable – Objective 3: Statewide Regional Drop Site (RDS) Full Scale Exercise (FSE)
Domain: Community Resilience, Incident Management, Countermeasures and Mitigation and Biosurveillance
Capability: All

Description: Subrecipients will also participate in the planning, execution and evaluation of the BP5 statewide full-scale exercise to be held in October 2023. Following the exercise, subrecipients must complete and submit ***PHEP Regional FSE Data Sheet.*** Supporting information for the data sheet and the planned FSE can be found in the ***BP5/SFY24 Exercise Deliverable Technical Assistance*** document

Successful Completion of the Deliverable(s) Includes:

- **Objective 3.1**: By January 30, 2024, the subrecipient must participate in the execution and evaluation of the BP5 Full-Scale Exercise and complete and upload into GMIS the ***PHEP Regional FSE Data Sheet*** following the requirements listed in the template and the ***BP5/SFY24 Exercise Deliverable Technical Assistance*** document. 35%

Deliverable – Objective 4: Ohio Department of Health (ODH) Statewide IPPW
Domain: Community Resilience
Capability: 1

Description: All subrecipients 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. Additional information, and requirements for participating in the ODH Statewide IPPW are located in the ***BP5/SFY24 Exercise Deliverable Technical Assistance*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 4.1:** By August 30, 2023, the Regional Public Health 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. 3%

Deliverable – Objective 5: Health Care Coalition (HCC) Chemical Surge Tabletop Exercise
Domain: Community Resilience and Surge Management
Capability: 1, 10

Description: Subrecipients will participate in exercise planning for the joint public health and healthcare Chemical Surge Tabletop Exercise with the Regional Healthcare Coordinator.
Attendance and participation in the Healthcare Coalition Chemical Emergency Surge TTX allows for collaboration between the HCC Core members and ODH to validate current state and regional

plans. Supporting information on both exercise planning and participation can be found in the ***BP5/SFY24 Exercise Deliverable Technical Assistance*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 5.1:** By April 30, 2024, the PHEP Regional subrecipient will attend all planned tabletop exercise planning meetings and must submit into GMIS the completed verification of attendance of all exercise planning meetings sponsored by the Regional Healthcare Coordinator._____ 7%

- **Objective 5.2:** By April 30, 2024, the Regional Public Health Coordinator, or designee, must participate in the planning and provide representation and participation in the HCC Chemical Emergency Surge TTX. Upon completion of the TTX, the subrecipient must upload into GMIS verification of attendance._____3%

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

Description: This deliverable will enhance volunteer and community member capacity to prepare for, respond to, and recover from emergencies that adversely affect the public's health. In SFY21, regional subrecipients completed the Regional Volunteer and Surge Staffing Workbook. In SFY22, regional subrecipients completed the Activity Plan describing the strategies and action steps outlined to demonstrate building ability/capacity in identified gaps. The Activity Report at the end of the year provided discussion regarding barriers to achieving a greater ability/capacity. In SFY23, regional subrecipients utilized the Activity Plan and Activity Report and documented "**significant** ability/capacity" in at least one of the three previously identified areas. Subrecipients will continue to build upon the foundation for improving/strengthening ability/capacity in the three previously identified areas. The end of year report will showcase the increase of ability/capacity by demonstrating a "**significant** ability/capacity" in at least one of the three previously identified areas.

Successful Completion of the Deliverable(s) Includes:

- **Objective 6.1**: By October 30, 2023, the subrecipient must submit into GMIS a completed ***BP5/SFY24 Volunteer and Surge Staffing Activity*** **Plan** for building increased ability/capacity in the three previously identified volunteer capabilities within their region. _____**5%**

- **Objective 6.2**: By May 30, 2024, the subrecipient must submit into GMIS a completed ***BP5/SFY24 Volunteer and Surge Staffing Activity Report*** demonstrating "significant ability/capacity" within their region in at least one of the three previously identified areas. _**7%**

Deliverable – Objective 7: Communication and Volunteer Activity Reporting
Domain: Community Resilience, Information Management, Surge Management
Capability: 1, 6, 15

Description: Engaging the whole community in emergency preparedness and response efforts is key to our nation's security. Trained medical and non-medical volunteers are requested to assist in planned activities, such as immunization clinics, as well as respond to emergent events, such as a weather disaster. This deliverable is intended to enhance volunteer management communication and information sharing and increase documentation of volunteer response to planned activities and

emergent events. The subrecipient must meet quarterly (at least four (4) times a year) with MRC Unit Coordinators for communication and information sharing. A successful deliverable includes the RPHC submitting meeting materials including meeting agenda, attendance record, meeting minutes, and the completed ***BP5/ SFY24 Data Entry Attestation template.*** The completed template must contain confirmation of data entry into the MRC Unit Profile & Activity Reporting System at PHE.GOV/MRC by each of the unit coordinators within their region. Data entry at a minimum will include the name of the event, the date(s) of the event, the total number of volunteers who participated in the event, and the total number of hours served for the event.

Successful Completion of the Deliverable(s) Includes:

- **Objective 7.1:** By September 30, 2023, the subrecipient must submit into GMIS the first MRC Unit Coordinator Meeting Materials, including the agenda, meeting minutes, attendance record and the completed ***BP5/SFY24 Data Entry Attestation template*** documenting the activities that each unit coordinator entered in the MRC Unit Profile & Activity Reporting System. _____3%

- **Objective 7.2:** By January 8, 2024, the subrecipient must submit into GMIS the second MRC Unit Coordinator Meeting Materials, including the agenda, meeting minutes, attendance record and the completed ***BP5/SFY24 Data Entry Attestation template*** documenting the activities that each unit coordinator entered in the MRC Unit Profile & Activity Reporting System. _____3%

- **Objective 7.3:** By March 30, 2024, the subrecipient must submit into GMIS the third MRC Unit Coordinator Meeting Materials, including the agenda, meeting minutes, attendance record and the completed ***BP5/SFY24 Data Entry Attestation template*** documenting the activities that each unit coordinator entered in the MRC Unit Profile & Activity Reporting System. _____3%

- **Objective 7.4:** By June 8, 2024, the subrecipient must submit into GMIS the fourth MRC Unit Coordinator Meeting Materials, including the agenda, meeting minutes, attendance record and the completed ***BP5/SFY24 Data Entry Attestation template*** documenting the activities that each unit coordinator entered in the MRC Unit Profile & Activity Reporting System. _____3%

Deliverable – Objective 8: Healthcare Coalition Meeting Presentation and Participation
Domain: Community Resilience, Information Management, Surge Management
Capability: 1, 6, 15

Description: The healthcare coalition (HCC) meetings promote ongoing dialogue on topics related to capabilities and preparedness activities for hospitals, public health, and healthcare coalitions. Coalition meetings serve to bring coalition members together to plan, build relationships, and promote inter-agency communication, information sharing, engagement and collaboration across various coalition member agencies, partners, and disciplines. The Regional Public Health Coordinator must present regional public health activities and coordination opportunities at each of the regional HCC meetings. The Regional Public Health Coordinator will provide a written report of what they presented utilizing the ***BP5/SFY24 HCC Meeting Presentation and Participation Template***.

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

1) region's public health preparedness activities
2) opportunities for coordination across the coalition

3) requests of the coalition

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

- **Objective 8.1:** By October 30, 2023, the subrecipient must submit into GMIS, one written report utilizing the ***BP5/SFY24 HCC Meeting Presentation and Participation Template*** describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting 3%

- **Objective 8.2:** By January 30, 2024, the subrecipient must submit into GMIS, one written report utilizing the ***BP5/SFY24 HCC Meeting Presentation and Participation Template*** describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting 3%

- **Objective 8.3:** By April 30, 2024, the subrecipient must submit into GMIS, one written report utilizing the ***BP5/SFY24 HCC Meeting Presentation and Participation Template*** describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting 3%

- **Objective 8.4:** By June 8, 2024, the subrecipient must submit into GMIS, one written report utilizing the ***BP5/SFY24 HCC Meeting Presentation and Participation Template*** describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting 3%

Appendix B1

Name of Subgrant Program: Public Health Emergency Preparedness Cities Readiness Initiative
Budget Period: July 1, 2023 – June 30, 2024 (BP5)
# of Deliverables: 7
Use Budget Justification Scenario #: PHEP Budget Justification – Attachment 3

100% Deliverables

Deliverable - Objective 1: Medical Countermeasures Community Profile – Program Evaluation Annex*
Domains: Community Resilience, Countermeasures and Mitigation
Capability: 1, 8, 9

Description: The Medical Countermeasures Community Portfolio (MCCP) strives to ensure all jurisdictions across Ohio have a sound, sustainable, and dynamic medical countermeasures program. The MCCP will provide a comprehensive overview of a community's individual medical countermeasures program while ensuring program continuity for local public health through an iterative evaluation, outreach, planning, and training approach.

The ***Program Evaluation Annex for CRI Communities*** assesses a community's medical countermeasures program while creating a snapshot of the program's status and future goals. The ***Program Evaluation Annex for CRI Communities*** utilizes tools to determine program needs, measures of program success, outreach opportunities, trajectory timelines for training and exercise, feedback mechanisms, and integration of jurisdictional data points/sources.

Successful Completion of the Deliverable Includes:

- **Objective 1.1:** By December 15, 2023, the subrecipient must complete electronic submission of evaluation summaries via electronic survey tool (e.g., Survey Monkey) and must submit into GMIS the ***Survey Attestation Form***. 4%
- **Objective 1.2:** By March 30, 2024 the subrecipient must submit into GMIS the ***Program Evaluation Annex for CRI Communities*** where all informational fields are completed. 15%

**Upon completion of this deliverable, CRI jurisdictions who are also PHEP Core subrecipients should place a note in GMIS to obtain reimbursement of PHEP Core Deliverable 11.*

Deliverable – Objective 2: Medical Countermeasures Program Evaluation Seminar (CRI)*
Domain: Community Resilience, Countermeasures and Mitigation
Capability: 1, 8, 9

Description: The Medical Countermeasures Program Evaluation Seminar for CRI Communities, an ODH provided workshop, will provide insight on the Medical Countermeasures Community Portfolio (MCCP), MCCP purpose and trajectory, and MCCP's influence on local-level and state-level medical countermeasures planning initiatives. The seminar will also provide general insights program evaluation, medical countermeasures planning, and continuity techniques for a successful community medical countermeasures program.

Successful Completion of the Deliverable(s) Includes:

- **Objective 2.1**: By October 15, 2023, the subrecipient will submit into GMIS the attendance record demonstrating representation at a Medical Countermeasures Program Evaluation Seminar (CRI). 4%

**Upon completion of this deliverable, CRI jurisdictions who are also PHEP Core subrecipients should place a note in GMIS to obtain reimbursement of PHEP Core Deliverable 12.*

Deliverable – Objective 3: Annual Medical Countermeasure Drill
Domain: Countermeasures and Mitigation
Capability: 8

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

Successful Completion of the Deliverable(s) Includes:

- **Objective 3.1:** By November 15, 2023, the subrecipient must submit into GMIS the completed ***Annual MCM Dispensing Drill Form***, and the supporting evidence, in accordance with the requirements detailed in the ***Annual MCM Dispensing Drill Requirements*** document. 3%

Deliverable – Objective 4: Medical Countermeasures Action Plan
Domain: Countermeasures and Mitigation
Capability: 8

Description: A medical countermeasure (MCM) action plan is used to help local public health agencies achieve an "established" level of implementation for all elements of the MCM Operational Readiness Review by 2024. If a jurisdiction has already reached "established" on all three elements (descriptive, planning, and operations), other inputs may be considered, including: technical application review comments, observations from receipt, improvement items from exercises or incidents, and strategic priorities of the jurisdiction.

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

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

- **Objective 4.1:** By September 30, 2023, the subrecipient must submit into GMIS the Quarter 1 MCM Action Plan and quarterly technical assistance call attendance record. 3%

- **Objective 4.2:** By January 8, 2024, the subrecipient must submit into GMIS the Quarter 2 MCM Action Plan and quarterly technical assistance call attendance record. 3%

- **Objective 4.3:** By March 30, 2024, the subrecipient must submit into GMIS the Quarter 3 MCM Action Plan and quarterly technical assistance call attendance record. 3%

- **Objective 4.4:** By June 8, 2024, the subrecipient must submit into GMIS the Quarter 4 MCM Action Plan and quarterly technical assistance call attendance record. 3%

Deliverable - Objective 5: Statewide Regional Drop Site (RDS) Full Scale Exercise (FSE)*
Domain: Community Resilience, Incident Management, and Countermeasures and Mitigation, Biosurveillance
Capability: All

Description: Subrecipients will participate in the BP5 statewide full-scale exercise to be conducted in October 2023. Following the exercise, subrecipients must complete and submit ***PHEP CRI FSE Data Sheet.*** Supporting information for the data sheet and the planned FSE can be found in the ***BP5/SFY24 Exercise Deliverable Technical Assistance*** document.

Successful Completion of the Deliverable(s) Includes:

- **Objective 5.1:** By January 30, 2024, the subrecipient must participate in the planning, execution, and evaluation of BP5 Full-Scale Exercise and complete and upload into GMIS the ***PHEP CRI FSE Data Sheet*** following the requirements listed in the template and the ***BP5/SFY24 Exercise Deliverable Technical Assistance*** document. 25%

**Upon completion of this deliverable, CRI jurisdictions who are also PHEP Core subrecipients should place a note in GMIS to obtain reimbursement of PHEP Core Deliverable 10.*

Deliverable - Objective 6: Jurisdictional Capability Self-Assessment Tool
Domain: Surge Management, Countermeasures and Mitigation, Information Management, and Incident Management
Capability: 3, 6, 14, 15

Description: The CDC is expanding the ORR to assess all-hazards readiness across all Public Health Emergency Preparedness and Response Capabilities and has developed interim guidance that outlines the associated reporting requirements and evaluation criteria. The PHEP ORR guidance is organized into three sections: descriptive and demographic, planning, and operations. With this in mind, CRI jurisdictions must complete the ***CRI Jurisdictional Capability Self-Assessment Tool*** to help identify areas for improvement and to better prepare jurisdictions to meet ORR requirements.

Successful Completion of the Deliverable(s) Includes:

- **Objective 6.1:** By April 15, 2024, the subrecipient must complete and upload into GMIS the ***CRI Jurisdictional Capability Self-Assessment Tool*** following the requirements listed in the self-assessment tool. 15%

Deliverable - Objective 7: MCM Resilience and Recovery Planning and Workshop
Domain: Community Resilience
Capability: 1, 2

Description: Community resilience and recovery are both critical components to the medical countermeasures planning process. Previous and current public health incidents have provided insight on public health's trajectory for medical countermeasures recovery and community resilience. CRI jurisdictions must complete the ***MCM Resilience and Recovery Planning Assessment Tool*** and participate in ***MCM Resilience and Recovery Workshop*** to identify lessons learned and success stories on how to advance resilience and recovery planning for the future.

Successful Completion of the Deliverable(s) Includes:

- **Objective 7.1:** By February 15, 2024, the subrecipient must complete and upload into GMIS the ***MCM Resilience and Recovery Assessment Tool*** following the requirements listed in the document. 15%

- **Objective 7.2:** By June 15, 2024, the subrecipient must participate in a regional Community Resilience and Recovery Workshop, facilitated by the ODH Medical Countermeasures Unit, and upload into GMIS the ***MCM Resilience and Recovery Workshop Attendance Sheet***. 7%

Abbreviated Appendix B2

Budget and Budget Justifications must use the funding amounts provided in the full B2 provided on OPHCS.

Appendix B2
Name of Subgrant Program: Public Health Emergency Preparedness (All)
Budget Period: 5
# of Deliverables: Deliverable Specific
Use Budget Justification Scenario #: 3
Base Only **Base and Deliverables** **X_ Deliverables Only**

SUBRECIPIENT				
DELIVERABLE	**Total PHEP Allocation**	**PHEP Core**	**PHEP Regional**	**PHEP CRI**
WEIGHT (%)				
Adams	$ 65,000	$ 65,000	$ -	$ -
Allen	$ 90,034	$ 90,034	$ -	$ -
Ashland	$ 68,743	$ 68,743	$ -	$ -
Ashtabula	$ 86,425	$ 86,425	$ -	$ -
Athens	$ 72,258	$ 72,258	$ -	$ -
Auglaize	$ 72,652	$ 72,652	$ -	$ -
Belmont	$ 73,007	$ 73,007	$ -	$ -
Brown	$ 86,986	$ 69,542	$ -	$ 17,444
Butler	$ 293,643	$ 223,892	$ -	$ 69,751
Carroll	$ 65,000	$ 65,000	$ -	$ -
Champaign	$ 66,844	$ 66,844	$ -	$ -
Clark	$ 104,940	$ 104,940	$ -	$ -
Clermont	$ 196,361	$ 140,458	$ -	$ 55,903
Clinton	$ 70,084	$ 70,084	$ -	$ -
Columbiana	$ 88,119	$ 88,119	$ -	$ -
Coshocton	$ 67,233	$ 67,233	$ -	$ -
Crawford	$ 68,078	$ 68,078	$ -	$ -
Cuyahoga (Cleveland City)	$ 95,742	$ -	$ -	$ 95,742
Cuyahoga (Cuyahoga County - CCBH)	$ 868,187	$ 577,848	$ 77,571	$ 212,768
Darke	$ 67,744	$ 67,744	$ -	$ -
Defiance	$ 67,423	$ 67,423	$ -	$ -

Delaware	$ 186,749	$ 140,501	$ -	$ 46,248
Erie	$ 81,898	$ 81,898	$ -	$ -
Fairfield	$ 137,544	$ 105,003	$ -	$ 32,541
Fayette	$ 65,000	$ 65,000	$ -	$ -
Franklin (Columbus City)	$ 825,660	$ 636,324	$ -	$ 189,336
Franklin (Franklin County)	$ 178,551	$ -	$ 77,571	$ 100,980
Fulton	$ 70,498	$ 70,498	$ -	$ -
Gallia	$ 65,000	$ 65,000	$ -	$ -
Geauga	$ 120,216	$ 89,886	$ -	$ 30,330
Greene	$ 121,841	$ 121,841	$ -	$ -
Guernsey	$ 66,380	$ 66,380	$ -	$ -
Hamilton (Cincinnati City)	$ 79,695	$ -	$ -	$ 79,695
Hamilton (Hamilton County)	$ 591,098	$ 391,065	$ 77,571	$ 122,462
Hancock	$ 78,230	$ 78,230	$ -	$ -
Hardin	$ 65,000	$ 65,000	$ -	$ -
Harrison	$ 65,000	$ 65,000	$ -	$ -
Henry	$ 65,000	$ 65,000	$ -	$ -
Highland	$ 70,389	$ 70,389	$ -	$ -
Hocking	$ 155,211	$ 65,000	$ 77,571	$ 12,640
Holmes	$ 73,254	$ 73,254	$ -	$ -
Huron	$ 72,791	$ 72,791	$ -	$ -
Jackson	$ 65,000	$ 65,000	$ -	$ -
Jefferson	$ 72,525	$ 72,525	$ -	$ -
Knox	$ 75,341	$ 75,341	$ -	$ -
Lake	$ 213,344	$ 150,397	$ -	$ 62,947
Lawrence	$ 68,906	$ 68,906	$ -	$ -
Licking	$ 164,978	$ 123,936	$ -	$ 41,042
Logan	$ 72,274	$ 72,274	$ -	$ -
Lorain	$ 229,405	$ 185,541	$ -	$ 43,864
Lucas	$ 238,862	$ 238,862	$ -	$ -
Madison	$ 88,097	$ 71,782	$ -	$ 16,315
Mahoning	$ 145,763	$ 145,763	$ -	$ -
Marion	$ 74,440	$ 74,440	$ -	$ -
Medina	$ 180,726	$ 129,415	$ -	$ 51,311
Meigs	$ 65,000	$ 65,000	$ -	$ -
Mercer	$ 72,518	$ 72,518	$ -	$ -
Miami	$ 95,780	$ 95,780	$ -	$ -
Monroe	$ 65,000	$ 65,000	$ -	$ -
Montgomery	$ 354,046	$ 276,475	$ 77,571	$ -
Morgan	$ 65,000	$ 65,000	$ -	$ -
Morrow	$ 81,416	$ 67,055	$ -	$ 14,361
Muskingum	$ 84,636	$ 84,636	$ -	$ -
Noble	$ 65,000	$ 65,000	$ -	$ -

Ottawa	$ 68,048	$ 68,048	$ -	$ -
Paulding	$ 65,000	$ 65,000	$ -	$ -
Perry	$ 80,960	$ 66,515	$ -	$ 14,445
Pickaway	$ 93,824	$ 74,462	$ -	$ 19,362
Pike	$ 65,000	$ 65,000	$ -	$ -
Portage	$ 116,999	$ 116,999	$ -	$ -
Preble	$ 68,237	$ 68,237	$ -	$ -
Putnam	$ 66,577	$ 66,577	$ -	$ -
Richland	$ 101,207	$ 101,207	$ -	$ -
Ross	$ 80,025	$ 80,025	$ -	$ -
Sandusky	$ 68,369	$ 68,369	$ -	$ -
Scioto (Portsmouth City)	$ 76,048	$ 76,048	$ -	$ -
Seneca	$ 71,298	$ 71,298	$ -	$ -
Shelby	$ 71,728	$ 71,728	$ -	$ -
Stark	$ 214,982	$ 214,982	$ -	$ -
Summit	$ 355,898	$ 278,327	$ 77,571	$ -
Trumbull	$ 134,168	$ 134,168	$ -	$ -
Tuscarawas	$ 88,396	$ 88,396	$ -	$ -
Union	$ 108,517	$ 88,031	$ -	$ 20,486
Van Wert	$ 65,000	$ 65,000	$ -	$ -
Vinton	$ 65,000	$ 65,000	$ -	$ -
Warren	$ 223,507	$ 159,262	$ -	$ 64,245
Washington	$ 148,760	$ 71,189	$ 77,571	$ -
Wayne	$ 97,948	$ 97,948	$ -	$ -
Williams	$ 67,132	$ 67,132	$ -	$ -
Wood	$ 183,378	$ 105,807	$ 77,571	$ -
Wyandot	$ 65,000	$ 65,000	$ -	$ -
Total	**$11,518,571**	**$9,483,785**	**$620,568**	**$1,414,218**

Appendix C

ODH Evidence of Health Equity Strategies Checklist

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

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

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

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

1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment

2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.

3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.

4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review 2030 Target Setting Methodologies for Objectives in Healthy People 2030.

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

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

1) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in Healthy People 2030, the State Health Improvement Plan (SHIP) and local Community Health Assessments .
   - State Health Improvement Plan - https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship
   - Healthy People 2030 - https://health.gov/healthypeople

2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.

3) Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.

4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, businesses, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

Review Date:

Reviewer's Name:

FY24 APPLICATION CHECKLIST: July 1, 2023 -June 30, 2024

Agency Name:

Project Key:

- Reimbursement Type Form was submitted with the application ☐ Yes ☐ No
- Reimbursement Type Form was submitted by the required date of **December 21, 2022** ☐ Yes ☐ No

Program Evaluation

PROGRAM ATTACHMENTS & APPENDICES

PHEP Core
PHEP Regional
PHEP CRI

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

APPENDIX E

PHEP Epidemiologist Position Requirements and Expectations

Goal

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

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

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

Position Requirements

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

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

OR

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

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

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

- Master's degree with two or more year's work experience in epidemiology

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

Position Expectations

General

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

Surveillance/Disease Reporting

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

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

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

Investigation

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

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

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

Training

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

Agency Name:_____

_____ _____

Health Commissioner Signature **Date**

APPENDIX F

Public Health Surveillance and Epidemiology Investigation Standards

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

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

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

_____

Agency Name

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

(Print Name: Health Commissioner)

_____ _____

Health Commissioner Signature **Date**

Appendix G

PHEP Core Public Health Coordinator Grant Expectations

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

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

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

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

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

_____

Agency Name

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

(Print Name: Health Commissioner)

_____

Health Commissioner Signature **Date**

Appendix H

PHEP Regional Public Health Coordinator Grant Expectations

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

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

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

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

Influenza Pandemics, and this Solicitation.

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

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

_____

Agency Name

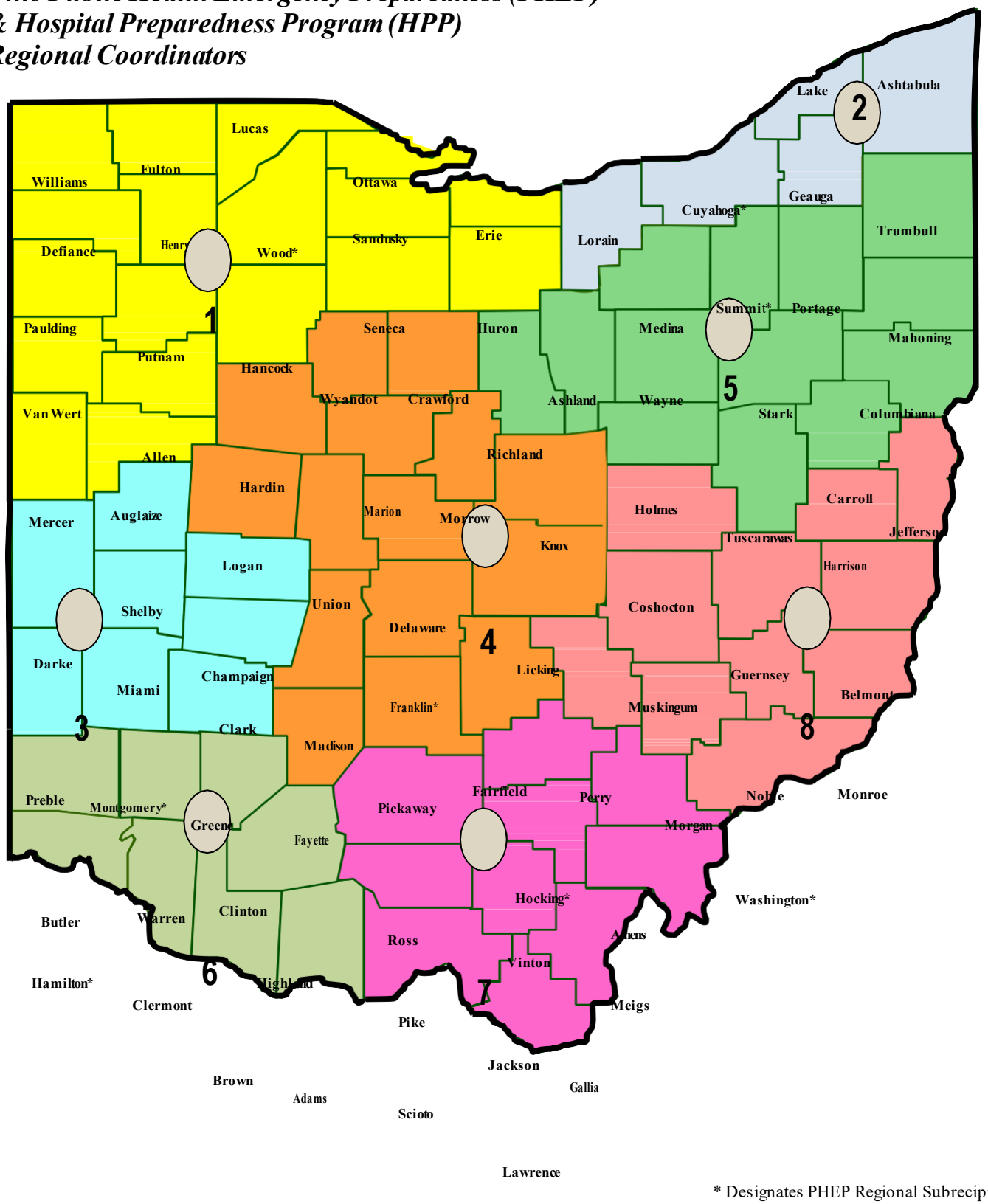
I _____agree to all roles and expectations as outlined in PHEP Regional Public Health Coordinator Grant Expectations.
(Print Name: Health Commissioner)

_____

Health Commissioner Signature **Date**

Appendix I

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

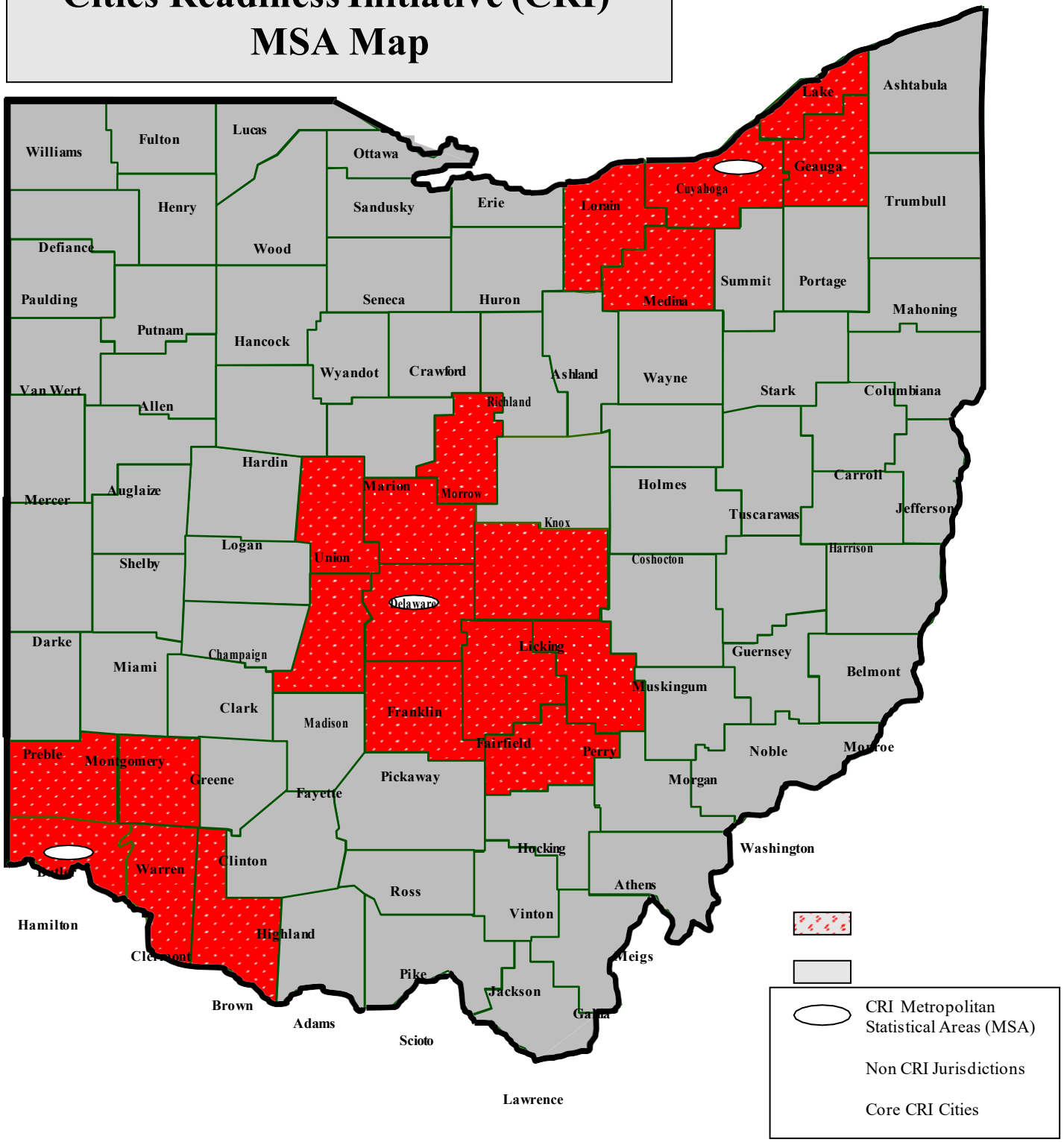


* Designates PHEP Regional Subrecipient

Region	PHEP Regional Coordinators		HPP Regional Coordinators	
1-NW	William Bryant-Bey	419-277-5857 wbryant-bey@woodcountyohio.gov	Susan Murphy	419-842-0800 smurphy@hcno.org
2-NE	Elisa DeRose	216-201-2001 x 1602 ederose@ccbh.net	Tara Vargovich	216-255-3665 tara.vargovich@chanet.org
3-WC	Jillian Botteicher	937-224-8091 jbotteicher@phdmc.org	Mary Porter	937-424-2364 mporter@gdaha.org
4-CEN	Igor Hadzisulejmanovic	614-563-2605 igorhadzisulejmanovic@franklincountyohio.gov	Jodi Keller	614-255-4407 jkeller@cotshealth.org
5-NECO	Chris Barker	330-926-5716 cbarker@schd.org	Sarah Metzger	330-873-1500 smetzger@arha.org
6-SW	Robin Thomas	513-497-3889 robin.thomas@hamilton-co.org	Jessica Skelton	513-247-5279 jskelton@healthcollab.org

Updated 11/1/2022

Cities Readiness Initiative (CRI) MSA Map



Updated 11/01/2020

Appendix K

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

(a) Basic rule: Costs and contributions acceptable.

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

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

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

(b) Qualifications and exceptions—

(1) Costs borne by other Federal grant agreements.

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

(2) General revenue sharing.

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

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

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

(4) Costs financed by program income.

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

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

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

(6) Records.

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

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

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

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

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

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

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

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

(c) Valuation of donated services—

(1) Volunteer services.

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

(2) Employees of other organizations.

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

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

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

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

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

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

(1) Awards for capital expenditures.

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

(2) Other awards.

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

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

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

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

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

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

(g) Appraisal of real property.

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

APPENDIX L

PHEP Epi Coverage Matrix

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

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

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

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

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

POPULATION	FTE Requirement
1 – 300,000	1

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

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

To submit, please click the appropriate regional email button.

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

Ohio | Department of Health

ATTACHMENT #1 LOCAL HEALTH DEPARTMENT CONTACT INFORMATION

Initial Completion Date: _____ Revision Date: _____

- Note: Each agency must complete the required portions of this document and submit this document in its entirety with the application.
- If there are any pending changes to the TRIAD please complete this form and submit clicking the appropriate regional email button above, immediately.
- Any changes to ANY other portions of this document must be submitted to ODH by clicking the appropriate regional email button above, within 15 days of the change occurring.
- Local Health Departments may be requested to submit an updated Attachment 1 at the start of the grant year.

Facility Information

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

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

_____ ☐ Check to authenticate signature.
Health Commissioner Date

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

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

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

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

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

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

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

SECTION 4: EPIDEMIOLOGY SERVICES: PHEP Epidemiologist Contact Information

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

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

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

PART A

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

SECTION 4: EPIDEMIOLOGY SERVICES: PHEP Epidemiologist Contact Information

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

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

SECTION 4: EPIDEMIOLOGY SERVICES: PHEP Epidemiologist Contact Information

PHEP Epidemiologist Contact Information	List the designated epidemiologist with the main responsibility of infectious disease surveillance, routine monitoring of EpiCenter, and oversight of PHEP epidemiologic investigations for the jurisdiction: *If there are additional Epi staff in the agency providing Epi coverage (based on Appendix L, PHEP Epi coverage matrix), complete Attachment#1B (Supplemental Epi Contact Information Sheet)		**If the designated epidemiologist is not 1 FTE, provide the name of the second epidemiologist allocating 50% of time to PHEP epidemiologic activities	
Degree(s)/Certification(s) Obtained:	Check all that apply:	Date Obtained:	Check all that apply:	Date Obtained:
	☐ BS/BA		☐ BS/BA	
	☐ BSN		☐ BSN	
	☐ MPH / MS		☐ MPH / MS	
	☐ RS		☐ RS	
	☐ RN		☐ RN	
	☐ OTHER: (specify)		☐ OTHER: (specify)	
Number of years and locations spent in a public health agency providing Epi services	Location	# of years	Location	# of years
If the epidemiologist does not hold an MPH or MS in Public Health, name of the BASIC epidemiology class and date completed:	Name of Basic Course:	Date:	Name of Basic Course:	Date:
	Name of Graduate Course:	Date:	Name of Graduate Course:	Date:
	☐ Not eligible for Graduate course work		☐ Not eligible for Graduate course work	

For ODH use only:

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

PART B

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

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

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

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

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

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

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

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

Number of years and location spent in a public health agency providing Epi services	(Location)	# of years

For ODH use only:

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

BID staff completing review: Date:	Date:

EPIDEMIOLOGY SERVICES:
PART C

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

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

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

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

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

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

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

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

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

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

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

Contact	BedTracking Platform Primary	BedTracking Platform Back-Up
Name:		
Address:		
Phone:		
E-mail:		

SECTION 9: MARCS Contact Information

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

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

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

Name of LHD:		

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

SECTION 10: OPHCS Contact Information

Name of LHD:		

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

Name of LHD:		

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

Name of LHD:		

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

Name of LHD:		

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

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

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

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

SECTION 12: Ohio Responds/Medical Reserve Corps Contact Information

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

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

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

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

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

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

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

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

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

Degree(s)/Certification(s) Obtained:	Select all that apply	Date Obtained	Select all that apply	Date Obtained
	☐ BS/BA		☐ BS/BA	
	☐ BSN		☐ BSN	
	☐ MPH / MS		☐ MPH / MS	
	☐ RS		☐ RS	
	☐ RN		☐ RN	
	☐ OTHER: (specify)		☐ OTHER: (specify)	

Number of years and locations spent in a public health agency providing epi services	(Location)	# of years	(Location)	# of years

If the epidemiologist does not hold an MPH or MS in Public Health, name of BASIC epidemiology class and date completed	Name of Basic Course:	Date:	Name of Basic Course:	Date:
	Name of Graduate Course:	Date:	Name of Graduate Course:	Date:
	☐ Not eligible for Graduate course work		☐ Not eligible for Graduate course work	

For ODH use only:

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

BID staff completing review:	Date:

Attachment Two

Match Documentation Letter

Date:

Name of Health Commissioner/Agency Head
Agency Name
Address

Dear ODH:

Our agency is required to contribute a 7.7% match for the Public Health Emergency Preparedness grant. Our total PHEP grant amount is *(Insert Total PHEP Award)* with project number *(Insert Project Number)*. A total of *(Insert Matching Funds Amount)* matching funds is provided for the period of July 1, 2023 – June 30, 2024 as described below. The table below outlines the source and amount of the funds.

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

Sincerely,

_____
Health Commissioner or Agency Head (must be signed)

Match Category	Match Description	Match Amount
TOTAL MATCH AMOUNT		

Attachment Three

PHEP CORE
BUDGET JUSTIFICATION
SCENARIO: 1

Deliverable 1 — Total $_____

Objective 1.1: By November 15, 2023, the subrecipient must submit into GMIS the subrecipient's updated ***ERP Annex A Communication*** section in accordance with the requirements detailed in the ***ERP and Annex Update Rubric for FY24***. $_____

Objective 1.2: By February 15, 2024, the subrecipient must submit into GMIS the subrecipient's updated ***ERP Annex D Pandemic Influenza*** section in accordance with the requirements detailed in the ***ERP and Annex Update Rubric for FY24***. $_____

Deliverable 2 — Total $_____

Objective 2.1: By August 30, 2023, the subrecipient will submit into GMIS the attendance record and summary of areas of improvement according to the ***COOP Facilitated Discussion for FY24*** facilitator guide.

Deliverable 3 — Total $_____

Objective 3.1: By September 30, 2023, the subrecipient must submit certificate of completion into GMIS verifying completion of the RAPT tutorial videos by the jurisdiction's Emergency Response Coordinator and one LHD alternate in OhioTRAIN demonstrating that training was completed on or after July 1, 2023. $_____

Objective 3.2: By December 15, 2023, the subrecipient must submit into GMIS the completed ***Whole Community Planning - RAPT drill*** form, and the supporting evidence, in accordance with the requirements detailed in **the** ***Whole Community Planning - RAPT Data Tool Requirements*** document. $_____

Deliverable 4 — Total $_____

Objective 4.1: By May 30, 2024, the subrecipient must submit into GMIS a copy of certificate of completion or attendance record showing the date and title of the training and subrecipient attendance demonstrating that training was completed on or after July 1, 2023.

Deliverable 5 — Total $_____

Objective 5.1: Q1: By September 30, 2023, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. $_____

Objective 5.2: Q2: By January 5, 2024, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. $_____

Objective 5.3: Q3: By March 30, 2024, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. **$**_____

Objective 5.4: Q4: By June 15, 2024, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. **$**_____

Deliverable 6 **Total $**_____

Objective 6.1: By August 30, 2023, the subrecipient must submit into GMIS a completed ***BP5/SFY24 Volunteer Deployment Performance Measure*** form and ***BP5/SFY24 Information Sharing Performance Measure form.*** **$**_____

Objective 6.2: By March 30, 2024, the subrecipient must submit into GMIS a completed ***BP5/SFY24 Volunteer Deployment Performance Measure*** form and ***BP5/SFY24 Information Sharing Performance Measure form.*** **$**_____

Deliverable 7 **Total $**_____

Objective 7.1: By September 15, 2023, the subrecipient must submit into GMIS a completed ***Subrecipient AAR/IP Improvement Implementation Activity Plan*** in accordance with the requirements detailed within the provided template. **$**_____

Objective 7.2: By May 30, 2024, the subrecipient will submit into GMIS a completed ***Subrecipient AAR/IP Improvement Implementation Activity Report*** in accordance with the requirements detailed in the provided template. **$**_____

Deliverable 8 **Total $**_____

Objective 8.1: By August 30, 2023, the subrecipient's Emergency Response 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.

Deliverable 9 **Total $**_____

Objective 9.1: By December 15, 2023, the subrecipient must submit into GMIS the updated jurisdictional PHEP Core IPP on the ***PHEP Core IPP Template***.

Deliverable 10 **Total $**_____

Objective 10.1: By January 30, 2024, the subrecipient must participate in the planning, execution, and evaluation of BP5 Full-Scale Exercise and complete and upload into GMIS the ***PHEP Core FSE Data Sheet*** following the requirements listed in the template and the ***BP5/SFY24 Exercise Deliverable Technical Assistance*** document.

Deliverable 11 Total $_____

Objective 11.1: By December 15, 2023, the subrecipient must complete electronic submission of evaluation summaries via electronic survey tool (e.g., Survey Monkey).and must submit into GMIS the ***Survey Attestation Form***. $_____

Objective 11.2: By March 30, 2024, the subrecipient must submit into GMIS the completed ***Program Evaluation Annex***. $_____

Deliverable 12 Total $_____

Objective 12.1: By October 15, 2023, the subrecipient will submit into GMIS the attendance record demonstrating representation at a Medical Countermeasures Program Evaluation Seminar.

Deliverable 13 Total $_____

Objective 13.1: By September 30, 2023, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report. $_____

Objective 13.2: By March 30, 2024, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report. $_____

Deliverable 14 Total $_____

Objective 14.1: By April 30, 2024, the Emergency Response Coordinator, or designee, must provide representation and participation in the HCC Chemical Emergency Surge TTX. Upon completion of the TTX, the subrecipient must submit into GMIS verification of attendance.

Deliverable 15 Total $_____

Objective 15.1: By July 30, 2023, the subrecipient will submit into GMIS the certificates of one staff member for FEMA IS-244b and the Ohio Train Well Check Webinar: Emergency Responder Health and Safety training demonstrating that training was completed on or after July 1, 2023.

Total PHEP Core Funding (sum of Deliverables 1 -15 above) $_____

Notes:

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

Subrecipient's authorized representative certifies the foregoing:

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

_____

[Signature]

_____

[Print Name & Title]

_____

[Date]

Attachment Three

PHEP CORE
BUDGET JUSTIFICATION
SCENARIO: 1

Deliverable 1 — Total $_____

Objective 1.1: By November 15, 2023, the subrecipient must submit into GMIS the subrecipient's updated ERP Annex A Communication section in accordance with the requirements detailed in the ***ERP and Annex Update Rubric for FY24***. $_____

Objective 1.2: By February 15, 2024, the subrecipient must submit into GMIS the subrecipient's updated ERP Annex D Pandemic Influenza section in accordance with the requirements detailed in the ***ERP and Annex Update Rubric for FY24***. $_____

Deliverable 2 — Total $_____

Objective 2.1: By August 30, 2023, the subrecipient will submit into GMIS the attendance record and summary of areas of improvement according to the ***COOP Plan Review Guide for FY24***.

Deliverable 3 — Total $_____

Objective 3.1: By September 30, 2023, the subrecipient must submit certificate of completion into GMIS verifying completion of the RAPT tutorial videos by the jurisdiction's Emergency Response Coordinator and one LHD alternate in OhioTRAIN demonstrating that training was completed on or after July 1, 2023. $_____

Objective 3.2: By December 15, 2023, the subrecipient must submit into GMIS the completed ***Whole Community Planning - RAPT drill form***, and the supporting evidence, in accordance with the requirements detailed in **the** ***Whole Community Planning - RAPT Data Tool Requirements*** document. $_____

Deliverable 4 — Total $_____

Objective 4.1: By May 30, 2024, the subrecipient must submit into GMIS a copy of certificate of completion or attendance record showing the date and title of the training and subrecipient attendance demonstrating that training was completed on or after July 1, 2023.

Deliverable 5 — Total $_____

Objective 5.1: Q1: By September 30, 2023, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. $_____

Objective 5.2: Q2: By January 5, 2024, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. $_____

Objective 5.3: Q3: By March 30, 2024, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. **$**_____

Objective 5.4: Q4: By June 15, 2024, the subrecipient will submit into GMIS the attendance record demonstrating representation at the quarterly meeting. **$**_____

Deliverable 6 **Total $**_____

Objective 6.1: By August 30, 2023, the subrecipient must submit into GMIS a completed ***BP5/SFY24 Volunteer Deployment Performance Measure*** form and ***BP5/SFY24 Information Sharing Performance Measure form.*** **$**_____

Objective 6.2: By March 30, 2024, the subrecipient must submit into GMIS a completed ***BP5/SFY24 Volunteer Deployment Performance Measure*** form and ***BP5/SFY24 Information Sharing Performance Measure form.*** **$**_____

Deliverable 7 **Total $**_____

Objective 7.1: By September 15, 2023, the subrecipient must submit into GMIS a completed ***Subrecipient AAR/IP Improvement Implementation Activity Plan*** in accordance with the requirements detailed within the provided template. **$**_____

Objective 7.2: By May 30, 2024, the subrecipient will submit into GMIS a completed ***Subrecipient AAR/IP Improvement Implementation Activity Report*** in accordance with the requirements detailed in the provided template. **$**_____

Deliverable 8 **Total $**_____

Objective 8.1: By August 30, 2023, the subrecipient's Emergency Response 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.

Deliverable 9 **Total $**_____

Objective 9.1: By December 15, 2023, the subrecipient must submit into GMIS the updated jurisdictional PHEP Core IPP on the ***PHEP Core IPP Template***.

Deliverable 10 **Total $**_____

Objective 10.1: By January 30, 2024, the subrecipient must participate in the planning, execution, and evaluation of BP5 Full-Scale Exercise and complete and upload into GMIS the ***PHEP Core FSE Data Sheet*** following the requirements listed in the template and the ***BP5/SFY24 Exercise Deliverable Technical Assistance*** document.

Deliverable 11 Total $_____

Objective 11.1: By December 15, 2023, the subrecipient must complete electronic submission of evaluation summaries via electronic survey tool (e.g., Survey Monkey).and must submit into GMIS the ***Survey Attestation Form***. $_____

Objective 11.2: By March 30, 2024, the subrecipient must submit into GMIS the completed ***Program Evaluation Annex***. $_____

Deliverable 12 Total $_____

Objective 12.1: By October 15, 2023, the subrecipient will submit into GMIS the attendance record demonstrating representation at a Medical Countermeasures Program Evaluation Seminar.

Deliverable 13 Total $_____

Objective 13.1: By September 30, 2023, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report. $_____

Objective 13.2: By March 30, 2024, the subrecipient must submit into GMIS the ***Communications Worksheet*** and alerting system message summary report. $_____

Deliverable 14 Total $_____

Objective 14.1: By April 30, 2024, the Emergency Response Coordinator, or designee, must provide representation and participation in the HCC Chemical Emergency Surge TTX. Upon completion of the TTX, the subrecipient must submit into GMIS verification of attendance.

Deliverable 15 Total $_____

Objective 15.1: By July 30, 2023, the subrecipient will submit into GMIS the certificates of the staff person responsible for volunteer management with the subrecipient agency for FEMA IS-244b and the Ohio Train Well Check Webinar: Emergency Responder Health and Safety training demonstrating that training was completed on or after July 1, 2023.

Total PHEP Core Funding (sum of Deliverables 1 -15 above) $_____

Notes:

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

Subrecipient's authorized representative certifies the foregoing:

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

_____

[Signature]

_____

[Print Name & Title]

_____

[Date]

PHEP REGIONAL
BUDGET JUSTIFICATION
SCENARIO: 2

Deliverable 1 Total $_____

Objective 1.1: By June 1, 2024, the subrecipient will submit into GMIS a summary of actions taken and updated/completed coordination and action plan in accordance with the requirements listed in the ***BP5/SFY24 Regional Whole Community Planning Coordination and Action Plan.***

Deliverable 2 Total $_____

Objective 2.1: By December 15, 2023, the subrecipient must complete and upload into GMIS the updated PHEP Regional IPP on the ***PHEP Regional IPP Template.***

Deliverable 3 Total $_____

Objective 3.1: By January 30, 2024, the subrecipient must participate in the execution and evaluation of the BP5 Full-Scale Exercise and complete and upload into GMIS the ***PHEP Regional FSE Data Sheet*** following the requirements listed in the template and the ***BP5/SFY24 Exercise Deliverable Technical Assistance*** document.

Deliverable 4 Total $_____

Objective 4.1: By August 30, 2023, the Regional Public Health 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.

Deliverable 5 Total $_____

Objective 5.1: By April 30, 2024, the PHEP Regional subrecipient will attend all planned tabletop exercise planning meetings and must submit into GMIS the completed verification of attendance of all exercise planning meetings sponsored by the Regional Healthcare Coordinator. $_____

Objective 5.2: By April 30, 2024, the Regional Public Health Coordinator, or designee, must participate in the planning and provide representation and participation in the HCC Chemical Emergency Surge TTX. Upon completion of the TTX, the subrecipient must upload into GMIS verification of attendance. $_____

Deliverable 6 Total $_____

Objective 6.1: By October 30, 2023, the subrecipient must submit into GMIS a completed ***BP5/SFY24 Volunteer and Surge Staffing Activity*** **Plan** for building increased ability/capacity in the three previously identified volunteer capabilities within their region. $_____

Objective 6.2: By May 30, 2024, the subrecipient must submit into GMIS a completed ***BP5/SFY24 Volunteer and Surge Staffing Activity Report*** demonstrating "significant ability/capacity" within their region in at least one of the three previously identified areas.

$_____

Deliverable 7

Total $_____

Objective 7.1: By September 30, 2023, the subrecipient must submit into GMIS the first MRC Unit Coordinator Meeting Materials, including the agenda, meeting minutes, attendance record and the completed ***BP5/SFY24 Data Entry Attestation template*** documenting the activities that each unit coordinator entered in the MRC Unit Profile & Activity Reporting System.

$_____

Objective 7.2: By January 8, 2024, the subrecipient must submit into GMIS the second MRC Unit Coordinator Meeting Materials, including the agenda, meeting minutes, attendance record and the completed ***BP5/SFY24 Data Entry Attestation template*** documenting the activities that each unit coordinator entered in the MRC Unit Profile & Activity Reporting System.

$_____

Objective 7.3: By March 30, 2024, the subrecipient must submit into GMIS the third MRC Unit Coordinator Meeting Materials, including the agenda, meeting minutes, attendance record and the completed ***BP5/SFY24 Data Entry Attestation template*** documenting the activities that each unit coordinator entered in the MRC Unit Profile & Activity Reporting System.

$_____

Objective 7.4: By June 8, 2024, the subrecipient must submit into GMIS the fourth MRC Unit Coordinator Meeting Materials, including the agenda, meeting minutes, attendance record and the completed ***BP5/SFY24 Data Entry Attestation template*** documenting the activities that each unit coordinator entered in the MRC Unit Profile & Activity Reporting System.

$_____

Deliverable 8

Total $_____

Objective 8.1: By October 30, 2023, the subrecipient must submit into GMIS, one written report utilizing the ***BP5/SFY24 HCC Meeting Presentation and Participation Template*** describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting.

$_____

Objective 8.2: By January 30, 2024, the subrecipient must submit into GMIS, one written report utilizing the ***BP5/SFY24 HCC Meeting Presentation and Participation Template*** describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting.

$_____

Objective 8.3: By April 30, 2024, the subrecipient must submit into GMIS, one written report utilizing the ***BP5/SFY24 HCC Meeting Presentation and Participation Template*** describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting.

$_____

Objective 8.4: By June 8, 2024, the subrecipient must submit into GMIS, one written report utilizing the ***BP5/SFY24 HCC Meeting Presentation and Participation Template*** describing the content presented by the regional subrecipient at one full/general Regional Healthcare Coalition meeting. **$_____**

Total PHEP Regional Funding (sum of Deliverables 1 -8 above) $_____

Notes:

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

Subrecipient's authorized representative certifies the foregoing:

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

- By accepting this award, the subrecipient/ subcontractor agrees that it is opposed to the practices of prostitution and sex trafficking because of the psychological and physical risks they pose for women, men, and children.

_____

[Signature]

_____

[Print Name & Title]

_____

[Date]

PHEP CRI
BUDGET JUSTIFICATION
SCENARIO: 3

Deliverable 1 Total $_____

Objective 1.1: By December 15, 2023, the subrecipient must complete electronic submission of evaluation summaries via electronic survey tool (e.g., Survey Monkey) and must submit into GMIS the ***Survey Attestation Form***. **$**_____

Objective 1.2: By March 30, 2024 the subrecipient must submit into GMIS the ***Program Evaluation Annex for CRI Communities*** where all informational fields are completed. **$**_____

Deliverable 2 Total $_____

Objective 2.1: By October 15, 2023, the subrecipient will submit into GMIS the attendance record demonstrating representation at a Medical Countermeasures Program Evaluation Seminar (CRI).

Deliverable 3 Total $_____

Objective 3.1: By November 15, 2023, the subrecipient must submit into GMIS the completed ***Annual MCM Dispensing Drill Form***, and the supporting evidence, in accordance with the requirements detailed in the ***Annual MCM Dispensing Drill Requirements*** document.

Deliverable 4 Total $_____

Objective 4.1: By September 30, 2023, the subrecipient must submit into GMIS the Quarter 1 MCM Action Plan and quarterly technical assistance call attendance record. **$**_____

Objective 4.2: By January 8, 2024, the subrecipient must submit into GMIS the Quarter 2 MCM Action Plan and quarterly technical assistance call attendance record. **$**_____

Objective 4.3: By March 30, 2024, the subrecipient must submit into GMIS the Quarter 3 MCM Action Plan and quarterly technical assistance call attendance record. **$**_____

Objective 4.4: By June 8, 2024, the subrecipient must submit into GMIS the Quarter 4 MCM Action Plan and quarterly technical assistance call attendance record. **$**_____

Deliverable 5 Total $_____

Objective 5.1: By January 30, 2024, the subrecipient must participate in the planning, execution, and evaluation of BP5 Full-Scale Exercise and complete and upload into GMIS the ***PHEP CRI FSE Data Sheet*** following the requirements listed in the template and the ***BP5/SFY24 Exercise Deliverable Technical Assistance*** document.

Deliverable 6 Total $_____

Objective 6.1: By April 15, 2024, the subrecipient must complete and upload into GMIS the ***CRI Jurisdictional Capability Self-Assessment Tool*** following the requirements listed in the self-assessment tool.

Deliverable 7 Total $_____

Objective 7.1: By February 15, 2024, the subrecipient must complete and upload into GMIS the ***MCM Resilience and Recovery Assessment Tool*** following the requirements listed in the document.

$_____

Objective 7.2: By June 15, 2024, the subrecipient must participate in a regional Community Resilience and Recovery Workshop, facilitated by the ODH Medical Countermeasures Unit, and upload into GMIS the ***MCM Resilience and Recovery Workshop Attendance Sheet***

$_____

Total PHEP CRI Funding (sum of Deliverables 1 - 7 above) $_____

Notes:

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

Subrecipient's authorized representative certifies the foregoing:

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

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

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

_____

[Signature]

_____

[Print Name & Title]

_____

[Date]