



## OHIO DEPARTMENT OF HEALTH


246 North High Street  
Columbus, Ohio 43215

614/466-3543  
www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

**To:** Prospective Public Health Emergency Preparedness (PHEP) Grant Applicants

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

**Subject:** Notice of Availability of Funds – State Fiscal Year 2017 – Competitive Grant  
July 1, 2017 to June 30, 2018 Budget Period for PHEP

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

The total amount of funds to be awarded is \$11,585,463. The funds will be awarded as follows:

- **Core Public Health Emergency Preparedness** – Up to 88 grants will be awarded in the amount of \$9,679,783.
- **Regional Public Health Planning** – Up to eight (8) grants will be awarded for a total amount of \$640,410
- **Cities Readiness Initiative** – Up to twenty-three (23) grants will be awarded for a total amount of \$1,416,522.

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

All interested parties must submit a Notice of Intent to Apply for Funding (NOIAF) form, no later than **Monday, December 27, 2016** to be eligible to apply for funding (attached to the RFP).

All potential applicants are encouraged to attend a Bidder's Conference call on December 20, 2016 from 10:00 am to 12:00pm. The Bidder's Conference will provide an opportunity for interested parties to learn more about the Request for Proposal. Information regarding date, time and instructions will be provided to those who submit a Notice of Intent to Apply for Funding (NOIAF).

All grant applications must be submitted online using the Grant Management Information System (GMIS 2.0) Interested applicants who have not completed the GMIS 2.0 training previously must do so to be eligible for funding. To sign up for the GMIS 2.0 training, complete and return the training form that is attached to the RFP. This training will allow you to submit an application online.



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The RFP will provide detailed information about the background, intent and scope of the grant, policies, procedures, performance expectations, and general information and requirements associated with the administration of the grant.

Please contact Monique Witherspoon, PHEP Program Manager at (614) 644-1912, or by e-mail at [monique.witherspoon@odh.ohio.gov](mailto:monique.witherspoon@odh.ohio.gov), if you have any questions regarding this application.

Mail the original and two (2) copies of the material not electronically filed to:

**Ohio Department of Health  
Grants Services Unit  
Central Master Files, 4<sup>th</sup> Floor  
246 N. High Street  
Columbus, OH 43215**



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

## OHIO DEPARTMENT OF HEALTH

### OFFICE OF HEALTH PREPAREDNESS

### PUBLIC HEALTH EMERGENCY PREPAREDNESS SOLICITATION FOR FISCAL YEAR 2018 (07/01/17 – 06/30/18)

Local Public Applicant Agencies  
Non-Profit Applicants

#### COMPETITIVE GRANT APPLICATION INFORMATION

☐ Base Only Funding    ☐ Base and Deliverable Funding    ☒ 100% Deliverable  
Funding

Revised 10/7/2016  
For grant starts 4/1/2017 and thereafter

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## **I. APPLICATION SUMMARY and GUIDANCE**

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

This is a competitive Solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by December 27, 2016 | so access to the application via the Internet website “ODH Application Gateway” can be established.

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

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

or directly at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9),  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)  
[http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT\\_Payment\\_Authorization\\_OBM4310.pdf](http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf)
- Supplier Information Form  
[http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier\\_Information\\_Form\\_OBM5657.pdf](http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf)

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

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

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

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

- 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.

**B. Application Name:** **Public Health Emergency Preparedness (PHEP)**

**C. Purpose:** To build and maintain effective public health emergency management programs across six key domains (strategies) and 14 PHEP Capabilities

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

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

**Explanation:** This requirement assumes a full-time, 40 hour per week Health Commissioner and/or Administrator, Environmental Health Director, and Director of Nursing servicing the health district holding the PHEP subgrant, either through direct employment, contracted services, or other Board approved arrangement. **The subgrantee must notify the Office of Health Preparedness (OHP) Preparedness Program Monitoring (PMP) Consultant via email immediately of any changes to the Triad.** Additionally, an updated LHD Contact Information Sheet (**Attachment #1**) must be submitted to identify any changes within 15 days of the Triad change.

- In health districts that employ a part-time Health Commissioner, the Board may approve an Administrator to make decisions for the Health Commissioner during times when the Health Commissioner is not available. In such instances, the authority of the Administrator must be specified in writing and include emergency preparedness responsibilities. Emergency preparedness responsibilities must include all decisions related to addressing the requirements of the PHEP subgrant, as well as authority to direct the health district and take administrative action and make operational decisions needed to respond to an emergency, including expenditure of funds, human resource decisions, activation of Incident Command Structure, authorization of delegations of authority, and other administrative-type duties.
- **SHORT-TERM TRANSITIONS:** During a short-term transition period between Health Commissioners or Administrators, the health district may implement a Board approved agreement, contract, or other similar arrangement with a qualified entity to serve as the Health Commissioner

and/or Administrator but any such arrangement must provide full-time (40 hour per week) coverage for the position. Again, an Administrator may be delegated authority by the Board to make decisions in place of the Health Commissioner but that authority shall be specified in writing and address all issues explained within this document. In addition, the person providing services during the vacancy must not serve in a different Triad role within a health district (for instance an Environmental Health Director may not provide coverage for the Health Commissioner). It is the subgrantees responsibility to keep ODH informed of any transitions. It is the expectation of ODH that a subgrantee will use its best efforts to complete any transitions in an expedient manner.

- **SPECIAL CIRCUMSTANCES:** In the case where the Board has indicated to ODH that they are exploring the merger of two health districts or have taken action to initiate such merger, ODH may approve the Board to consider an agreement, contract, or other arrangement to share Health Commissioners between the two health districts being merged. However, during such time period, an Administrator shall be named to handle emergency preparedness functions during the times when the Health Commissioner is not physically present within each health district. The authority of the Administrator must be specified in writing and address all emergency preparedness responsibilities specified previously.
  - **No member of the Triad may serve more than one role in the Triad.**
  - **No member of the Triad may serve in the Primary or Consultation Epi role as defined in Appendix E without the express written permission of ODH.**
- **PHEP CORE APPLICANTS ONLY:** Must have or contract for services to have at least one (1) FTE epidemiologist per 300,000 population. Agencies coverage areas with populations greater than 300,000 will need to ensure Epidemiology coverage as per the PHEP Epi Coverage Matrix (see Appendix R). The epidemiologist must follow the Epidemiology Position Expectations (see Appendix E). The epidemiologist must have completed a basic epidemiology course (e.g., the Centers for Disease Control and Prevention (CDC) Principles of Epidemiology course or an undergraduate level course, which includes epidemiology, such as community health nursing course) within three months after being hired. And the epidemiologist must have completed at least one graduate level course in epidemiology or biostatistics within nine months of being hired. Preferable, the FTE is one staff member. If this position is made up of multiple staff members, each member has to commit a minimum of 50% of his /her time to epidemiology and surveillance activities.
  - **ALL APPLICANTS:** Must have updated all agency information in Ohio's Health Department Profile and Performance Database. Where applicable, the information in the Ohio Health Department Profile and Performance Database must match the information provided by the agency in the LHD Contact Information Sheet (Attachment #1). This information will be verified as a part of the Application review. Utilize the following link to access the Database:

<https://odhgateway.odh.ohio.gov/ApplicationList.aspx>



- **PHEP CORE APPLICANTS ONLY:** Must have the county Emergency Response Plan (ERP) and all subsequent appendices and supporting documents on file in the Ohio's Health Department Profile and Performance Database (PHAB Standard Section 5.4.2) no later than January 23, 2017 4:00pm as a part of the Application packet. If the agency submitted the ERP during 2016, the agency does not need to submit this information again. The ERP must contain/address the following:
  - a. Designation of the health department position that is assigned the emergency operations coordinator responsibilities
  - b. Roles and responsibilities of the health department and its partners
  - c. Communication networks or communication plan
  - d. Continuity of operations

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

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

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

- a. Documentation of review meeting
- b. Revised public health EOP, as needed

- **Upon acceptance of funding for the Public Health Emergency Preparedness Grant, the PHEP Core grant subawardees will adhere to the following:**

- PHEP Epidemiology Position Expectations as identified on Appendix E and the Public Health Surveillance and Epidemiology Investigation Standards document as identified on Appendix F. These documents must be signed by the Health Commissioner or Administrator who has been delegated authority by the Board to make decisions in place of the Health Commissioner.
- Public Health Emergency Preparedness Grant Expectations for PHEP Core Subgrantees identified on Appendix G. This document must be signed by the Health Commissioner or Administrator who has been delegated authority by the Board to make decisions in place of the Health Commissioner.

- **PHEP REGIONAL APPLICANTS ONLY:**

- **Upon notification of award (receipt of the NOA) for the Regional Public Health Emergency Preparedness Grant, the eight Regional Public Health Coordination subawardees will:**

- Identify an individual to serve full time as the Regional Public Health Coordinator (RPHC) role within 60 days. This information must be u
- Submit an updated Attachment #1 if applicable, identifying an RPHC within 15 days of filling the position. This individual must have expertise in public health preparedness and response, especially plan development and review, in order to serve as a resource to the region.
- The RPHC will adhere to the requirements as identified on the PHEP Regional Public Health Coordinator Grant Requirements (see Appendix H). This document must be signed by the Health Commissioner or Administrator who has been delegated authority by the Board to make decisions in place of the Health Commissioner.

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

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, January 23, 2017.** |

**E. Service Area: |See Appendix I |**

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

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

- The letter must be signed by the Health Commissioner or Administrator who has been delegated authority by the Board to make decisions in place of the Health Commissioner of each county for which the application is being submitted for a multi-county collaboration.
  - The letter must identify the expected roles and responsibilities of the agency or agencies for which grant funds are being sought. Each county LHD receiving PHEP grant funds on behalf of another county LHD must require the completion of all grant deliverables as outlined in the PHEP grant for PHEP Core subgrantees.
- **Regional Public Health Planning** – Service area is defined as each Ohio Homeland Security Planning Region. Please refer to Appendix I “Public Health Emergency Preparedness Planning Region” map.
  - **Cities Readiness Initiative** – Applicant’s metropolitan area as defined by the Centers for Disease Control and Prevention (CDC) as identified on the-Cities Readiness Initiative (CRI) Map. (See Appendix J)

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

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

- **Core Public Health Emergency Preparedness** – Up to 88 grants will be awarded for a base amount of \$10,050,537.
- **Regional Public Health Planning** – Up to eight (8) grants will be awarded for a total amount of \$646,648.
- **Cities Readiness Initiative** – Up to twenty (23) grants will be awarded for a total amount of \$1,416,513. These funding levels are determined by the Centers for Disease Control and Prevention (CDC) and are contingent upon the availability of funds. |

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

- G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery–by **4:00 p.m. by Monday, January 23, 2017**. Applications and required attachments received after this deadline will not be considered for review.

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

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

- I. Goals:** To build and maintain effective public health emergency management programs across six key domains (strategies) and 14 PHEP capabilities:

- **Strengthen Community Resilience**

- Partner with stakeholders by developing and maturing health care coalitions (HCC)
- Characterize probable risk of the jurisdiction and the HCC
- Characterize populations at risk
- Engage communities and health care systems
- Operationalize response plans

- **Strengthen Incident Management Systems**

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

- **Strengthen Information Management**

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

- **Strengthen Countermeasures and Mitigation**

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

- **Strengthen Surge Management**

- Sheltering

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

To manage medical surge for:

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

- **Strengthen Biosurveillance**

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

Additionally, funding will support the following Initiatives:

- **Regional Public Health**

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

- **Cities Readiness Initiative (CRI)**

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

**J. Program Period and Budget Period:** The program period will begin (July 1, 2017) and end on (June 30 2018). The budget period for this application is (July 1, 2017) through (June 30, 2018).

**K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities.

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

(This grant program will address the following PHAB standards:

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

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

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

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

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

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

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

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

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

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

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

Standard 5.4: Maintain an all hazards Emergency Operations Plan

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

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

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

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

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

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

- 3701-36-04-01 - A surveillance and reporting system that identifies health threats.
- 3701-36-04-02 - Response plans that delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.
- 3701-36-04-03 - Communicable disease investigation and control procedures in place and actions documented.

- 3701-36-04-04 - Urgent public health messages received and communicated quickly and clearly and actions documented.
- 3701-36-04-05 - Disease and other health risk responses routinely evaluated for opportunities to improve public health system response.

**Goal 3701-36-05: Monitor Health Status**

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

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

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

**Goal 3701-36-07: Promote Healthy Lifestyles**

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

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

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

**Goal 3701-36-09: Administer the Health District**

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

The PHAB standards are available at the following website:

[http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf)

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

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

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

- A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block

- groups;
- A summary of the services to be provided or activities to be conducted; and,
- A plan to coordinate and share information with appropriate local health districts.

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

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

## **M. Incorporation of Strategies to Eliminate Health Inequities**

### Health Equity Component (Standard Health Equity Language)

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

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

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

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

*Certain groups in Ohio face significant barriers to achieving the best health possible.*

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

#### **GMIS Health Equity Module:**

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

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

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

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

- a. Victims of human trafficking are included in your agency's target population;
  - 1. At-risk population
  - 2. Mental health population
  - 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☐ Applicable ☒ Not Applicable to (Public Health Emergency Preparedness)

**O. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

**P. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial



authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact (Monique Witherspoon, monique.witherspoon@odh.ohio.gov, 614- 644-1912 to whom the applicant agency can contact for questions regarding this Solicitation)

**Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for internet submission.**

**Q. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

**R. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, January 23, 2017 at 4:00 p.m.**

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

**S. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.

**T. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.

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

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;

10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation.
13. Achieve a minimal score of the following on the Application Review Score Sheet (See Appendix D):
  - PHEP Core- 126
  - PHEP Regional 101
  - CRI 80

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

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

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

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

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

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

**Note: Failure to ensure the quality of reporting by submitting incomplete and/or late**

**program or expenditure reports will jeopardize the receipt of future agency payments.**

Reports shall be submitted as follows:

- 1. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates: *A Mid Year and End of Year Progress Report(s)* is to be submitted via GMIS, by *January 15, 2018 and July 15, 2018. A template for these reports will be provided to each agency via GMIS by July 1, 2017.* Any paper non-Internet compatible report attachments must be submitted to GSU Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

**Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.** [There are no mandatory meetings for this grant. ]

- 2. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – 31, 2017</i>	<i>August 10, 2017</i>
<i>August 1 – 31, 2017</i>	<i>September 10, 2017</i>
<i>September 1 – 30, 2017</i>	<i>October 10, 2017</i>
<i>October 1 – 31, 2017</i>	<i>November 10, 2017</i>
<i>November 1 – 30, 2017</i>	<i>December 10, 2017</i>
<i>December 1 – 31, 2017</i>	<i>January 10, 2018</i>
<i>January 1 – 31, 2018</i>	<i>February 10, 2018</i>
<i>February 1 – 28, 2018</i>	<i>March 10, 2018</i>
<i>March 1 – 31, 2018</i>	<i>April 10, 2018</i>
<i>April 1 – 30, 2018</i>	<i>May 10, 2018</i>
<i>May 1 – 31, 2018</i>	<i>June 10, 2018</i>
<i>June 1 – 30, 2018</i>	<i>July 10, 2018</i>

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – September 30, 2017</i>	<i>October 10, 2017</i>
<i>October 1 – December 31, 2017</i>	<i>January 10, 2018</i>
<i>January 1 – March 31, 2018</i>	<i>April 10, 2018</i>
<i>April 1 – June 30, 2018</i>	<i>July 10, 2018</i>

*Note: Obligations not reported on the final monthly or 4<sup>th</sup> quarter expenditure report will*

*not be considered for payment with the final expenditure report.*

- 3. 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, 2018)**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

- 4. Inventory Report:** A list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the subrecipient Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Subrecipient. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

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

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

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees -- unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described

- in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
  18. Contracts for compensation with advisory board members;
  19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
  20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
  21. Promotional Items;
  22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated;

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

**AA. Client Incentives and Client Enablers:**  
Client incentives are *an unallowable cost.*

Client Enablers are *unallowable cost.*

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

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

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

Once an audit is completed, a copy must be sent via e-mail to [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov) or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

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

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

## AC. Submission of Application

### Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 10 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH

The GMIS application submission must consist of the following:

<p><b>Complete &amp; Submit Via Internet</b></p>
--

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
  - Primary Reason
  - Funding
  - Justification
  - Personnel
  - Other Direct Costs
  - Equipment
  - Contracts
  - Compliance Section
  - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program :
  - #1- Contact Information Sheet

#1B – Supplemental Epi Contact Information Sheet (as applicable)  
 #2- Match Letter  
 #3 Budget Justification (As applicable to the specified program)  
 Appendix E. Epidemiology Position Expectations  
 Appendix F. Public Health Surveillance and Epidemiology  
 Investigation Standards  
 Appendix G. Public Health Emergency Preparedness Grant  
 Expectations for PHEP Core Subgrantees  
 Appendix H. Public Health Emergency Preparedness Grant  
 Expectations for PHEP Regional Subgrantees  
 Letter of Support for multi-jurisdiction projects, as applicable

One copy of the following document(s) must be e-mailed to [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov) or mailed to the address listed below:

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

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

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

## **II. APPLICATION REQUIREMENTS AND FORMAT**

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

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page [15] of the Solicitation for unallowable costs.

The subgrantee must submit the Budget Justification (see Attachment #3) signed by the Agency Head.

**A match of 7.7 % is required by this program contingent upon the federal award.** This match amount must be included in the applicant share column of the Budget Summary page with a match plan in the narrative. See Appendix K for additional information regarding Match requirements. The subgrantee must submit the Match letter (Attachment #C) with the grant application. The letter must be on agency letterhead and signed by the Health

Commissioner or Administrator who has been delegated authority by the Board to make decisions in place of the Health Commissioner. |

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

**Indirect (Facilities and Administration): Note to Applicant- please select one of the 3 options that apply.**

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

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

Base the budget solely upon direct costs. |

For further information please see section B2.10 of OGAPP.

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

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

**D. Project Narrative:**

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

**Grant Administration:**

1. **ALL APPLICANTS:** Provide a general overview of the agency staff who will be working on the PHEP grant deliverables. Identify the local health department agencies within the county jurisdiction and include a description of how planning and coordination occurs within the county jurisdiction for a public



health response. Identify any specific roles and responsibilities identified in jurisdictional plans for the other local health departments during a response. Include any routine meetings or processes that would occur. Provide an overview of how the subgrantee participates in regional planning efforts.

2. **ALL APPLICANTS:** Identify the process that will be utilized by the subgrantee to ensure the Ohio's Health Department Profile and Performance Database is updated to remain current. Include who in the agency is responsible for updates to the database.
3. **ALL APPLICANTS:** Provide a description of how the Triad will be maintained during a short term vacancy as well as the process that will be utilized to replace a vacant Triad position for the long term.
4. **ALL APPLICANTS:** Provide a description of how the subgrantee will assure that the After Hours messaging will be maintained and that the messaging provides information regarding how to access the local health department after hours for a public health emergency. Include the process to ensure that medical direction is available 24/7 and what arrangements the subgrantee has made for appropriate back up medical direction.
5. **PHEP CORE AND REGIONAL APPLICANTS ONLY:** Provide a description of the current status of the subgrantee engagement with the Regional Healthcare Coalition.

#### **Health Inequity and Health Disparity**

1. **PHEP CORE APPLICANTS ONLY:** Provide a general overview of the jurisdictional planning for vulnerable populations that has occurred over the past Project Period (2012-2017). Include references to specific local plans (both the LHD and other agencies) which have been developed and/or updated to address access and functional needs concerns. Include a description of work done over the past budget period (July 1, 2016-present) to update all LHD plans to reflect People First Language. Include a description of activities undertaken during the past Project Period within the county jurisdiction to address any particular county wide systems or processes put into place to address access and functional needs concerns (i.e. self- reporting registries).
  - a. **PHEP REGIONAL AND CRI ONLY:** Provide a general overview of the jurisdictional planning for vulnerable populations that has occurred over the past Project Period (2012-2017). Include references to specific regional plans (both the subgrantee and other agencies) which have been developed and/or updated to address access and functional needs concerns. Include a description of work done over the past budget period (July 1, 2016-present) to update all regional plans to reflect People First Language. Include a description of activities undertaken during the past Project Period within the jurisdiction to address any particular jurisdictional systems or processes put into place to address access and functional needs concerns (i.e. self- reporting registries).

2. **ALL APPLICANTS:** Describe planning that has occurred over the past Project Period (2012-2017) to mitigate the impact of an incident on segments of the jurisdiction who experience additional burdens due to access and functional needs concerns during a public health incident.
3. **ALL APPLICANTS:** Provide a description of how the subgrantee works with other local agencies that work specifically with vulnerable populations who may experience access and functional needs barriers during a man- made or natural disaster.

### **PHEP Epidemiology**

1. **ALL APPLICANTS:** Describe how the Class A Reporting Number during and after business hours will be maintained, and how will the local health department(s) be able to be reached by ODH or any other local/state partners after business hours for the purposes of epidemiologic investigations.
2. **PHEP CORE APPLICANTS ONLY:** Provide a description of how agency staff will be utilized during a surge to assist with epidemiological investigations at both the local level and if needed, within the region.
3. **PHEP CORE APPLICANTS ONLY:** Provide a description of how the LHD PHEP epidemiologists participates in the Regional Epidemiology Response Team. Include a description of how the PHEP Epi interacts with other staff who assist with Epi investigations, including the frequency of such interactions (i.e. routine staff meetings, trainings, etc.).

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

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

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

Information on Federal Spending Transparency can be located at [www.USAspending.gov](http://www.USAspending.gov) or the Office of Management and Budget's website for Federal Spending Transparency at [www.whitehouse.gov/omb/open](http://www.whitehouse.gov/omb/open).

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

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

**H. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the “Project Narratives” section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before January 23, 2017**.

A minimum of an original and the indicated number of copies of non-Internet attachments are required.

<b>#1</b>	Contact Information Sheet
<b>#1B</b>	Supplemental Epi Contact Information Sheet
<b>#2</b>	Match Letter
<b>#3</b>	Budget Justification (As per the specified program)
<b>Appendix E</b>	Epidemiology Position Expectations
<b>Appendix F</b>	Public Health Surveillance and Epidemiology Investigation Standards
<b>Appendix G</b>	Public Health Emergency Preparedness Grant Expectations for PHEP Core Subgrantees
<b>Appendix H</b>	Public Health Emergency Preparedness Grant Expectations for PHEP Regional Subgrantees
	Letter of Support for Multi-County Projects, as applicable

### **III. APPENDICES**

- A. Notice of Intent to Apply For Funding
- B. GMIS Training Request Form
- C1.1 Deliverables – PHEP Core
- C1.2 Deliverables – PHEP Regional
- C1.3 Deliverables – PHEP CRI
- C2. Budget allocations (excel chart)
- D. Application Review Form (*required*)
- E. Epidemiology Position Expectations
- F. Public Health Surveillance and Epidemiology Investigation Standards
- G. Public Health Emergency Preparedness Grant Expectations for PHEP Core Subgrantees
- H. Public Health Emergency Preparedness Grant Expectations for PHEP Regional Subgrantees
- I. Homeland Security Region Map
- J. Cities Readiness Initiative (CRI) Map

K. Match Description  
L. Communications/OPOD Acknowledgement  
M. Multi- Year Training and Exercise Schedule  
N. Exercise Request Form  
O. AAR/IP Exercise Event Template  
P. Exercise Event Review Form  
Q. Outbreak Report Template  
R. PHEP Epi Coverage Matrix  
S. Outbreak Report Status Worksheet  
T. Epi Change of Record Template  
U. Change of Record Template  
V. Medical Countermeasure Data Collection Drills  
W. Ohio Medical Countermeasure (MCM) Site Survey for Points of Dispensing (POD)  
and Drop Site Facilities  
X. Exercise Participant Exclusion Form  
Y. Operational Readiness Review  
Z. Jurisdictional Data Sheet  
AA. Guidelines to Improve Infectious Disease Reporting in Local Health Jurisdictions  
BB. Volunteer Management Performance Measure Activity

Reimbursement  
Type  
Select one of the  
options below:

- ☐ Monthly  
OR  
☐ Quarterly

## NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health  
Office of Office Health Preparedness

*ODH Program Title:*

Public Health Emergency Preparedness |

ALL INFORMATION REQUESTED MUST BE COMPLETED.

## Appendix A

This application is  
for:  
(check all that apply)  
☐ PHEP Core  
☐ CRI  
☐ PHEP Regional

County of Applicant Agency \_\_\_\_\_ Federal Tax Identification Number \_\_\_\_\_

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

Type of Applicant Agency  
(Check One)

- ☐ County Agency  
☐ City Agency

- ☐ Hospital  
☐ Higher Education

- ☐ Local Schools  
☐ Not-for Profit

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

The Applicant Agency is applying for PHEP funds for the following agency (ies): \_\_\_\_\_

Agency Head (Print Name) \_\_\_\_\_

Agency Head (Signature) \_\_\_\_\_

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

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

If yes, no further action is needed.

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

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

- Request for Taxpayer Identification Number and Certification (W-9),  
<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)  
[http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT\\_Payment\\_Authorization\\_OBM4310.pdf](http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf)
- Supplier Information Form  
[http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier\\_Information\\_Form\\_OBM5657.pdf](http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf)

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. ODH will forward the forms to Ohio Shared Services. FORMS MUST BE RECEIVED BY December 27, 2016 |

Mail, E-mail: Monique Witherspoon, Program Administrator, 614-644-1912, [monique.witherspoon@odh.ohio.gov](mailto:monique.witherspoon@odh.ohio.gov) |  
Ohio Department of Health Public Health Emergency Preparedness  
35 East Chestnut Street – 7<sup>th</sup> floor |  
Columbus, OH 43215

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



## GMIS Training, User Access, Access Change or Deactivation Request

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

Date: \_\_\_\_\_

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

☐ New Employee - needs GMIS Access. Effective Date of Activation: \_\_\_\_\_

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

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

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

Or Effective Date of Deactivation (GMIS 2.0 access only): \_\_\_\_\_

Agency Name & Address: \_\_\_\_\_

Employee Name (no nicknames): \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

Employee Office Phone Number: \_\_\_\_\_

Employee Office Fax Number: \_\_\_\_\_

Employee Office Email Address: \_\_\_\_\_

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

Email Notifications: ☐ Yes    ☐ No

GMIS Project Number(s) user needs access to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Authorization Signature for User Access/Change/Deactivation:**

\_\_\_\_\_  
Signature of Agency Head or Agency Financial Head

\_\_\_\_\_  
Printed Name of Agency Head or Agency Financial Head

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

**Date Processed:**

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

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

Scan & Email: [karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)

**Name of Subgrant Program: Public Health Emergency Preparedness -CORE**

**Budget Period: 1**

**# of Deliverables: 20**

**Use Budget Justification Scenario#: 3**

**All submissions must be made in GMIS on the Application Page in the comments section. To ensure receipt of all submissions, it is highly encouraged to also email your ODH PHEP Program Monitoring Consultant.**

Note: Any assets purchased to build, sustain, or support operations to complete any of the following deliverables must be listed and maintained on an inventory list. ODH retains the right to retrieve these assets if the subgrantee no longer receives PHEP grant funding.

**Deliverable – Objective 1 – Continuity Training**

**Description:** By September 30, 2017, the subgrantee’s Emergency Response Coordinator or the primary staff member responsible for continuity planning will complete the following trainings and provide a certificate of completion to their ODH PHEP Program Monitoring Consultant via GMIS for the following:

- IS 546.a: COOP Awareness Course
- IS 547.a: Introduction to COOP.
- IS-242.b: Effective Communication.

These trainings will serve as the foundation for facilitating the subgrantee’s COOP orientation in BP 2. The submitted certificates must be for the current version of the courses; credit will not be given for completing a previous version.

**NOTE 1:** Certificates will be accepted if the training was taken within the last two years or is the most recent version of the training.

- **Objective 1.1:** By September 30, 2017, the subgrantee will submit the certificate for: IS 546.a COOP Awareness Course. \_\_\_\_\_ **0.33%**
- **Objective 1.2:** By September 30, 2017, the subgrantee will submit the certificate for IS 547.a: Introduction to COOP. \_\_\_\_\_ **0.33%**
- **Objective 1.3:** By September 30, 2017, the subgrantee will submit the certificate for IS-242.b Effective Communication. \_\_\_\_\_ **0.34%**

**+5**

## **Deliverable – Objective 2 – Emergency Communications Training**

**Description:** By September 30, 2017, the subgrantee's Emergency Response Coordinator or the primary staff member responsible for the developing the Emergency Public Information plan will complete the following trainings (online courses):

- IS-242.b Effective Communications
- CDC Crisis and Emergency Risk Communications Course.
- IS-250.a ESF #15 External Affairs: A New Approach to Emergency Communications and Information Distribution.
- IS-29 PIO Awareness
- IS-702.a NIMS Public Information Systems

The subgrantee must provide a certificate of completion to the ODH PHEP Program Monitoring Consultant via GMIS. The submitted certificates must be for the current version of the courses. Credit will not be given for completing a previous version.

**NOTE 1:** The trainings above can be found at the following website <https://training.fema.gov/is/crslist.aspx>

**NOTE 2:** Certificates will be accepted if the training was taken within the last two years or is the most recent version of the training.

**NOTE 3:** If the same individual is completing course IS-242.b Effective Communication (Objective 2.1) for Deliverable 1 (Objective 1.3), one certificate may be sent to demonstrate completion of this objective. If two individuals need to take the course due to planning responsibilities, both certificates must be shared via GMIS.

- **Objective 2.1:** By September 30, 2017, the subgrantee will submit the certificate for IS-242.b Effective Communications. \_\_\_\_\_ **0.2%**
- **Objective 2.2:** By September 30, 2017, the subgrantee will submit the certificate for CDC Crisis and Emergency Risk Communications Course. \_\_\_\_\_ **0.2%**
- **Objective 2.3:** By September 30, 2017, the subgrantee will submit the certificate for IS-250.a ESF #15 External Affairs: A New Approach to Emergency Communications and Information Distribution. \_\_\_\_\_ **0.2%**
- **Objective 2.4:** By September 30, 2017, the subgrantee will submit the certificate for IS-29 PIO Awareness. \_\_\_\_\_ **0.2%**
- **Objective 2.5:** By September 30, 2017, the subgrantee will submit the certificate for IS-702.a NIMS Public Information Systems. \_\_\_\_\_ **0.2%**



### **Deliverable – Objective 3 – Access and Functional Needs Training**

**Description:** By December 15, 2017, the subgrantee’s Emergency Response Coordinator and/or the staff member with responsibility for completing the Emergency Response Plan will submit a certificate via GMIS of completion of the following:

- Disability Training for Emergency Planners: Serving people with Disabilities (<http://training.centerforems.org.ohio-state.edu/lms/>)
- IS-368: Including People With Disabilities & Others With Access & Functional Needs in Disaster Operations (<https://training.fema.gov/is/courseoverview.aspx?code=is-368>)

**NOTE:** Certificates will be accepted if the training was taken within the last two years or is the most recent version of the training.

- **Objective 3.1:** By December 15, 2017, the subgrantee will submit the certificate for Disability Training for Emergency Planners: Serving people with Disabilities \_\_\_\_\_ **0.8%**
- **Objective 3.2:** By December 15, 2017, the subgrantee will submit the certificate for IS-368: Including People With Disabilities & Others With Access & Functional Needs in Disaster Operations \_\_\_\_\_ **0.8%**

### **Deliverable –Objective 4 - Communications/OPOD Acknowledgement**

**Description:** The subgrantee must

1. Submit the “Communications/OPOD Acknowledgement” (See Appendix L) via GMIS. This worksheet will:
  - Acknowledge that the information within OPOD is current, complete, and up-to-date,
  - Acknowledge that the information within OPHCS is current, complete, and up-to-date, and
  - Acknowledge that the subgrantee has participated in that quarter’s MARCS radio checks (3 per quarter/approximately monthly radio check).
2. Attach the OPHCS Message Summary Report generated by OPHCS with submission of the deliverable.

In order to complete the deliverable, the subgrantee must conduct the following actions:

1. Update OPOD: The subgrantee shall ensure that all information within the Ohio Points of Dispensing (OPOD) Online System is complete and up-to-date. The subgrantee must validate information on a quarterly basis and report the date validated in the “Communications / OPOD Acknowledgement”. ODH highly encourages subgrantees to have a printed, paper copy of the contents of OPOD **for each POD within their jurisdiction** in case the subgrantee is not able to access the online system.

2. Update OPHCS: The Emergency Response Coordinator must conduct one Call-Down Drill via OPHCS per quarter to prompt staff to verify his or her OPHCS profile as accurate and up-to-date. The subgrantee shall ensure that all information in OPHCS is current and up-to-date. The subgrantee will report this action on the “Communications / OPOD Acknowledgement” and attached the OPHCS Message Summary report.
  - The acknowledgement rate must be reported in the Worksheet.
  - Acknowledgement rate must be above 50% in order to receive funding for this deliverable.
3. **Three** radio checks must have occurred prior to the deliverable submission. **Funds for this deliverable will be withheld if the subgrantee does not participate in all radio checks for the quarter.**

The completed “Communications/OPOD Acknowledgement” and OPHCS Message Summary Report must be uploaded by:

- **Objective 4.1:** Quarter 1: By September 15, 2017 the subgrantee will submit the Communications/OPOD Acknowledgement via GMIS\_\_\_\_\_ **1.25%**
- **Objective 4.2:** Quarter 2: By December 15, 2017 the subgrantee will submit the Communications/OPOD Acknowledgement via GMIS\_\_\_\_\_ **1.25%**
- **Objective 4.3:** Quarter 3: By March 15, 2018 the subgrantee will submit the Communications/OPOD Acknowledgement via GMIS\_\_\_\_\_ **1.25%**
- **Objective 4.4:** Quarter 4: By June 15, 2018 the subgrantee will submit the Communications/OPOD Acknowledgement via GMIS\_\_\_\_\_ **1.25%**

#### **Deliverable – Objective 5 – Emergency Response Plan Basic Plan – 5.4**

**Description:** By December 15, 2017 a draft Emergency Response Plan Basic Plan must be submitted to the ODH PHEP Program Monitoring Consultant via GMIS. In order to be reimbursed for Objective 5.1, the plan must demonstrate a good faith effort to meet all elements identified in the ODH-provided rubric (See NOTE 1). The ODH subgrantee must receive confirmation from ODH that all elements of rubric have been met before they may apply for reimbursement for Objective 5.2 (See NOTE 2). ODH feedback will be provided no later than one hundred and five (105) days from the submission of the basic plan.

**NOTE 1:** ODH will provide the subgrantee with their pre-reviewed Emergency Response Basic Plan and a planning rubric by July 3, 2017. This will inform the subgrantee of how the current ERP compares to the requirements of the rubric.

**NOTE 2:** Once ODH has reviewed the ERP submitted during the grant year (Objective 5.1), subgrantees will be notified whether Objective 5.2 has been successfully completed and if reimbursement for Objective 5.2 is available.

**NOTE 3:** If the subgrantee submits a plan that covers their jurisdiction AND areas outside their jurisdiction (“multijurisdictional plan”), the subgrantee must include a letter of agreement signed by the Health Commissioners of the LHD(s) that have jurisdiction of those areas. The letter must indicate the following: (1) the other LHD(s) acknowledge that the submitted plan covers an area in their jurisdiction; (2) the other LHD(s) have engaged the planning process; and (3) the LHD(s) will promulgate the plan, once it is approved by ODH. Any multijurisdictional plans submitted without this letter of agreement will not be reviewed and will not be eligible for reimbursement.

- **Objective 5.1:** By December 15, 2017, the subgrantee will submit the Emergency Response Basic Plan that addresses all elements identified in the ODH-provided planning rubric and ODH review. \_\_\_\_\_ **9%**
- **Objective 5.2:** By March 30, 2018, ODH will inform the subgrantee if the plan is eligible for reimbursement and ready for promulgation. \_\_\_\_\_ **7.4%**

#### **Deliverable – Objective 6 – Emergency Response Plan Promulgation Letter – 5.4**

**Description:** By June 15, 2018, the subgrantee will submit a promulgation letter to the ODH PHEP Program Monitoring Consultant via GMIS that demonstrates adoption of the ODH approved ERP Basic Plan. Promulgation may not proceed until after the agency has received confirmation from ODH they their submitted ERP has been approved.

- **Objective 6.1:** By June 15, 2018, the subgrantee will submit the Emergency Response Plan promulgation letter. \_\_\_\_\_ **7.4%**

#### **Deliverable – Objective 7 –Regional Public Health meetings hosted by the Regional Public Health Coordinator (RPHC)**

**Description:** By June 30, 2018, Emergency Response Coordinator or his/her alternate will attend at least 75% of all regional public health meetings facilitated by the RPHC, 50% of which will need to be attended in person. These meetings will aim to enhance regional coordination, including PHEP deliverables, planning, and ODH updates/training.

- **Objective 7.1:** By June 30, 2018, the Emergency Response Coordinator or his/her alternate will attend at least 75% of all regional public health meetings, 50% of which will need to be attended in person, as evidenced by the sign-in sheet submitted to the ODH PHEP Program Monitoring Consultant by the RPHC. \_\_\_\_\_ **4%**

#### **Deliverable – Objective 8 - Attend Regional Training and Exercise Workshop**

**Description:** By September 30, 2017, the Emergency Response Coordinator or his/her alternate will attend a regional training and exercise workshop facilitated by the subgrantee’s RPHC. Workshop attendance is necessary to coordinate regional efforts in regional training and exercise planning among

all attendees. In order to demonstrate completion of this deliverable, the subgrantee must sign the sign in sheet provided by the RPHC. The RPHC will submit via GMIS.

- **Objective 8.1:** By September 30, 2017, the Emergency Response Coordinator or his/her alternate will attend the Regional Training and Exercise Workshop as evidenced by the sign-in sheet submitted to the ODH PHEP Program Monitoring Consultant by the RPHC. \_\_\_\_\_ **1%**

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

**Description:** By December 31, 2017, the subgrantee will submit a jurisdictional Multi-Year Training and Exercise Plan (MYTEP) and Multi-year Training and Exercise Schedule that documents how the subgrantee will demonstrate an overall emergency management and response capability for all 14 of the required PHEP capabilities, the priority functions, the associated tasks and performance measures across the six public health domains during FY18-FY22 to ODH and will submit via GMIS.

The MYTEP will:

1. Document all trainings, discussion based exercises, operation based exercises (or real world events) and other activities that occurred during FY12-FY17 that met all 14 of the required PHEP capabilities, including updates for actual dates of occurrences, and
2. Ensure all jurisdictional AAR/IPs are coordinated/communicated with participating response partners and stakeholders to implement corrective actions for the jurisdiction that are identified in AAR/IPs.

The Multi-year Training and Exercise Schedule will:

1. Document projected trainings, discussion based exercises, operation based exercises and/or other activities that will occur or will be made available within the jurisdiction during FY18-FY22 in order for the jurisdiction to meet all 14 of the required PHEP capabilities, the priority functions, the associated tasks and performance measures across the six public health domains using Appendix M: Multiyear Training and Exercise Schedule via GMIS
- **Objective 9.1:** By December 31, 2017, the subgrantee will submit a jurisdictional Multi-Year Training and Exercise Plan (MYTEP). \_\_\_\_\_ **4%**
  - **Objective 9.2:** By December 31, 2017, the subgrantee will submit a jurisdictional MYTEP Schedule (See Appendix M: Multi-year Training and Exercise Schedule). \_\_\_\_\_ **6%**

### **Deliverable-Objective 10 –ODH Notification of all jurisdictional exercises with Exercise Request Form**

**Description:** The subgrantee will utilize the Exercise Request Form (ERF) (See Appendix N: Exercise Request Form) to notify ODH of all exercises via GMIS prior to or no later than three business days after the Initial Planning Meeting and at least 30 days prior to the Mid-Term Planning Meeting (MPM) if ODH participation is requested. The subgrantee must submit the ERF for all exercises within the

budget period. The subgrantee will only receive funding for the first ERF submission. Subsequent forms must still be submitted for tracking.

In order to receive funding for these exercises/events:

1. Subgrantees will use the HSEEP building block approach to exercise all 14 of the required PHEP capabilities, the priority functions, the associated tasks and performance measures for their jurisdiction FY18-FY22.
  - a. Drills identified in deliverable 4, 15, 16 do not require an ERF submission.
  - b. A jurisdictional Functional Exercise or Full Scale Exercise is required to be conducted in FY2018 for PHEP Capability credit.
2. Subgrantees must demonstrate effort to engage organizations (not-for-profit organizations, government agencies, long-term care facilities, etc.) that serve vulnerable populations)
3. Subgrantees will focus exercise design objectives for the jurisdiction around the six Public Health Preparedness outcomes listed below to align with and strengthen all six public health domains.

Public Health Preparedness Outcomes	PHEP Capabilities
Earliest possible identification and investigation of an incident	*12, 13
Timely implementation of public health intervention and control measures	5,7,8,9,10,11, 12*,13,14
Timely communication of situational awareness and risk information	1,2,3,4,6
Continuity of emergency operations throughout the surge of an emergency or incident	3,4, 6
Timely coordination and support of response activities with healthcare and other partners	4,5,6,7,10, 15
Immediate care for incoming patients and continuity of care for existing patients during an incident	7

\*PHEP Capability 12 applies to ODH.

- **Objective 10.1:** By December 15, 2017, the subgrantee will submit at least one Exercise Request Form describing the planned Functional or Full Scale Exercise to be conducted in FY 2018. \_\_\_\_\_ **1%**

**Deliverable – Objective 11** – Submission of an After Action Report/Improvement Plan (AAR/IP) and Exercise Event Review Form (EERF) for a functional or full scale exercise or Real World Event

**Description:** By March 31, 2018, the subgrantee will submit an AAR/IP and EERF to ODH via GMIS within 90 days after the completion of a functional or full scale exercise or Real World Event. The subgrantee will submit at least one AAR/IP (see Appendix O) with the EERF (see Appendix P) for the jurisdictional functional or full scale exercise to ODH via GMIS.

**NOTE 1:** All 14 capabilities must be tested over the next 5 year period. This timeframe may be altered dependent upon future federal requirements.

In order to receive funding for these exercises/events:

1. The subgrantee must conduct a functional or full scale exercise which tests any combination of the 14 PHEP capabilities
2. All AAR/IPs for jurisdictional exercises or real-world events will be submitted on Appendix #O: AAR-IP Exercise/Event Template
  - a. Drills identified in deliverable 4, 15, 16 do not require an AAR/IP or EERF submission.
3. All AAR/IPs for jurisdictional exercises or real-world events will also be submitted with the EERF identifying capability completion and rating.
4. All AAR/IPs will include PHEP capability analysis for the entire jurisdiction (intra-jurisdictional LHDs, hospitals, EMA, Fire, LE, and other relevant agencies to the scenario) as a whole that addresses the identified PHEP capability(s), all associated functions, tasks and performance measures in order to receive credit.

**NOTE 2:** If the subgrantee participates in a regional functional or full scale exercise (including exercises completed by the CRI/MSA), an AAR/IP and EERF must be submitted that meets the requirements of B, C and D above for the local jurisdiction.

- **Objective 11.1:** By March 31, 2018, the subgrantee will submit a jurisdictional After Action Report/Improvement Plan (AAR/IP) and Exercise Event Review Form (EERF) based on the Exercise Request Form (ERF) (see Objective 10) to validate the capabilities demonstrated during a functional/full scale exercise or Real World Event. \_\_\_\_\_ **14.8%**

**Deliverable-Objective 12** - Outbreak Reporting by submission of Ohio Disease Reporting – Investigation and Reports Attachment

**Description:** Subgrantee will:

1. Enter outbreaks into the ODRS outbreak module for enteric, foodborne, communicable, vaccine-preventable, waterborne, zoonotic and other disease outbreaks by the end of the next business day after notification of a suspected outbreak and closed within 90 days of date created in ODRS. Final report must be uploaded to ODRS upon closure. Final reports must capture the seven minimal elements contained in the Outbreak Report Template (see Appendix Q).
2. Enter outbreaks into the National Outbreak Reporting System (NORS) for all NORS-eligible outbreaks, including foodborne, zoonotic and waterborne within 7 business days of report to ODH and closed within 90 days of date created in ODRS. Final report must be attached to NORS

upon closure. Final reports must capture the seven minimal elements contained in the outbreak report template.

3. The subgrantee shall upload a completed Ohio Disease Reporting – Investigation and Reports – Outbreak Report Status Worksheet (see Appendix S) via GMIS.

This Ohio Disease Reporting – Investigation and Reports – Outbreak Report Status Worksheet (see Appendix S) must be submitted via GMIS on a quarterly basis by the following dates:

- **Objective 12.1:** Q1: By September 15, 2017 (for investigations reported July 1 – Sept 10, 2017, plus any not closed previously), the subgrantee will submit an Outbreak Report Status Worksheet. \_\_\_\_\_ **2.35%**
- **Objective 12.2:** Q2: December 15, 2017 (for investigations reported Sept 11 – Dec 10, 2017, plus any not closed previously), the subgrantee will submit an Outbreak Report Status Worksheet. \_\_\_\_\_ **2.35%**
- **Objective 12.3:** Q3: March 15, 2018 (for investigations reported Dec 11, 2017 – March 10, 2018, plus any not closed previously), the subgrantee will submit an Outbreak Report Status Worksheet. \_\_\_\_\_ **2.35%**
- **Objective 12.4:** Q4: June 15, 2018 (for investigations reported March 11 – June 10, 2018, plus any not closed previously), the subgrantee will submit an Outbreak Report Status Worksheet. \_\_\_\_\_ **2.35%**

### **Deliverable-Objective 13 - Public Health Surveillance and Epidemiologic Investigation Plan**

**Description:** By December 31, 2017, the subgrantee will submit a “Public Health Surveillance and Epidemiologic Investigation Plan” via GMIS describing when epidemiology plans were last updated and changes made. The subgrantee will report this information using the Epi Report Template provided by ODH (Appendix T). The information provided within the Public Health Surveillance and Epidemiologic Investigation Plan must describe:

1. The evaluation of the infectious disease surveillance system
2. The initiation of investigation of infectious disease outbreaks within three hours of initial notification
3. The review of disease surveillance reports for the purpose of identifying potential disease outbreaks
4. The orientation of new staff regarding investigation and surveillance procedures. This must include how staff with varying responsibilities and position descriptions should be trained (i.e., training for incoming epidemiologist, training for surge epidemiology work, general staff)
  - a. The following language must be included in the plan: ***LHD name shall ensure onboarding of new epidemiologists to be registered with the Ohio Disease Reporting System (ODRS) within five business days of hire.***

5. How agency staff will be utilized during a surge to assist with epidemiological investigations at both the local level, and if needed, within the region
6. Date of last revision
7. Include a change of record document. ODH recommends subgrantees may utilize the Change of Record template (see Appendix U). However, another format can be used, if desired.

ODH will provide feedback on the submitted draft Public Health Surveillance and Epidemiologic Investigation Plan. Subgrantees will receive feedback by March 31, 2018. A final plan will be submitted by June 15, 2018. The subgrantee will need to demonstrate incorporation and consideration of ODH feedback.

- **Objective 13.1:** By December 31, 2017, the subgrantee will submit a draft Public Health Surveillance and Epidemiologic Investigation Plan. \_\_\_\_\_ **2%**
- **Objective 13.2:** By June 15, 2018, the subgrantee will submit a final Public Health Surveillance and Epidemiologic Investigation Plan and a Plan tracking changes (using track changes utilizing ODH feedback on the draft Plan via GMIS. The subgrantee will need to demonstrate incorporation and consideration of ODH feedback, to the extent possible. \_\_\_\_\_ **3%**

#### **Deliverable–Objective 14 – Quarterly statewide epidemiology meetings**

**Description:** The subgrantee will send representation to the quarterly statewide epidemiology meetings hosted by ODH. Sign-in sheets provided at meetings will serve as documentation that the deliverable was achieved. Representatives serving multiple jurisdictions must note which subgrantees they serve in order to receive credit for attendance for covered subgrantees. The subgrantee may expense costs for meeting this deliverable after the meeting has occurred.

- **Objective 14.1:** Quarter 1: By September 30, 2017, the subgrantee will demonstrate representation at the quarterly meeting as evidenced by the Sign-In Sheets. \_\_\_\_\_ **1%**
- **Objective 14.2:** Quarter 2: By December 31, 2017, the subgrantee will demonstrate representation at the quarterly meeting as evidenced by the Sign-In Sheets. \_\_\_\_\_ **1%**
- **Objective 14.3:** Quarter 3: By March 31, 2018, the subgrantee will demonstrate representation at the quarterly meeting as evidenced by the Sign-In Sheets. \_\_\_\_\_ **1%**
- **Objective 14.4:** Quarter 4: By June 15, 2018, the subgrantee will demonstrate representation at the quarterly meeting as evidenced by the Sign-In Sheets. \_\_\_\_\_ **1%**

#### **Deliverable – Objective 15 – 24/7 Drill**

**Description:** By June 15, 2018, the subgrantee will successfully pass two ODH 24/7 After Hours drills to test the ability of the health department to receive and respond to an emergency within one hour; and



with contact by the Medical Director within two hours. A letter confirming the results of the drill will be sent to each agency after each drill.

- **Objective 15.1:** By December 15, 2017 the subgrantee will have successfully completed one ODH 24/7 drill. \_\_\_\_\_ **1.7%**
- **Objective 15.2:** By June 15, 2018 the subgrantee will have successfully completed one ODH 24/7 drill. \_\_\_\_\_ **1.7%**

#### **Deliverable – Objective 16 – Federal Data Collection Drills (see Appendix V)**

**Description:** By April 1, 2018, the non-CRI/non-MSA subgrantee will complete one federal Data Collection Drill using the ODH MCM Data Collection Drill Templates (See Appendix V) submitted via GMIS.

Eligible drills include the following:

- a. Staff Notification.
- b. Site Activation.
- c. Facility Set-up.
- d. Pick List Generation.
- e. Dispensing Throughput.
- f. AAR: RealOpt as a substitute for Dispensing Throughput.

**NOTE:** This requirement is for non-CRI/non-MSA's only

- **Objective 16.1:** By April 1, 2018, the subgrantee will submit a completed MCM Data Collection Drill Template (See Appendix V) which identifies the drill completed for the budget period. \_\_\_\_\_ **2%**

#### **Deliverable – Objective 17 – Radiation training**

**Description:** The subgrantee will provide representation to one of the 'Population Monitoring for Community Response Center' trainings offered in their region provided by Counterterrorism Operations Support (CTOS) Center for Radiological/Nuclear Training. The Emergency Response Coordinator is required to attend this training. Members of the Triad are strongly encouraged, though not required, to attend.

One training will be held in each of the eight PHEP regions. Time and location will be determined at a future date. Dates and times of all offerings will be disseminated via email no later than July 3, 2017.

- **Objective 17.1:** By June 15, 2018, the subgrantee will attend one of the eight Statewide Trainings as evidenced by submitting the Emergency Response Coordinator's certificate of completion via GMIS. \_\_\_\_\_ **1%**

**NOTE:** Should any Triad members participate in the training, her/his certificate of completion should also be uploaded into GMIS.

#### **Deliverable-Objective 18 – Attendance of FY 2018 PHEP Grant Kick-Off Meeting**

**Description:** By September 30, 2017, the subgrantee will attend the Regional Kick-Off Meeting in collaboration with ODH and PHEP regional subgrantees. Representation from the subgrantee must be the Emergency Response Coordinator or an appropriate designee.

- **Objective 18.1:** By September 30, 2017, the subgrantee will attend the FY 2018 PHEP Grant Kick-Off Meeting as evidenced by the signature from the designated agency representative on the Sign In sheet. \_\_\_\_\_ **1%**

#### **Deliverable – Objective 19 – Operational Readiness Review (ORR) self-assessment and Jurisdictional Data Sheet**

**Description:** Non-CRI/MSA Jurisdictions will submit the Operational Readiness Review (ORR) self-assessment and Jurisdictional Data Sheet via GMIS by September 30, 2017.

**NOTE 1:** ORR tool and JDS will be provided to subgrantees by July 1, 2017.

**NOTE 2:** This requirement is for non-CRI/non-MSA's only

- **Objective 19.1:** By September 30, 2017, the subgrantee will submit the Operational Readiness Review (ORR) self-assessment and Jurisdictional Data Sheet. \_\_\_\_\_ **9.4%**

#### **Deliverable-Objective 20 – Attendance at ODH OHP PHEP Program Planners' Workshop**

**Description:** The subgrantee will provide representation to the ODH OHP PHEP Program Planners' Workshop to be held during May 2018. Acceptable representation includes either the emergency response coordinator an appropriate designee. The representative must attend the full meeting for credit for this deliverable. ODH will provide the Sign-In sheet for this meeting.

- **Objective 20.1:** By May 30, 2018, the subgrantee will attend the ODH OHP PHEP Program Planner's Workshop as evidenced by the signature from the designated agency representative on the Sign In sheet. \_\_\_\_\_ **1.6%**

## APPENDIX C1.2

**Name of Subgrant Program: Public Health Emergency Preparedness -REGIONAL**

**Budget Period: 1**

**# of Deliverables: 16**

**Use Budget Justification Scenario#: 3**

**All submissions must be made in GMIS on the application page in the comments section. To ensure receipt of all submissions, it is highly encouraged to also email your ODH PHEP Program Monitoring Consultant.**

Any assets purchased to build, sustain, or support operations to complete any of the following deliverables must be listed and maintained on an inventory list. ODH retains the right to retrieve these assets if the subgrantee no longer receives PHEP grant funding

**Deliverable-Objective 1 – Conduct regional meetings for PHEP CORE subgrantees**

**Description:** At a minimum of one meeting per quarter, the subgrantee will coordinate and facilitate regional meetings for PHEP core subgrantees within the region. These meetings will aim to enhance regional coordination, including PHEP deliverables, planning, and Ohio Department of Health (ODH) and Office of Health Preparedness (OHP) updates/training. In order to demonstrate completion of this deliverable, the subgrantee must submit the regional meeting agenda, minutes, and sign-in sheets from each meeting conducted via GMIS within ten business days of the meeting occurrence. Sign-in sheets must identify names of participants and the jurisdiction she/he represents. Meeting minutes must demonstrate that the subgrantee has updated the PHEP Core subgrantee on activities of the Regional Healthcare Coalition meetings (Deliverable – Objective 12) and determination of Regional Drop Site (Deliverable – Objective 5)

- **Objective 1.1:** Quarter 1: By September 30, 2017, the subgrantee will submit meeting agenda, minutes, and sign-in sheets from the regional meetings held during the quarter. \_\_\_\_\_ **2.7%**
- **Objective 1.2:** Quarter 2: By December 31, 2017, the subgrantee will submit regional meeting agenda, minutes, and sign-in sheets from the regional meetings held during the quarter. \_\_\_\_\_ **2.7%**
- **Objective 1.3:** Quarter 3: By March 31, 2018, the subgrantee will submit regional meeting agenda, minutes, and sign-In sheets from the regional meetings held during the quarter. \_\_\_\_\_ **2.7%**
- **Objective 1.4:** Quarter 4: By June 15, 2018, the subgrantee will submit regional meeting agenda, minutes, and sign-in sheets from the regional meetings held during the quarter. \_\_\_\_\_ **2.7%**

## **Deliverable-Objective 2 – Coordination of FY 2018 PHEP Grant Kick-Off Meeting**

**Description:** By September 30, 2017, the subgrantee will coordinate the Regional Kick-Off Meeting in collaboration with ODH and PHEP Core subgrantees. Based on availability, this meeting can occur in conjunction with the regularly scheduled regional meetings. ODH PHEP Program Monitoring Program Consultants must be invited, available, and allotted time on the agenda for a presentation of FY2018 PHEP Core deliverables, requirements, and discussion. Representation from the subgrantee must be the Regional Public Health Coordinator (RPHC) or an appropriate designee.

**NOTE:** If the kick-off meeting is held in conjunction with the regularly scheduled regional meeting, only one set of meeting materials (agenda, minutes, and sign-in sheet(s)) are necessary to fulfill the requirements of the both deliverable 1.1 and 2.1 for that meeting occurrence.

- **Objective 2.1:** By September 30, 2017 the subgrantee will submit regional Kick-Off meeting agenda, minutes, and sign-in sheets. \_\_\_\_\_ **2.6%**

## **Deliverable-Objective 3 – Attendance at ODH OHP PHEP Program Planners' Workshop**

**Description:** The subgrantee will provide representation to the ODH OHP PHEP Program Planners' Workshop to be held during May 2018. Acceptable representation includes either the RPHC or an appropriate designee. The representative must attend the full meeting for credit for this deliverable. ODH will provide the sign-in sheet for this meeting.

- **Objective 3.1:** By May 30, 2018, the subgrantee will provide a signature noting representation for attendance at the ODH OHP PHEP Program Planners' Workshop on the ODH-provided sign-in sheets. \_\_\_\_\_ **4%**

## **Deliverable-Objective 4 – Access and Functional Needs Training**

**Description:** By December 15, 2017, the Regional Public Health Coordinator will provide certificate of completion of the following trainings via GMIS:

- Disability Training for Emergency Planners: Serving people with Disabilities (<http://training.centerforems.org.ohio-state.edu/lms/>)
- Including People With Disabilities & Others With Access & Functional Needs in Disaster Operations (<https://training.fema.gov/is/courseoverview.aspx?code=is-368>)
- **Objective 4.1:** By December 15, 2017, the subgrantee will provide a certificate noting completion of Disability Training for Emergency Planners: Serving people with Disabilities. \_\_\_\_\_ **2%**

- **Objective 4.2:** By December 15, 2017, the subgrantee will provide a certificate noting completion of Including People With Disabilities & Others With Access & Functional Needs in Disaster Operations. \_\_\_\_\_ **2%**

**NOTE:** Certificates will be accepted if the training was taken within the last two years or is the most recent version of the training.

### **Deliverable-Objective 5 - Development of a Regional Drop Site (RDS)**

**Description:** By May 15, 2018, the subgrantee will have selected a Regional Drop Site within the region and complete the Ohio Medical Countermeasures (MCM) Site Survey For Points of Dispensing (See Appendix W) for this drop site. This RDS will receive MCMs from the state RSS (Receive, Stage, Store) for distribution to pre-determined dispensing sites, such as PODs. The subgrantee will collaborate with the region's PHEP Core subgrantees to determine an appropriate location. The Ohio Medical Countermeasures (MCM) Site Survey for Points of Dispensing (POD) and Drop Site Facilities Form (Appendix W), providing information on the selected site, must be submitted via GMIS and uploaded to the Ohio Points of Dispensing (OPOD) database. The RDS must be a separate and distinct location from other jurisdictional sites/PODs. The subgrantee and the entity selected to serve as the RDS will need to establish and sign a memorandum of understanding including contractual language that gives the jurisdiction and the region access to the facility during an emergency or situation that requires the distribution of medical countermeasures.

- **Objective 5.1:** By May 15, 2018, the subgrantee will submit the Ohio Medical Countermeasures (MCM) Site Survey for Points of Dispensing (POD) and Drop Site Facilities Form (Appendix W). \_\_\_\_\_ **12%**
- **Objective 5.2:** By May 15, 2018 the subgrantee will submit a signed MOU between the RDS administrator or signatory, subgrantee, and the RDS local health department (if necessary). \_\_\_\_\_ **12%**

### **Deliverable-Objective 6 – Ebola and Other Special Pathogens Plans - Change of Record (see Appendix U) submission**

**Description:** By June 30, 2018, the subgrantee will submit a “Change of Record” form(s) via GMIS describing when plans related to Ebola and other special pathogen were last updated and changes made. The subgrantee will report this information using the report template provided by ODH (See Appendix U – Change of Record Template). Each plan/protocol, etc. submitted will be on a separate page, using the template. This information provided for each plan must list all plans, protocols, standard operating procedures (SOP), etc. list the date of last revision, and describe what changes were made.

The subgrantee must ensure that the Ebola and Other Special Pathogens Plan follows the most recent federal and state guidance. Revisions to align the plan with current guidance must be reflected within the change of record.

- **Objective 6.1:** By June 30, 2018, the subgrantee will submit a completed Change of Record form(s) for each of the plans, procedures, etc. related to Ebola and other special pathogens. \_\_\_\_\_ **1%**

## **Deliverable–Objective 7 - Facilitation of Regional Training and Exercise Plan (TEP) Workshop**

**Description:** By September 30, 2017, the subgrantee will coordinate and facilitate a regional training and exercise workshop for PHEP Core subgrantees, CRI subgrantees, and Regional Healthcare Coordinators. This TEP workshop should be conducted to coordinate regional efforts in regional training and exercise planning among all attendees. In order to demonstrate completion of this deliverable, the subgrantee will submit the regional training and exercise workshop agenda, presentation materials, minutes, and sign-in sheets from the meeting conducted via GMIS within ten business days of the meeting occurrence.

**NOTE 1:** If the workshop is held in conjunction with a regularly scheduled regional meeting, only one set of meeting materials [agenda, presentation materials, minutes, and sign-in sheet(s)] are necessary to fulfill the requirements of the both Objective 1.1 and 7.1 for that meeting occurrence.

**NOTE 2:** ODH will share Training and Exercise Plan (TEP) workshop materials that can be revised to fit the regional needs. Subgrantees are welcome to use these materials, but can elect to utilize other materials to fulfill this deliverable.

- **Objective 7.1:** By September 30, 2017, the subgrantee will submit regional workshop meeting agenda, presentation materials, minutes, and sign-in sheets. \_\_\_\_\_ **8.8%**

## **Deliverable-Objective 8 – Regional Multi-Year Training and Exercise Plan (MYTEP)**

**Description:** By December 31, 2017, the subgrantee will submit a regional Multi-Year Training and Exercise Plan (MYTEP) and Multi-year Training and Exercise Schedule (see Appendix M: Multiyear Training and Exercise Schedule) that documents how the region will demonstrate an overall emergency management and response capability for all 14 of the required PHEP capabilities, the priority functions, the associated tasks and performance measures across the six public health domains during FY18-FY22 to ODH and will submit via GMIS.

The regional MYTEP must:

1. Document all regional trainings, regional discussion based exercises, regional operation based exercises (or regional real world events) and other regional activities that occurred during FY12-FY17 that met all 14 of the required PHEP capabilities, including updates for actual dates of occurrences, and
2. Ensure all regional AAR/IPs are coordinated/communicated with participating response partners and stakeholders to implement corrective actions for the region that are identified in AAR/IPs.

The Multi-year Training and Exercise Schedule must:

1. Document projected trainings, discussion based exercises, operation based exercises and/or other activities that will occur or will be made available to all subgrantees within the region during FY18-FY22 in order for the region to meet all 14 of the required PHEP capabilities, the priority functions, the associated tasks and performance measures across the six public health domains using Appendix M: Multi-year Training & Exercise Schedule via GMIS
- **Objective 8.1:** By December 31, 2017, the subgrantee will submit a regional Multi-Year Training and Exercise Plan (MYTEP).\_\_\_\_\_ **4.0%**
  - **Objective 8.2:** By December 31, 2017, the subgrantee will submit a regional Multi-Year Training and Exercise Schedule (Appendix M).\_\_\_\_\_ **6.0%**

**Deliverable-Objective 9 – ODH RPH & Healthcare Training and Exercise Plan Workshop (TEPW)**

**Description:** By March 31, 2018, the subgrantee will attend the ODH Regional Public Health & Healthcare Training and Exercise Plan Workshop (TEPW). Registration will be available through OhioTRAIN. Completion of this deliverable will be verified by ODH in OhioTRAIN. Acceptable representation includes either the RPHC or an appropriate designee. Attendees must attend the full workshop to receive funds for this deliverable.

**Note 1:** This workshop is for regional coordinators or their alternate.

**Note 2:** To register for this training workshop, please visit: <https://oh.train.org/DesktopShell.aspx>. If there are technical difficulties accessing OhioTRAIN or registering for the training, please contact your ODH PHEP Program Monitoring Consultant.

- **Objective 9.1:** By March 31, 2018, the subgrantee will attend the ODH Regional Public Health & Healthcare Training and Exercise Plan workshop (TEPW).\_\_\_\_\_ **2%**

**Deliverable-Objective 10 – Notify ODH of all regional exercises with Exercise Request Form**

**Description:** The subgrantee will utilize the Exercise Request Form (ERF) (See Appendix N: Exercise Request Form) to notify ODH of all exercises via GMIS no later than three business days after the Initial Planning Meeting. If ODH participation is requested the subgrantee must submit the ERF at least 30 days prior to the Mid-Term Planning Meeting (MPM).

Regardless of ODH participation, the subgrantee must submit the ERF for all exercises within the budget period. The subgrantee will only receive funding for the first ERF submission. Subsequent forms must still be submitted for tracking.

In order to receive funding for these exercises/events:

1. Subgrantees will use the HSEEP building block approach to regionally exercise all 14 of the required PHEP capabilities, the priority functions, the associated tasks and performance measures for their region FY18-FY22.
  - a. A Regional Functional Exercise or Full Scale Exercise is required to be conducted in FY18 for PHEP Capability credit.
  - b. ODH encourages the Regional Public Health Coordinator to include all PHEP subgrantees as well as the Regional Healthcare Coordinator and all CRI and MSA agencies within the region to participate in the exercise plan and development, as well as participate in the regional exercise to the fullest extent possible.
2. The subgrantee will notify ODH on (Appendix X: Exercise Participant Exclusion Form (EPEF)) of all regional subgrantees that will not be participating in the regional exercise.
3. Subgrantees must demonstrate efforts to engage organizations (not-for-profit organizations, government agencies, long-term care facilities, etc.) that serve vulnerable populations.
4. Subgrantees will focus exercise design objectives for the region around the six public health preparedness outcomes listed below to align with and strengthen all six public health domains.

**Note:** ERFs must be submitted no later than three business days after the Initial Planning Meeting and at least 30 days prior to the Mid-Term Planning Meeting (MPM) if ODH participation is requested.

Public Health Preparedness Outcomes	PHEP Capabilities
Earliest possible identification and investigation of an incident	*12,13
Timely implementation of public health intervention and control measures	5,7,8,9,10,11,12*,13,14
Timely communication of situational awareness and risk information	1,2,3,4,6
Continuity of emergency operations throughout the surge of an emergency or incident	3,4,6
Timely coordination and support of response activities with healthcare and other partners	4,5,6,7,10,15
Immediate care for incoming patients and continuity of care for existing patients during an incident	7

\*PHEP Capability 12 applies to ODH.

- **Objective 10.1:** By December 15, 2017, the subgrantee will submit at least one Exercise Request Form (Appendix N) describing the planned Regional Functional or Full Scale Exercise to be conducted in FY 2018. \_\_\_\_\_ **1%**

**Deliverable–Objective 11** – Submission of regional After Action Report/Improvement Plan (AAR/IP) and Exercise Event Review Form (EERF) for a functional or full scale exercise or Real World Event. The subgrantee will submit at least one AAR/IP (see Appendix O) with the EERF (see Appendix P) for the regional functional or full scale exercise to ODH via GMIS.



**Description:** By March 31, 2018, the subgrantee will submit an AAR/IP and EERF to ODH via GMIS within 90 days after the completion of a functional or full scale exercise or Real World Event. The subgrantee will submit at least one AAR/IP (see Appendix O) with the EERF (see Appendix P) for the regional functional or full scale exercise to ODH via GMIS.

**NOTE 1:** All 14 capabilities must be tested over the next 5 year period. This timeframe may be altered dependent upon future federal requirements.

In order to receive funding for these exercises/events:

- A. The subgrantee must conduct a functional or full scale exercise which tests any combination of the 14 PHEP capabilities
- B. All AAR/IPs for regional exercises or real-world events will be submitted on Appendix #O: AAR-IP Exercise/Event Template
- C. All AAR/IPs for regional exercises or real-world events will also be submitted with the EERF identifying capability completion and rating.
- D. All AAR/IPs will include PHEP capability analysis for the entire region (local health departments, hospitals, emergency management agency (EMA), fire services, law enforcement, and other relevant agencies to the scenario) ) as a whole that addresses the identified PHEP capability(s), all associated functions, tasks and performance measures in order to receive credit.

**NOTE 2:** If the PHEP Region (through the subgrantee), Regional Healthcare Coordinator, and/or CRI Coordinator choose to exercise together, which is highly encouraged, or there is a real world response and is seeking credit for participation the subgrantee will either:

1. Submit the subgrantees regional AAR/IP in accordance with B, C, and D above OR
2. Submit a PHEP regional EERF with the combined PHEP Regional, HPP Regional, CRI or other AAR/IP on Appendix O: AAR-IP Exercise/Event Template. The combined AAR/IP will clearly identify the entire region as participants and include separate capability analysis that addresses the identified capability(s) for the region as a whole, all associated functions, tasks and performance measures. The Improvement Plan must also include all corrective actions for the region as a whole in order to receive credit.

Note: Subgrantees will not receive capability credit for participating as the Regional Coordinator in the SimCell, being an exercise evaluator or exercise controller. In order to receive credit the Regional Coordinator will either be a player in the exercise or executing their roles and responsibilities as the Regional Coordinator during a Real World event.

- **Objective 11.1:** By March 31, 2018, the subgrantee will submit a regional After Action Report/Improvement Plan (AAR/IP) and Exercise Event Review Form (EERF) based on the

Exercise Request Form (ERF) (see Objective 10) to validate the capabilities demonstrated during a functional/full scale exercise or Real World Event. \_\_\_\_\_ **20.8%**

### **Deliverable –Objective 12 – Participation in Regional Healthcare Coalition Meetings**

**Description:** The Regional Public Health Coordinator or an appropriate designee will participate in regional healthcare coalition meetings in partnership with Regional Healthcare Coordinator at a minimum of once per quarter.

In order to demonstrate completion of this deliverable, the subgrantee must submit the Regional Healthcare Coalition Meeting agenda, minutes, and sign-in sheets from each meeting conducted via GMIS within 30 business days of the meeting occurrence. Sign-in sheets must identify name of the Regional Public Health Coordinator or appropriate designee in attendance.

- **Objective 12.1:** Quarter 1: By September 30, 2017, the subgrantee will demonstrate attendance as evidenced by the Regional Healthcare Coalition Meeting sign-in sheets submitted to the ODH PHEP Program Monitoring Consultant by the Regional Healthcare Coordinator. \_\_\_\_\_ **1%**
- **Objective 12.2:** Quarter 2: By December 31, 2017, the subgrantee will demonstrate attendance as evidenced by the Regional Healthcare Coalition Meeting sign-in sheets submitted to the ODH PHEP Program Monitoring Consultant by the Regional Healthcare Coordinator. \_\_\_\_\_ **1%**
- **Objective 12.3:** Quarter 3: By March 31, 2018, the subgrantee will demonstrate attendance as evidenced by the Regional Healthcare Coalition Meeting sign-in sheets submitted to the ODH PHEP Program Monitoring Consultant by the Regional Healthcare Coordinator. \_\_\_\_\_ **1%**
- **Objective 12.4:** Quarter 4: By June 15, 2018, the subgrantee will demonstrate attendance as evidenced by the Regional Healthcare Coalition Meeting sign-in sheets submitted to the ODH PHEP Program Monitoring Consultant by the Regional Healthcare Coordinator. \_\_\_\_\_ **1%**

### **Deliverable–Objective 13 – PHEP Regional Public Health Coordinators Meetings**

**Description:** By June 15, 2018, the subgrantee will attend, at a minimum, two (of four total) PHEP Regional Public Health Coordinators meetings. These meetings will be hosted by ODH on a quarterly basis in Columbus, Ohio. These meetings will serve as an opportunity for PHEP Regional Public Health Coordinators to discuss updates, opportunities, concerns, etc. with the ODH staff. Completion of this deliverable will be verified by ODH through an available sign-in sheet. Acceptable representation includes either the RPHC or an appropriate designee. Attendees must attend the full meetings to receive credit for attendance.

**Objective 13.1:** By June 15, 2018, the subgrantee will attend 50% of the PHEP Regional Public Health Coordinator Meetings sponsored by ODH OHP as evidenced by the sign-in sheets. \_\_\_\_ **4%**

#### **Deliverable – Objective 14 – Continuity Training**

**Description:** By no later than September 30, 2017, the Regional Public Health Coordinator will complete the following continuity of operations (COOP) trainings and provide a certificate of completion to their ODH PHEP Program Monitoring Consultant via GMIS:

- IS 546.a Continuity of Operations Awareness Course
- IS 547.a: Introduction to Continuity of Operations

These trainings will serve as the foundation for facilitating the subgrantee's COOP orientation in BP7. The submitted certificates must be for the current version of the courses; credit will not be given for completing a previous version:

**NOTE:** Certificates will be accepted if the training was taken within the last two years or is the most recent version of the training.

- **Objective 14.1:** By September 30, 2017, the Regional Public Health Coordinator will complete IS 546.a Continuity of Operations Awareness Course and IS 547.a: Introduction to Continuity of Operations \_\_\_\_\_ **1%**

#### **Deliverable – Objective 15 – Emergency Communications Training**

**Description:** By September 30, 2017, the Regional Public Health Coordinator will complete the following trainings (online courses) and provide a certificate of completion to the ODH PHEP Program Monitoring Consultant via GMIS. The submitted certificates must be for the current version of the courses; credit will not be given for completing a previous version:

- IS-242.b: Effective Communications
- CDC Crisis and Emergency Risk Communications
- IS-250.a: Emergency Support Function (ESF) #15 External Affairs: A New Approach to Emergency Communications and Information Distribution
- IS-29: Public Information Officer (PIO) Awareness
- IS-702.a: National Incident Management System (NIMS) Public Information Systems

**NOTE:** The trainings above can be found at the following website:

<https://training.fema.gov/is/crslist.aspx>

**NOTE 2:** Certificates will be accepted if the training was taken within the last two years or is the most recent version of the training.

- **Objective 15.1:** By September 30, 2017, the subgrantee will submit the certificate for IS-242.b Effective Communications Course. \_\_\_\_\_ **0.2%**

- **Objective 15.2:** By September 30, 2017, the subgrantee will submit the certificate for CDC Crisis and Emergency Risk Communications Course. \_\_\_\_\_ **0.2%**
- **Objective 15.3:** By September 30, 2017, the subgrantee will submit the certificate for IS-250.a ESF #15 External Affairs: A New Approach to Emergency Communications and Information Distribution Course. \_\_\_\_\_ **0.2%**
- **Objective 15.4:** By September 30, 2017, the subgrantee will submit the certificate for IS-29 PIO Awareness Course. \_\_\_\_\_ **0.2%**
- **Objective 15.5:** By September 30, 2017, the subgrantee will submit the certificate for IS-702.a NIMS Public Information Systems Course. \_\_\_\_\_ **0.2%**

#### **Deliverable – Objective 16 – Radiation Protection training**

**Description:** The subgrantee will provide representation to one of the ‘Population Monitoring for Community Response Center’ trainings offered in their region provided by Counterterrorism Operations Support (CTOS) Center for Radiological/Nuclear Training. The Regional Public Health Coordinator is required to attend this training.

One training will be held in each of the eight PHEP regions. Time and location will be determined at a future date. Dates and times of all offerings will be disseminated via email no later than July 3, 2017.

- **Objective 16.1:** By June 15, 2018, the subgrantee will attend one of the eight Statewide Trainings as evidenced by submitting the Emergency Response Coordinator’s certificate of completion via GMIS. \_\_\_\_\_ **1%**

## Appendix C1.3

**Name of Subgrant Program: Cities Readiness Initiative (CRI)**

**Budget Period: 1**

**# of Deliverables: 4**

**Use Budget Justification Scenario #3**

**All submissions must be made in GMIS on the Application page in the comments section. To ensure receipt of all submissions, it is highly encouraged to also email your ODH PHEP Program Monitoring Consultant.**

**Deliverable – Objective 1 – Operational Readiness Review (ORR) Self-Assessment and Jurisdictional Data Sheet**

**Description:** The subgrantee will submit the Operational Readiness Review (ORR) Self-Assessment (see Appendix Y) and Jurisdictional Data Sheet (See Appendix Z) via GMIS by September 30, 2017.

**Note:** ORR tool and JDS will be provided to subgrantees by July 1, 2017.

- **Objective 1.1:** By September 30, 2017, the subgrantee will submit the Operational Readiness Review (ORR) Self-Assessment and Jurisdictional Data Sheet. \_\_\_\_\_ **40%**

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

**Description:** The subgrantee will submit the MCM Data Collection Drill Templates (see Appendix V) by April 1, 2017. Eligible drills include the following:

1. Staff Notification.
2. Site Activation.
3. Facility Set-up.
4. Pick List Generation.
5. Dispensing Throughput.
6. AAR: RealOpt as a substitute for Dispensing Throughput.

- **Objective 2.1:** By April 1, 2017, the subgrantee will submit three required Data Collection Drills on the MCM Data Collection Drill Templates (see Appendix V) with ODH specified documentation. \_\_\_\_\_ **20%**

**Deliverable – Objective 3 – ORR State Assessment**

**Description:** By February 28, 2018, the subgrantee will receive ODH sign off approval on the Sign In sheets for participation at the completion of the Operational Readiness Review (ORR) State Assessment and site visit. The subgrantee will submit the supporting documentation needed

to facilitate ORR review by ODH during the review period. The review period begins after submission of Deliverable-Objective 1 (Due September 30, 2017) and will continue through the completion of this deliverable (Due February 28, 2018).

- **Objective 3.1:** By February 28, 2018, the subgrantee will receive a copy of the sign in sheets for the ORR State Assessment and site visit which will contain ODH signature approval. \_\_\_\_\_ **30%**

#### **Deliverable – Objective 4 – Medical Countermeasure Action Plan**

**Description:** Based on the MCM/ORR Report from the ORR State Assessment and site visit, the subgrantee will develop and submit a Medical Countermeasure (MCM) Action Plan by June 30, 2018. All elements of the ODH provided rubric must be addressed in order receive funding for this deliverable.

- **Objective 4.1:** By May 30, 2018, the subgrantee will submit the MCM Action plan \_\_\_\_\_ **10%**

## APPENDIX C2

Name of Subgrant Program: PHEP Core

Budget Period: 1

# of Deliverables: 20

Use Budget Justification Scenario #: 3

Base and Deliverables

\_X\_ Deliverables Only

	Award	Deliverable – Objective 1.1 – Continuity Training 0.33%	Deliverable – Objective 1.2 – Continuity Training 0.33%	Deliverable – Objective 1.3 (Also 2.1) – Emergency Communication Training 0.34%	Deliverable – Objective 2.1 – Emergency Communication Training 0.20%	Deliverable – Objective 2.2 – Emergency Communication Training 0.20%	Deliverable – Objective 2.3 – Emergency Communication Training 0.20%	Deliverable – Objective 2.4 – Emergency Communication Training 0.20%	Deliverable – Objective 2.5 – Emergency Communication Training 0.20%
Adams County	\$68,277.00	\$225.31	\$225.31	\$232.14	\$136.55	\$136.55	\$136.55	\$136.55	\$136.55
Allen County	\$101,103.00	\$333.64	\$333.64	\$343.75	\$202.21	\$202.21	\$202.21	\$202.21	\$202.21
Ashland County	\$74,659.00	\$246.37	\$246.37	\$253.84	\$149.32	\$149.32	\$149.32	\$149.32	\$149.32
Ashtabula County	\$86,986.00	\$320.05	\$320.05	\$329.75	\$193.97	\$193.97	\$193.97	\$193.97	\$193.97
Athens County	\$80,494.00	\$265.63	\$265.63	\$273.68	\$160.99	\$160.99	\$160.99	\$160.99	\$160.99
Auglaize County	\$77,044.00	\$254.25	\$254.25	\$261.95	\$154.09	\$154.09	\$154.09	\$154.09	\$154.09
Belmont County	\$83,077.00	\$274.15	\$274.15	\$282.46	\$166.15	\$166.15	\$166.15	\$166.15	\$166.15
Brown County	\$76,488.00	\$252.41	\$252.41	\$260.06	\$152.98	\$152.98	\$152.98	\$152.98	\$152.98
Butler County	\$230,461.00	\$760.52	\$760.52	\$783.57	\$460.92	\$460.92	\$460.92	\$460.92	\$460.92
Carroll County	\$67,393.00	\$222.40	\$222.40	\$229.14	\$134.79	\$134.79	\$134.79	\$134.79	\$134.79
Champaign County	\$74,096.00	\$244.52	\$244.52	\$251.93	\$148.19	\$148.19	\$148.19	\$148.19	\$148.19
Clark County	\$115,522.00	\$381.22	\$381.22	\$392.77	\$231.04	\$231.04	\$231.04	\$231.04	\$231.04
Clemont County	\$144,326.00	\$476.28	\$476.28	\$490.71	\$288.65	\$288.65	\$288.65	\$288.65	\$288.65
Clinton County	\$75,074.00	\$247.74	\$247.74	\$255.25	\$150.15	\$150.15	\$150.15	\$150.15	\$150.15
Columbiana County	\$100,695.00	\$332.29	\$332.29	\$342.36	\$201.39	\$201.39	\$201.39	\$201.39	\$201.39
Coshocton County	\$72,480.00	\$239.18	\$239.18	\$246.43	\$144.96	\$144.96	\$144.96	\$144.96	\$144.96
Crawford County	\$75,962.00	\$250.67	\$250.67	\$258.27	\$151.92	\$151.92	\$151.92	\$151.92	\$151.92
Cuyahoga County	\$642,632.00	\$2,120.69	\$2,120.69	\$2,184.95	\$1,285.26	\$1,285.26	\$1,285.26	\$1,285.26	\$1,285.26
Darke County	\$74,119.00	\$244.59	\$244.59	\$252.00	\$148.24	\$148.24	\$148.24	\$148.24	\$148.24
Defiance County	\$73,561.00	\$242.75	\$242.75	\$250.11	\$147.12	\$147.12	\$147.12	\$147.12	\$147.12
Delaware County	\$124,025.00	\$409.28	\$409.28	\$421.69	\$248.05	\$248.05	\$248.05	\$248.05	\$248.05
Erle County	\$89,825.00	\$296.42	\$296.42	\$305.41	\$179.65	\$179.65	\$179.65	\$179.65	\$179.65
Fairfield County	\$104,585.00	\$345.13	\$345.13	\$355.59	\$209.17	\$209.17	\$209.17	\$209.17	\$209.17
Fayette County	\$68,463.00	\$225.93	\$225.93	\$232.77	\$136.93	\$136.93	\$136.93	\$136.93	\$136.93
Franklin County	\$613,917.00	\$2,025.93	\$2,025.93	\$2,087.32	\$1,227.83	\$1,227.83	\$1,227.83	\$1,227.83	\$1,227.83
Fulton County	\$75,462.00	\$249.02	\$249.02	\$256.57	\$150.92	\$150.92	\$150.92	\$150.92	\$150.92
Galila County	\$69,479.00	\$229.28	\$229.28	\$236.23	\$138.96	\$138.96	\$138.96	\$138.96	\$138.96
Greage County	\$94,854.00	\$313.02	\$313.02	\$322.50	\$189.71	\$189.71	\$189.71	\$189.71	\$189.71
Greene County	\$127,044.00	\$419.25	\$419.25	\$431.95	\$254.09	\$254.09	\$254.09	\$254.09	\$254.09
Guernsey County	\$74,091.00	\$244.50	\$244.50	\$251.91	\$148.18	\$148.18	\$148.18	\$148.18	\$148.18
Hamilton County	\$414,465.00	\$1,367.73	\$1,367.73	\$1,409.18	\$828.93	\$828.93	\$828.93	\$828.93	\$828.93
Hancock County	\$83,973.00	\$277.11	\$277.11	\$285.51	\$167.95	\$167.95	\$167.95	\$167.95	\$167.95
Hardin County	\$70,101.00	\$231.33	\$231.33	\$238.34	\$140.20	\$140.20	\$140.20	\$140.20	\$140.20
Harrison County	\$62,829.00	\$207.34	\$207.34	\$213.62	\$125.66	\$125.66	\$125.66	\$125.66	\$125.66
Henry County	\$68,109.00	\$224.76	\$224.76	\$231.57	\$136.22	\$136.22	\$136.22	\$136.22	\$136.22

## APPENDIX C2

Name of Subgrant Program: PHEP Core

Budget Period: 1

# of Deliverables: 20

Use Budget Justification Scenario #: 3

Base and Deliverables

\_X\_ Deliverables Only

	Deliverable – Objective 3.1 – Access and Functional Needs Training 0.80%	Deliverable – Objective 3.2 – Access and Functional Needs Training 0.80%	Deliverable – Objective 4.1 – Communications / OPOD Acknowledgement 1.25%	Deliverable – Objective 4.2 – Communications / OPOD Acknowledgement 1.25%	Deliverable – Objective 4.3 – Communications / OPOD Acknowledgement 1.25%	Deliverable – Objective 4.4 – Communications / OPOD Acknowledgement 1.25%	Deliverable – Objective 5.1 – Emergency Response Plan Base Plan 9.00%	Deliverable – Objective 5.2 – Emergency Response Plan Base Plan 7.40%	Deliverable – Objective 6.1 – Emergency Response Plan Promulgation Letter 7.40%
Adams County	\$546.22	\$546.22	\$853.46	\$853.46	\$853.46	\$853.46	\$6,144.93	\$5,052.50	\$5,052.50
Allen County	\$808.82	\$808.82	\$1,263.79	\$1,263.79	\$1,263.79	\$1,263.79	\$9,099.27	\$7,481.62	\$7,481.62
Ashland County	\$597.27	\$597.27	\$933.24	\$933.24	\$933.24	\$933.24	\$6,719.31	\$5,524.77	\$5,524.77
Ashstable County	\$775.89	\$775.89	\$1,212.33	\$1,212.33	\$1,212.33	\$1,212.33	\$8,728.74	\$7,176.96	\$7,176.96
Athens County	\$643.95	\$643.95	\$1,006.18	\$1,006.18	\$1,006.18	\$1,006.18	\$7,244.46	\$5,956.56	\$5,956.56
Augsuzie County	\$616.35	\$616.35	\$963.05	\$963.05	\$963.05	\$963.05	\$6,933.96	\$5,701.26	\$5,701.26
Belmont County	\$664.62	\$664.62	\$1,038.46	\$1,038.46	\$1,038.46	\$1,038.46	\$7,476.93	\$6,147.70	\$6,147.70
Brown County	\$611.90	\$611.90	\$956.10	\$956.10	\$956.10	\$956.10	\$6,883.92	\$5,660.11	\$5,660.11
Butler County	\$1,843.69	\$1,843.69	\$2,880.76	\$2,880.76	\$2,880.76	\$2,880.76	\$20,741.49	\$17,054.11	\$17,054.11
Carroll County	\$539.14	\$539.14	\$842.41	\$842.41	\$842.41	\$842.41	\$6,065.37	\$4,987.08	\$4,987.08
Champaign County	\$592.77	\$592.77	\$926.20	\$926.20	\$926.20	\$926.20	\$6,668.64	\$5,483.10	\$5,483.10
Clark County	\$924.18	\$924.18	\$1,444.03	\$1,444.03	\$1,444.03	\$1,444.03	\$10,396.98	\$8,548.63	\$8,548.63
Clemont County	\$1,154.61	\$1,154.61	\$1,804.08	\$1,804.08	\$1,804.08	\$1,804.08	\$12,989.34	\$10,680.12	\$10,680.12
Clinton County	\$600.59	\$600.59	\$938.43	\$938.43	\$938.43	\$938.43	\$6,756.66	\$5,553.48	\$5,553.48
Columbia County	\$805.56	\$805.56	\$1,238.69	\$1,238.69	\$1,238.69	\$1,238.69	\$9,062.55	\$7,451.43	\$7,451.43
Conchocon County	\$579.84	\$579.84	\$906.00	\$906.00	\$906.00	\$906.00	\$6,523.20	\$5,363.52	\$5,363.52
Crawford County	\$607.70	\$607.70	\$949.53	\$949.53	\$949.53	\$949.53	\$6,836.58	\$5,621.19	\$5,621.19
Cuyahoga County	\$5141.06	\$5141.06	\$8,032.90	\$8,032.90	\$8,032.90	\$8,032.90	\$57,836.88	\$47,554.77	\$47,554.77
Darke County	\$592.95	\$592.95	\$926.49	\$926.49	\$926.49	\$926.49	\$6,670.71	\$5,484.81	\$5,484.81
Defiance County	\$588.49	\$588.49	\$919.51	\$919.51	\$919.51	\$919.51	\$6,620.49	\$5,443.51	\$5,443.51
Delaware County	\$992.20	\$992.20	\$1,550.31	\$1,550.31	\$1,550.31	\$1,550.31	\$11,162.25	\$9,177.85	\$9,177.85
Edie County	\$718.60	\$718.60	\$1,122.81	\$1,122.81	\$1,122.81	\$1,122.81	\$8,084.25	\$6,647.05	\$6,647.05
Fairfield County	\$836.68	\$836.68	\$1,307.31	\$1,307.31	\$1,307.31	\$1,307.31	\$9,412.65	\$7,739.29	\$7,739.29
Fayette County	\$547.70	\$547.70	\$855.79	\$855.79	\$855.79	\$855.79	\$6,161.67	\$5,066.26	\$5,066.26
Franklin County	\$4,911.34	\$4,911.34	\$7,673.96	\$7,673.96	\$7,673.96	\$7,673.96	\$55,252.53	\$45,429.86	\$45,429.86
Fulton County	\$603.70	\$603.70	\$943.28	\$943.28	\$943.28	\$943.28	\$6,791.58	\$5,584.19	\$5,584.19
Gallia County	\$555.83	\$555.83	\$868.49	\$868.49	\$868.49	\$868.49	\$6,253.11	\$5,141.45	\$5,141.45
Greene County	\$758.83	\$758.83	\$1,185.68	\$1,185.68	\$1,185.68	\$1,185.68	\$8,536.86	\$7,019.20	\$7,019.20
Greene County	\$1,016.35	\$1,016.35	\$1,588.05	\$1,588.05	\$1,588.05	\$1,588.05	\$11,433.96	\$9,401.26	\$9,401.26
Guernsey County	\$592.73	\$592.73	\$926.14	\$926.14	\$926.14	\$926.14	\$6,668.19	\$5,482.73	\$5,482.73
Hamilton County	\$3,315.72	\$3,315.72	\$5,180.81	\$5,180.81	\$5,180.81	\$5,180.81	\$37,301.85	\$30,670.41	\$30,670.41
Hancock County	\$671.78	\$671.78	\$1,049.66	\$1,049.66	\$1,049.66	\$1,049.66	\$7,557.57	\$6,214.00	\$6,214.00
Hardin County	\$560.81	\$560.81	\$876.26	\$876.26	\$876.26	\$876.26	\$6,309.09	\$5,187.47	\$5,187.47
Harrison County	\$502.63	\$502.63	\$785.36	\$785.36	\$785.36	\$785.36	\$5,654.61	\$4,649.35	\$4,649.35
Henry County	\$544.87	\$544.87	\$851.36	\$851.36	\$851.36	\$851.36	\$6,129.81	\$5,040.07	\$5,040.07



## APPENDIX C2

Name of Subgrant Program: PHEP Core

Budget Period: 1

# of Deliverables: 20

Use Budget Justification Scenario #: 3

Base and Deliverables

\_X\_ Deliverables Only

	Deliverable – Objective 7.1 –Regional Meetings Hosted by RPHC	Deliverable – Objective 8.1 – Attend Regional Training and Exercise Workshop	Deliverable-Objective 9.1 – Multi-Year Training and Exercise Plan	Deliverable-Objective 9.2 – Multi-Year Training and Exercise Plan	Deliverable-Objective 10.1 – Notification of ODH of all planned Jurisdictional Exercises with Exercise Request (Form)	Deliverable – Objective 11.1 – Submission of After Action Report/Improvement Plans (AAR/IP)	Deliverable-Objective 12.1 - Outbreak Reporting by submission of Ohio Disease Reporting – Investigation and Reports Attachment	Deliverable-Objective 12.2 - Outbreak Reporting by submission of Ohio Disease Reporting – Investigation and Reports Attachment	Deliverable-Objective 12.3 - Outbreak Reporting by submission of Ohio Disease Reporting – Investigation and Reports Attachment
	4.00%	1.00%	4.00%	6.00%	1.00%	14.80%	2.35%	2.35%	2.35%
Adams County	\$2,731.08	\$682.77	\$2,731.08	\$4,096.62	\$682.77	\$10,105.00	\$1,604.51	\$1,604.51	\$1,604.51
Allen County	\$4,044.12	\$1,011.03	\$4,044.12	\$6,066.18	\$1,011.03	\$14,963.24	\$2,375.92	\$2,375.92	\$2,375.92
Ashland County	\$2,986.36	\$746.59	\$2,986.36	\$4,479.54	\$746.59	\$11,049.53	\$1,754.49	\$1,754.49	\$1,754.49
Ashubula County	\$3,879.44	\$969.86	\$3,879.44	\$5,819.16	\$969.86	\$14,353.93	\$2,279.17	\$2,279.17	\$2,279.17
Athens County	\$3,219.76	\$804.94	\$3,219.76	\$4,829.64	\$804.94	\$11,913.11	\$1,891.61	\$1,891.61	\$1,891.61
Auguzee County	\$3,081.76	\$770.44	\$3,081.76	\$4,622.64	\$770.44	\$11,402.51	\$1,810.53	\$1,810.53	\$1,810.53
Belmont County	\$3,323.08	\$830.77	\$3,323.08	\$4,984.62	\$830.77	\$12,295.40	\$1,952.31	\$1,952.31	\$1,952.31
Brown County	\$3,059.52	\$764.88	\$3,059.52	\$4,589.28	\$764.88	\$11,320.22	\$1,797.47	\$1,797.47	\$1,797.47
Butler County	\$9,218.44	\$2,304.61	\$9,218.44	\$13,827.66	\$2,304.61	\$34,108.23	\$5,415.83	\$5,415.83	\$5,415.83
Carroll County	\$2,695.72	\$673.93	\$2,695.72	\$4,043.58	\$673.93	\$9,974.16	\$1,583.74	\$1,583.74	\$1,583.74
Champaign County	\$2,963.84	\$740.96	\$2,963.84	\$4,445.76	\$740.96	\$10,966.21	\$1,741.26	\$1,741.26	\$1,741.26
Clark County	\$4,620.88	\$1,155.22	\$4,620.88	\$6,931.32	\$1,155.22	\$17,097.26	\$2,714.77	\$2,714.77	\$2,714.77
Clermont County	\$5,773.04	\$1,443.26	\$5,773.04	\$8,659.56	\$1,443.26	\$21,360.25	\$3,391.66	\$3,391.66	\$3,391.66
Clinton County	\$3,002.96	\$750.74	\$3,002.96	\$4,504.44	\$750.74	\$11,110.95	\$1,764.24	\$1,764.24	\$1,764.24
Columbiana County	\$4,027.80	\$1,006.95	\$4,027.80	\$6,041.70	\$1,006.95	\$14,992.86	\$2,366.33	\$2,366.33	\$2,366.33
Coshocton County	\$2,899.20	\$724.80	\$2,899.20	\$4,348.80	\$724.80	\$10,727.04	\$1,703.28	\$1,703.28	\$1,703.28
Crawford County	\$3,038.48	\$759.62	\$3,038.48	\$4,557.72	\$759.62	\$11,242.38	\$1,785.11	\$1,785.11	\$1,785.11
Cuyahoga County	\$25,705.28	\$6,426.32	\$25,705.28	\$38,557.92	\$6,426.32	\$95,109.54	\$15,101.85	\$15,101.85	\$15,101.85
Darke County	\$2,964.76	\$741.19	\$2,964.76	\$4,447.14	\$741.19	\$10,969.61	\$1,741.80	\$1,741.80	\$1,741.80
Defiance County	\$2,942.44	\$735.61	\$2,942.44	\$4,413.66	\$735.61	\$10,887.03	\$1,728.68	\$1,728.68	\$1,728.68
Delaware County	\$4,961.00	\$1,240.25	\$4,961.00	\$7,441.50	\$1,240.25	\$18,355.70	\$2,914.59	\$2,914.59	\$2,914.59
Erie County	\$3,593.00	\$898.25	\$3,593.00	\$5,389.50	\$898.25	\$13,294.10	\$2,110.89	\$2,110.89	\$2,110.89
Fairfield County	\$4,183.40	\$1,045.85	\$4,183.40	\$6,275.10	\$1,045.85	\$15,478.58	\$2,457.75	\$2,457.75	\$2,457.75
Fayette County	\$2,738.52	\$684.63	\$2,738.52	\$4,107.78	\$684.63	\$10,132.52	\$1,608.88	\$1,608.88	\$1,608.88
Franklin County	\$24,556.68	\$6,139.17	\$24,556.68	\$36,835.02	\$6,139.17	\$90,859.72	\$14,427.05	\$14,427.05	\$14,427.05
Fulton County	\$3,018.48	\$754.62	\$3,018.48	\$4,527.72	\$754.62	\$11,168.38	\$1,773.36	\$1,773.36	\$1,773.36
Gailla County	\$2,779.16	\$694.79	\$2,779.16	\$4,168.74	\$694.79	\$10,282.89	\$1,632.76	\$1,632.76	\$1,632.76
Greauge County	\$3,794.16	\$948.54	\$3,794.16	\$5,691.24	\$948.54	\$14,038.39	\$2,229.07	\$2,229.07	\$2,229.07
Greene County	\$3,081.76	\$1,270.44	\$3,081.76	\$4,622.64	\$1,270.44	\$18,802.51	\$2,985.53	\$2,985.53	\$2,985.53
Guernsey County	\$2,963.64	\$740.91	\$2,963.64	\$4,445.46	\$740.91	\$10,965.47	\$1,741.14	\$1,741.14	\$1,741.14
Hamilton County	\$16,578.60	\$4,144.65	\$16,578.60	\$24,867.90	\$4,144.65	\$61,340.82	\$9,739.93	\$9,739.93	\$9,739.93
Hancock County	\$3,358.92	\$839.73	\$3,358.92	\$5,038.38	\$839.73	\$12,428.00	\$1,973.37	\$1,973.37	\$1,973.37
Hardin County	\$2,804.04	\$701.01	\$2,804.04	\$4,206.06	\$701.01	\$10,374.95	\$1,647.37	\$1,647.37	\$1,647.37
Harrison County	\$2,513.16	\$628.29	\$2,513.16	\$3,769.74	\$628.29	\$9,298.69	\$1,476.48	\$1,476.48	\$1,476.48
Henry County	\$2,724.36	\$681.09	\$2,724.36	\$4,086.54	\$681.09	\$10,080.13	\$1,600.56	\$1,600.56	\$1,600.56

## APPENDIX C2

Name of Subgrant Program: PHEP Core

Budget Period: 1

# of Deliverables: 20

Use Budget Justification Scenario #: 3

Base and Deliverables

☒ Deliverables Only

	Deliverable-Objective 12.4 - Outbreak Reporting by submission of Ohio Disease Reporting - Investigation and Reports Attachment	Deliverable-Objective 13.1 - Public Health Surveillance and Epidemiologic Investigation Plan	Deliverable-Objective 13.2 - Public Health Surveillance and Epidemiologic Investigation Plan	Deliverable-Objective 14.1 - Quarterly Statewide Epidemiology Meetings	Deliverable-Objective 14.2 - Quarterly Statewide Epidemiology Meetings	Deliverable-Objective 14.3 - Quarterly Statewide Epidemiology Meetings	Deliverable-Objective 14.4 - Quarterly Statewide Epidemiology Meetings	Deliverable - Objective 15.1 - 24/7 Dr-ill	Deliverable - Objective 15.2 - 24/7 Dr-ill
	2.35%	2.00%	3.00%	1.00%	1.00%	1.00%	1.00%	1.70%	1.70%
Adams County	\$1,604.51	\$1,365.54	\$2,048.31	\$682.77	\$682.77	\$682.77	\$682.77	\$1,160.71	\$1,160.71
Allen County	\$2,375.92	\$2,022.06	\$3,033.09	\$1,011.03	\$1,011.03	\$1,011.03	\$1,011.03	\$1,718.75	\$1,718.75
Ashland County	\$1,754.49	\$1,493.18	\$2,239.77	\$746.59	\$746.59	\$746.59	\$746.59	\$1,269.20	\$1,269.20
Ashtabula County	\$2,279.17	\$1,939.72	\$2,909.58	\$969.86	\$969.86	\$969.86	\$969.86	\$1,648.76	\$1,648.76
Athens County	\$1,891.61	\$1,609.88	\$2,414.82	\$804.94	\$804.94	\$804.94	\$804.94	\$1,368.40	\$1,368.40
Auguzee County	\$1,810.53	\$1,540.88	\$2,311.32	\$770.44	\$770.44	\$770.44	\$770.44	\$1,309.75	\$1,309.75
Belmont County	\$1,932.31	\$1,661.54	\$2,492.31	\$830.77	\$830.77	\$830.77	\$830.77	\$1,412.31	\$1,412.31
Brown County	\$1,797.47	\$1,529.76	\$2,294.64	\$764.88	\$764.88	\$764.88	\$764.88	\$1,300.30	\$1,300.30
Butler County	\$3,415.83	\$4,609.22	\$6,913.83	\$2,304.61	\$2,304.61	\$2,304.61	\$2,304.61	\$3,917.84	\$3,917.84
Carroll County	\$1,583.74	\$1,347.86	\$2,021.79	\$673.93	\$673.93	\$673.93	\$673.93	\$1,145.68	\$1,145.68
Champaign County	\$1,741.26	\$1,481.92	\$2,222.88	\$740.96	\$740.96	\$740.96	\$740.96	\$1,259.63	\$1,259.63
Clark County	\$2,714.77	\$2,310.44	\$3,465.66	\$1,155.22	\$1,155.22	\$1,155.22	\$1,155.22	\$1,963.87	\$1,963.87
Clemont County	\$3,391.66	\$2,886.52	\$4,329.78	\$1,443.26	\$1,443.26	\$1,443.26	\$1,443.26	\$2,453.54	\$2,453.54
Clinton County	\$1,764.24	\$1,501.48	\$2,252.22	\$750.74	\$750.74	\$750.74	\$750.74	\$1,276.26	\$1,276.26
Columbiana County	\$2,366.33	\$2,013.90	\$3,020.85	\$1,006.95	\$1,006.95	\$1,006.95	\$1,006.95	\$1,711.82	\$1,711.82
Coshocton County	\$1,703.28	\$1,449.60	\$2,174.40	\$724.80	\$724.80	\$724.80	\$724.80	\$1,232.16	\$1,232.16
Crawford County	\$1,785.11	\$1,519.24	\$2,278.86	\$759.62	\$759.62	\$759.62	\$759.62	\$1,291.35	\$1,291.35
Cuyahoga County	\$15,101.85	\$12,852.64	\$19,278.96	\$6,426.32	\$6,426.32	\$6,426.32	\$6,426.32	\$10,924.74	\$10,924.74
Darke County	\$1,741.80	\$1,482.38	\$2,223.57	\$741.19	\$741.19	\$741.19	\$741.19	\$1,260.02	\$1,260.02
DeLancey County	\$1,728.68	\$1,471.22	\$2,206.83	\$735.61	\$735.61	\$735.61	\$735.61	\$1,250.54	\$1,250.54
Delaware County	\$2,914.59	\$2,480.50	\$3,720.75	\$1,240.25	\$1,240.25	\$1,240.25	\$1,240.25	\$2,108.43	\$2,108.43
Erle County	\$2,110.89	\$1,796.50	\$2,694.75	\$898.25	\$898.25	\$898.25	\$898.25	\$1,527.03	\$1,527.03
Fairfield County	\$2,457.75	\$2,091.70	\$3,137.55	\$1,045.85	\$1,045.85	\$1,045.85	\$1,045.85	\$1,777.95	\$1,777.95
Fayette County	\$1,608.88	\$1,369.26	\$2,033.89	\$684.63	\$684.63	\$684.63	\$684.63	\$1,163.87	\$1,163.87
Franklin County	\$14,427.05	\$12,278.34	\$18,417.51	\$6,139.17	\$6,139.17	\$6,139.17	\$6,139.17	\$10,436.59	\$10,436.59
Fulton County	\$1,773.36	\$1,509.24	\$2,263.86	\$754.62	\$754.62	\$754.62	\$754.62	\$1,282.85	\$1,282.85
Gallia County	\$1,632.76	\$1,389.58	\$2,084.37	\$694.79	\$694.79	\$694.79	\$694.79	\$1,181.14	\$1,181.14
Geauga County	\$2,229.07	\$1,897.08	\$2,845.62	\$948.54	\$948.54	\$948.54	\$948.54	\$1,612.52	\$1,612.52
Greene County	\$2,985.53	\$2,540.88	\$3,811.32	\$1,270.44	\$1,270.44	\$1,270.44	\$1,270.44	\$2,159.75	\$2,159.75
Guernsey County	\$1,741.14	\$1,481.82	\$2,222.73	\$740.91	\$740.91	\$740.91	\$740.91	\$1,259.55	\$1,259.55
Hamilton County	\$9,739.93	\$8,289.30	\$12,433.95	\$4,144.65	\$4,144.65	\$4,144.65	\$4,144.65	\$7,045.91	\$7,045.91
Hancock County	\$1,973.37	\$1,679.46	\$2,519.19	\$839.73	\$839.73	\$839.73	\$839.73	\$1,427.54	\$1,427.54
Hardin County	\$1,647.37	\$1,402.02	\$2,103.03	\$701.01	\$701.01	\$701.01	\$701.01	\$1,191.72	\$1,191.72
Harrison County	\$1,476.48	\$1,256.58	\$1,884.87	\$628.29	\$628.29	\$628.29	\$628.29	\$1,068.09	\$1,068.09
Henry County	\$1,600.56	\$1,362.18	\$2,043.27	\$681.09	\$681.09	\$681.09	\$681.09	\$1,157.85	\$1,157.85

## APPENDIX C2

Name of Subgrant Program: PHEP Core

Budget Period: 1

# of Deliverables: 20

Use Budget Justification Scenario #: 3

Base and Deliverables

☒ Deliverables Only

	Deliverable – Objective 16.1 – Federal Data Collection Drill	Deliverable – Objective 17 (Name of Deliverable)	Deliverable-Objective 18.1 – Attendance of FY 2018 PHEP Grant Kick-Off Meeting	Deliverable – Objective 19.1 – Operational Readiness Review (ORR) Self-Assessment and Jurisdictional Data Sheet	Deliverable-Objective 20.1 – Attendance at ODH OHP PHEP Program Planners' Workshop	TOTAL
	2.00%	1.00%	1.00%	9.40%	1.60%	100%
Adams County	\$1,365.54	\$682.77	\$682.77	\$6,418.04	\$1,092.43	\$68,277.00
Allen County	\$2,022.06	\$1,011.03	\$1,011.03	\$9,503.68	\$1,617.65	\$101,103.00
Ashland County	\$1,493.18	\$746.59	\$746.59	\$7,017.95	\$1,194.54	\$74,659.00
Ashtabula County	\$1,939.72	\$969.86	\$969.86	\$9,116.68	\$1,551.78	\$96,986.00
Athens County	\$1,609.88	\$804.94	\$804.94	\$7,566.44	\$1,287.90	\$80,494.00
Auglaize County	\$1,540.88	\$770.44	\$770.44	\$7,242.14	\$1,232.70	\$77,044.00
Belmont County	\$1,661.54	\$830.77	\$830.77	\$7,809.24	\$1,329.23	\$83,077.00
Brown County	\$1,529.76	\$764.88	\$764.88	\$7,189.87	\$1,223.81	\$76,488.00
Butler County	\$4,609.22	\$2,304.61	\$2,304.61	\$21,663.33	\$3,687.38	\$230,461.00
Carroll County	\$1,347.86	\$673.93	\$673.93	\$6,334.94	\$1,078.29	\$67,393.00
Champaign County	\$1,481.92	\$740.96	\$740.96	\$6,965.02	\$1,185.54	\$74,096.00
Clark County	\$2,310.44	\$1,155.22	\$1,155.22	\$10,859.07	\$1,848.35	\$115,522.00
Clermont County	\$2,886.52	\$1,443.26	\$1,443.26	\$13,566.64	\$2,309.22	\$144,326.00
Columbiana County	\$1,501.48	\$750.74	\$750.74	\$7,056.96	\$1,201.18	\$75,074.00
Columbiana County	\$2,013.90	\$1,006.95	\$1,006.95	\$9,465.33	\$1,611.12	\$100,695.00
Coshocton County	\$1,449.60	\$724.80	\$724.80	\$6,813.12	\$1,159.68	\$72,480.00
Crawford County	\$1,519.24	\$759.62	\$759.62	\$7,140.43	\$1,215.39	\$75,962.00
Cuyahoga County	\$12,852.64	\$6,426.32	\$6,426.32	\$60,407.41	\$10,282.11	\$642,632.00
Darke County	\$1,482.38	\$741.19	\$741.19	\$6,967.19	\$1,185.90	\$74,119.00
DeFrance County	\$1,471.22	\$735.61	\$735.61	\$6,914.73	\$1,176.98	\$73,561.00
Delaware County	\$2,480.50	\$1,240.25	\$1,240.25	\$11,658.35	\$1,984.40	\$124,025.00
Erie County	\$1,796.50	\$898.25	\$898.25	\$8,443.55	\$1,437.20	\$89,825.00
Fairfield County	\$2,091.70	\$1,045.85	\$1,045.85	\$9,830.99	\$1,673.36	\$104,585.00
Fayette County	\$1,369.26	\$684.63	\$684.63	\$6,435.52	\$1,095.41	\$68,463.00
Franklin County	\$12,278.34	\$6,139.17	\$6,139.17	\$57,708.20	\$9,822.67	\$613,917.00
Fulton County	\$1,509.24	\$754.62	\$754.62	\$7,093.43	\$1,207.39	\$75,462.00
Gallia County	\$1,389.58	\$694.79	\$694.79	\$6,531.03	\$1,111.66	\$69,479.00
Geauga County	\$1,897.08	\$948.54	\$948.54	\$8,916.28	\$1,517.66	\$94,854.00
Greene County	\$2,540.88	\$1,270.44	\$1,270.44	\$11,942.14	\$2,032.70	\$127,044.00
Guernsey County	\$1,481.82	\$740.91	\$740.91	\$6,964.55	\$1,185.46	\$74,091.00
Hamilton County	\$8,289.30	\$4,144.65	\$4,144.65	\$38,959.71	\$6,631.44	\$414,465.00
Hancock County	\$1,679.46	\$839.73	\$839.73	\$7,893.46	\$1,343.57	\$83,973.00
Hardin County	\$1,402.02	\$701.01	\$701.01	\$6,589.49	\$1,121.62	\$70,101.00
Harrison County	\$1,256.58	\$628.29	\$628.29	\$5,905.93	\$1,005.26	\$62,829.00
Henry County	\$1,362.18	\$681.09	\$681.09	\$6,402.25	\$1,089.74	\$68,109.00





## APPENDIX C2

Name of Subgrant Program: PHEP Core

**Budget Period:** 1

# of Deliverables; 20

Use Budget Justification Scenario #: 3

**Base and Deliverables**

X Deliverables Only

[illegible]



**Appendix C2****Name of Subgrant Program: PHEP REGIONAL****Budget Period: 1****# of Deliverables: 16****Use Budget Justification Scenario #: 3****Base and Deliverables****X   Deliverables Only**

		<b>Deliverable-Objective 1.1 – Conduct Regional Meetings for PHEP CORE subgrantees</b>	<b>Deliverable-Objective 1.2 – Conduct regional meetings for PHEP CORE subgrantees</b>	<b>Deliverable-Objective 1.3 – Conduct Regional Meetings for PHEP CORE subgrantees</b>	<b>Deliverable-Objective 1.4 – Conduct Regional Meetings for PHEP CORE subgrantees</b>
	<b>Award</b>	<b>2.70%</b>	<b>2.70%</b>	<b>2.70%</b>	<b>2.70%</b>
Northwest	\$80,831.00	\$2,182.44	\$2,182.44	\$2,182.44	\$2,182.44
Northeast	\$80,831.00	\$2,182.44	\$2,182.44	\$2,182.44	\$2,182.44
West Central	\$80,831.00	\$2,182.44	\$2,182.44	\$2,182.44	\$2,182.44
Central	\$80,831.00	\$2,182.44	\$2,182.44	\$2,182.44	\$2,182.44
Northeast Central Ohio	\$80,831.00	\$2,182.44	\$2,182.44	\$2,182.44	\$2,182.44
Southwest	\$80,831.00	\$2,182.44	\$2,182.44	\$2,182.44	\$2,182.44
Southwest Central	\$80,831.00	\$2,182.44	\$2,182.44	\$2,182.44	\$2,182.44
Southeast	\$80,831.00	\$2,182.44	\$2,182.44	\$2,182.44	\$2,182.44
<b>TOTAL</b>	<b>\$646,648.00</b>				



## Appendix C2

Name of Subgrant Program: PHEP REGIONAL

Budget Period: 1

# of Deliverables: 16

Use Budget Justification Scenario #: 3

Base and Deliverables

☒ Deliverables Only

	Deliverable-Objective 2.1 – Coordination of FY 2018 PHEP Grant Kick-Off Meeting	Deliverable-Objective 3.1 – Attendance at ODH OHP PHEP Program Planners' Workshop	Deliverable – Objective 4.1 – Access and Functional Needs Training	Deliverable – Objective 4.2 – Access and Functional Needs Training	Deliverable-Objective 5.1 - Development of a Regional Drop Site (RDS)
	2.60%	4%	2.00%	2.00%	12%
Northwest	\$2,101.61	\$3,233.24	\$1,616.62	\$1,616.62	\$9,699.72
Northeast	\$2,101.61	\$3,233.24	\$1,616.62	\$1,616.62	\$9,699.72
West Central	\$2,101.61	\$3,233.24	\$1,616.62	\$1,616.62	\$9,699.72
Central	\$2,101.61	\$3,233.24	\$1,616.62	\$1,616.62	\$9,699.72
Northeast Central Ohio	\$2,101.61	\$3,233.24	\$1,616.62	\$1,616.62	\$9,699.72
Southwest	\$2,101.61	\$3,233.24	\$1,616.62	\$1,616.62	\$9,699.72
Southeast Central	\$2,101.61	\$3,233.24	\$1,616.62	\$1,616.62	\$9,699.72
Southeast	\$2,101.61	\$3,233.24	\$1,616.62	\$1,616.62	\$9,699.72

## Appendix C2

Name of Subgrant Program: PHEP REGIONAL

Budget Period: 1

# of Deliverables: 16

Use Budget Justification Scenario #: 3

Base and Deliverables

  X   Deliverables Only

	Deliverable-Objective 5.2 - Development of a Regional Drop Site (RDS)	Deliverable-Objective 6.1 – Ebola and Other Special Pathogens Plans - Change of Record submission	DDeliverable-Objective 7.1 - Facilitation of Regional Training and Exercise Plan (TEP) Workshop	Deliverable-Objective 8.1 – Regional Multi- Year Training and Exercise Plan (MYTEP)	Deliverable-Objective 8.2 – Regional Multi- Year Training and Exercise Plan (MYTEP)
	12%	1%	8.80%	4%	6%
Northwest	\$9,699.72	\$808.31	\$7,113.13	\$3,233.24	\$4,849.86
Northeast	\$9,699.72	\$808.31	\$7,113.13	\$3,233.24	\$4,849.86
West Central	\$9,699.72	\$808.31	\$7,113.13	\$3,233.24	\$4,849.86
Central	\$9,699.72	\$808.31	\$7,113.13	\$3,233.24	\$4,849.86
Northeast Central Ohio	\$9,699.72	\$808.31	\$7,113.13	\$3,233.24	\$4,849.86
Southwest	\$9,699.72	\$808.31	\$7,113.13	\$3,233.24	\$4,849.86
Southeast Central	\$9,699.72	\$808.31	\$7,113.13	\$3,233.24	\$4,849.86
Southeast	\$9,699.72	\$808.31	\$7,113.13	\$3,233.24	\$4,849.86

**Appendix C2****Name of Subgrant Program: PHEP REGIONAL****Budget Period: 1****# of Deliverables: 16****Use Budget Justification Scenario #: 3****Base and Deliverables****X      Deliverables Only**

	<b>Deliverable-Objective 9.1 – ODH RPH &amp; Healthcare Training &amp; Exercise Plan Workshop (TEPW)</b>	<b>Deliverable- Objective 10.1 – Notify ODH of all planned Regional Exercises with Exercise Request Form</b>	<b>Deliverable-Objective 11.1 – Submission of regional After Action Report/Improvement Plans (AAR/IPs)</b>	<b>Deliverable-Objective 12.1 – Participation in Regional Healthcare Coalition Meetings</b>	<b>Deliverable-Objective 12.2 – Participation in Regional Healthcare Coalition Meetings</b>
	<b>2%</b>	<b>1%</b>	<b>20.80%</b>	<b>1%</b>	<b>1%</b>
Northwest	\$1,616.62	\$808.31	\$16,812.85	\$808.31	\$808.31
Northeast	\$1,616.62	\$808.31	\$16,812.85	\$808.31	\$808.31
West Central	\$1,616.62	\$808.31	\$16,812.85	\$808.31	\$808.31
Central	\$1,616.62	\$808.31	\$16,812.85	\$808.31	\$808.31
Northeast Central Ohio	\$1,616.62	\$808.31	\$16,812.85	\$808.31	\$808.31
Southwest	\$1,616.62	\$808.31	\$16,812.85	\$808.31	\$808.31
Southeast Central	\$1,616.62	\$808.31	\$16,812.85	\$808.31	\$808.31
Southeast	\$1,616.62	\$808.31	\$16,812.85	\$808.31	\$808.31

**Appendix C2****Name of Subgrant Program: PHEP REGIONAL****Budget Period:1****# of Deliverables: 16****Use Budget Justification Scenario #: 3****Base and Deliverables****X   Deliverables Only**

	<b>Deliverable –Objective 12.3 – Participation in Regional Healthcare Coalition Meetings</b>	<b>Deliverable –Objective 12.4 – Participation in Regional Healthcare Coalition Meetings</b>	<b>Deliverable –Objective 13.1 – PHEP Regional Public Health Coordinators Meetings</b>	<b>Deliverable – Objective 14.1 – Continuity Training</b>	<b>Deliverable – Objective 15.1 – Emergency Communications Training</b>
	<b>1%</b>	<b>1%</b>	<b>4%</b>	<b>1%</b>	<b>0.20%</b>
Northwest	\$808.31	\$808.31	\$3,233.24	\$808.31	\$161.66
Northeast	\$808.31	\$808.31	\$3,233.24	\$808.31	\$161.66
West Central	\$808.31	\$808.31	\$3,233.24	\$808.31	\$161.66
Central	\$808.31	\$808.31	\$3,233.24	\$808.31	\$161.66
Northeast Central Ohio	\$808.31	\$808.31	\$3,233.24	\$808.31	\$161.66
Southwest	\$808.31	\$808.31	\$3,233.24	\$808.31	\$161.66
Southeast Central	\$808.31	\$808.31	\$3,233.24	\$808.31	\$161.66
Southeast	\$808.31	\$808.31	\$3,233.24	\$808.31	\$161.66

**Appendix C2****Name of Subgrant Program: PHEP REGIONAL****Budget Period: 1****# of Deliverables: 16****Use Budget Justification Scenario #: 3****Base and Deliverables****X   Deliverables Only**

	<b>Deliverable – Objective 15.2 – Emergency Communications Training</b>	<b>Deliverable – Objective 15.3 – Emergency Communications Training</b>	<b>Deliverable – Objective 15.4 – Emergency Communications Training</b>	<b>Deliverable – Objective 15.5 – Emergency Communications Training</b>	<b>Deliverable – Objective 16.1 - Radition Training</b>	<b>Total</b>
	<b>0.20%</b>	<b>0.20%</b>	<b>0.20%</b>	<b>0.20%</b>	<b>1.00%</b>	<b>1.00</b>
Northwest	\$161.66	\$161.66	\$161.66	\$161.66	\$808.31	\$80,831.00
Northeast	\$161.66	\$161.66	\$161.66	\$161.66	\$808.31	\$80,831.00
West Central	\$161.66	\$161.66	\$161.66	\$161.66	\$808.31	\$80,831.00
Central	\$161.66	\$161.66	\$161.66	\$161.66	\$808.31	\$80,831.00
Northeast Central Of	\$161.66	\$161.66	\$161.66	\$161.66	\$808.31	\$80,831.00
Southwest	\$161.66	\$161.66	\$161.66	\$161.66	\$808.31	\$80,831.00
Southeast Central	\$161.66	\$161.66	\$161.66	\$161.66	\$808.31	\$80,831.00
Southeast	\$161.66	\$161.66	\$161.66	\$161.66	\$808.31	\$80,831.00

APPENDIX C2  
NAME OF SUBGRANT PROGRAM: PHEP CRI  
BUDGET PERIOD:1  
# of Deliverables: 4  
Use Budget Justification Scenario #: 3

Base and Deliverables  
\_X Deliverables Only

	Award	Deliverable – Objective 1.1 – Operational Readiness Review (ORR) self- assessment and Jurisdictional Data Sheet	Deliverable – Objective 2.1 – Federal Data Collection Drills	Deliverable – Objective 3.1 – ORR State Assessment	Deliverable – Objective 4.1 – Medical Countermeasure Action Plan	Total
Columbus	\$175,418.00	\$70,167.20	\$35,083.60	\$52,625.40	\$17,541.80	\$175,418.00
Union	\$17,799.00	\$7,119.60	\$3,559.80	\$5,339.70	\$1,779.90	\$17,799.00
Delaware	\$40,042.00	\$16,016.80	\$8,008.40	\$12,012.60	\$4,004.20	\$40,042.00
Morrow	\$14,804.00	\$5,921.60	\$2,960.80	\$4,441.20	\$1,480.40	\$14,804.00
Licking	\$40,588.00	\$16,235.20	\$8,117.60	\$12,176.40	\$4,058.80	\$40,588.00
Madison	\$16,783.00	\$6,713.20	\$3,356.60	\$5,034.90	\$1,678.30	\$16,783.00
Franklin	\$96,144.00	\$38,457.60	\$19,228.80	\$28,843.20	\$9,614.40	\$96,144.00
Fairfield	\$31,950.00	\$12,780.00	\$6,390.00	\$9,585.00	\$3,195.00	\$31,950.00
Perry	\$15,221.00	\$6,088.40	\$3,044.20	\$4,566.30	\$1,522.10	\$15,221.00
Pickaway	\$19,205.00	\$7,682.00	\$3,841.00	\$5,761.50	\$1,920.50	\$19,205.00
Hocking	\$13,658.00	\$5,463.20	\$2,731.60	\$4,097.40	\$1,365.80	\$13,658.00
Cincinnati	\$80,642.00	\$32,256.80	\$16,128.40	\$24,192.60	\$8,064.20	\$80,642.00
Butler	\$70,859.00	\$28,343.60	\$14,171.80	\$21,257.70	\$7,085.90	\$70,859.00
Warren	\$59,351.00	\$23,740.40	\$11,870.20	\$17,805.30	\$5,935.10	\$59,351.00
Hamilton	\$125,749.00	\$50,299.60	\$25,149.80	\$37,724.70	\$12,574.90	\$125,749.00
Clermont	\$55,643.00	\$22,257.20	\$11,128.60	\$16,692.90	\$5,564.30	\$55,643.00
Brown	\$18,546.00	\$7,418.40	\$3,709.20	\$5,563.80	\$1,854.60	\$18,546.00
Cleveland	\$107,483.00	\$42,993.20	\$21,496.60	\$32,244.90	\$10,748.30	\$107,483.00
Lorain	\$46,376.00	\$18,550.40	\$9,275.20	\$13,912.80	\$4,637.60	\$46,376.00
Medina	\$50,867.00	\$20,346.80	\$10,173.40	\$15,260.10	\$5,086.70	\$50,867.00
Cuyahoga	\$222,922.00	\$89,168.80	\$44,584.40	\$66,876.60	\$22,292.20	\$222,922.00
Geauga	\$31,001.00	\$12,400.40	\$6,200.20	\$9,300.30	\$3,100.10	\$31,001.00
Lake	\$65,462.00	\$26,184.80	\$13,092.40	\$19,638.60	\$6,546.20	\$65,462.00
<b>Total</b>	<b>\$1,416,513.00</b>					

**PUBLIC HEALTH EMERGENCY PREPAREDNESS GRANT**  
**APPLICATION SCORE SHEET**  
**FY17- July 1, 2017 – June 30, 2018**

**Agency Name:**

**Project Key:**

1. Notice of Intent to Apply for Funding (NOIAF) was submitted: ☐ Yes ☐ No
2. Notice of Intent to Apply for Funding (NOIAF) was submitted by December 27, 2016: ☐ Yes ☐ No
3. NOIAF identifies which health jurisdictions are included in the application: ☐ Yes ☐ No ☐ N/A
4. Application is for: ☐ PHEP Core ☐ Regional ☐ CRI
5. Application is for a Multi Jurisdiction submission  
☐ Yes (if Yes, complete 6-8) ☐ No
6. Letter of support submitted for each health jurisdiction within the county jurisdiction as applicable:  
☐ Yes ☐ Not Applicable ☐ No: Which health jurisdiction is not accounted for in the Application:
7. Letters of support signed by each Health Commissioner  
☐ Yes ☐ No
8. Letter of support identifies how all deliverables will be addressed by each health jurisdiction for whom a Letter of Support is submitted ☐ Yes ☐ No

## SECTION 1

### PROGRAM ATTACHMENTS

**PHEP Core (30 POINTS)**  
**PHEP Regional (30 POINTS)**  
**PHEP CRI (24 POINTS)**

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

**SECTION 1 TOTAL:**



## SECTION 2

### AGENCY REQUIREMENTS

**PHEP Core (40 POINTS)**

**PHEP Regional (20 POINTS)**

**PHEP CRI (20 POINTS)**

	GRANT APPLICATION COMPONENT	SME APPROVAL	SCORE	COMMENTS
1.	<b>ALL APPLICANTS:</b>  Agency has a FT Triad (10 points)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	<b>ALL APPLICANTS:</b>  OPPD has been updated and information matches Attachment #1  (10 points)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	<b>PHEP CORE ONLY</b>  Has approved Epidemiology coverage (10 points)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	<b>PHEP CORE ONLY</b>  ERP was submitted in the Ohio Health Department Profile and Performance Database with all supporting documents  (10 points)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>SECTION 2 TOTAL:</b>				

## SECTION 3

### PROJECT NARRATIVE

**PHEP Core (110 POINTS)**  
**PHEP Regional (95 POINTS)**  
**PHEP CRI (70 POINTS)**

**SCORE KEY:**

0 Points- Agency does not address/provide

1 Point - Narrative section includes minimal information; items missing that are required in the RFP

3 Points –Narrative is minimally satisfactory, all items addressed

5 Points –Narrative is thorough and descriptive; all line items addressed

#### GRANT APPLICATION COMPONENT

#### SME APPROVAL

#### SCORE

#### COMMENTS

#### Grant Administration:

#### ALL APPLICANTS:

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

**PMP:**

☐ Yes

☐ No

N/A

☐ Narrative identifies local health department agencies within the county jurisdiction and includes a description of how planning and coordination occurs within the county jurisdiction for a public health response (5 points)

☐ Narrative identifies any specific roles and responsibilities identified in jurisdictional plans for the other local health departments during a response (5 points)

☐ Narrative includes any routine meetings or processes that would occur during a Response (5 points)

☐ Narrative provides an overview of how the subgrantee participates in regional planning efforts. (5 points)

**TOTAL 25 points**

☐ Yes

☐ No

### SECTION 3

PROJECT NARRATIVE			
<b>PHEP Core (110 POINTS)</b> <b>PHEP Regional (95 POINTS)</b> <b>PHEP CRI (70 POINTS)</b>	<b>SCORE KEY:</b> 0 Points- Agency does not address/provide 1 Point - Narrative section includes minimal information; items missing that are required in the RFP 3 Points –Narrative is minimally satisfactory, all items addressed 5 Points –Narrative is thorough and descriptive; all line items addressed		
GRANT APPLICATION COMPONENT	SME APPROVAL	SCORE	COMMENTS
<b>Grant Administration:</b>			
<b>2. ALL APPLICANTS:</b>  <input type="checkbox"/> Narrative identifies the process that will be utilized by the subgrantee to ensure the Ohio’s Health Department Profile and Performance Database is updated to remain current. (5 points)  <input type="checkbox"/> Narrative includes who in the agency is responsible for updates to the database. (5 points)  <b>TOTAL 10 points</b>			
<b>3. ALL APPLICANTS:</b>  <input type="checkbox"/> Narrative provides a description of how the Triad will be maintained during a short term vacancy. (5 points)  <input type="checkbox"/> Narrative provides a process that will be utilized to replace a vacant Triad position for the long term. (5 points)  <b>TOTAL 10 POINTS</b>			

### SECTION 3

#### PROJECT NARRATIVE

**PHEP Core (110 POINTS)**  
**PHEP Regional (95 POINTS)**  
**PHEP CRI (70 POINTS)**

**SCORE KEY:**

0 Points- Agency does not address/provide

1 Point - Narrative section includes minimal information; items missing that are required in the RFP

3 Points –Narrative is minimally satisfactory, all items addressed

5 Points –Narrative is thorough and descriptive; all line items addressed

#### GRANT APPLICATION COMPONENT

#### SME APPROVAL

#### SCORE

#### COMMENTS

#### Grant Administration:

#### 4. PHEP CORE AND REGIONAL APPLICANTS ONLY:

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

**TOTAL 10 POINTS**

#### 5. PHEP CORE AND REGIONAL APPLICANTS ONLY:

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

**PMP:**

- ☐ Yes  
☐ No

**TOTAL 5 POINTS**

N/A

- ☐ Yes  
☐ No

### SECTION 3

PROJECT NARRATIVE			
<b>PHEP Core (110 POINTS)</b> <b>PHEP Regional (95 POINTS)</b> <b>PHEP CRI (70 POINTS)</b>		<b>SCORE KEY:</b> 0 Points- Agency does not address/provide 1 Point - Narrative section includes minimal information; items missing that are required in the RFP 3 Points –Narrative is minimally satisfactory, all items addressed 5 Points –Narrative is thorough and descriptive; all line items addressed	
GRANT APPLICATION COMPONENT	SME APPROVAL	SCORE	COMMENTS
<b>Health Inequity and Health Disparity</b>			
<b>1. PHEP CORE APPLICANTS ONLY:</b>  <input type="checkbox"/> Narrative provides a general overview of the jurisdictional planning for vulnerable populations that has occurred over the past Project Period (2012-2017). (5 points)  <input type="checkbox"/> Narrative includes references to specific local plans (both the LHD and other agencies) which have been developed and/or updated to address access and functional needs concerns. (5 points)  <input type="checkbox"/> Narrative includes a description of work done over the past budget period (July 1, 2016-present) to update all LHD plans to reflect People First Language. (5 points)  <input type="checkbox"/> Narrative includes a description of activities undertaken during the past Project Period within the county jurisdiction to address any particular county wide systems or processes put into place to address access and functional needs concerns (i.e. self- reporting registries). (5 points)  <b>TOTAL 20 POINTS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### SECTION 3

PROJECT NARRATIVE			
<b>PHEP Core (110 POINTS)</b> <b>PHEP Regional (95 POINTS)</b> <b>PHEP CRI (70 POINTS)</b>		<b>SCORE KEY:</b> 0 Points- Agency does not address/provide 1 Point - Narrative section includes minimal information; items missing that are required in the RFP 3 Points –Narrative is minimally satisfactory, all items addressed 5 Points –Narrative is thorough and descriptive; all line items addressed	
GRANT APPLICATION COMPONENT	SME APPROVAL	SCORE	COMMENTS
<b>Health Inequity and Health Disparity</b>			
<b>a. PHEP REGIONAL AND CRI ONLY:</b>  <input type="checkbox"/> Narrative provides a general overview of the jurisdictional planning for vulnerable populations that has occurred over the past Project Period (2012-2017).(5 points)  <input type="checkbox"/> Narrative includes references to specific regional plans (both the subgrantee and other agencies) which have been developed and/or updated to address access and functional needs concerns. (5 points)  <input type="checkbox"/> Narrative includes a description of activities undertaken during the past Project Period within the jurisdiction to address any particular jurisdictional systems or processes put into place to address access and functional needs concerns (i.e. self- reporting registries). (5 points)  <b>TOTAL 15 POINTS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### SECTION 3

PROJECT NARRATIVE			
<b>PHEP Core (110 POINTS)</b> <b>PHEP Regional (95 POINTS)</b> <b>PHEP CRI (70 POINTS)</b>	<b>SCORE KEY:</b> 0 Points- Agency does not address/provide 1 Point - Narrative section includes minimal information; items missing that are required in the RFP 3 Points –Narrative is minimally satisfactory, all items addressed 5 Points –Narrative is thorough and descriptive; all line items addressed		
GRANT APPLICATION COMPONENT	SME APPROVAL	SCORE	COMMENTS
<b>Health Inequity and Health Disparity</b>			
<b>2. ALL APPLICANTS:</b>  <input type="checkbox"/> Narrative describes planning that has occurred over the past Project Period (2012-2017) that has occurred to mitigate the impact of an incident on segments of the jurisdiction who experience additional burdens due to access and functional needs concerns during a public health incident (5 points)  <b>TOTAL 5 POINTS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>3. ALL APPLICANTS:</b>  <input type="checkbox"/> Narrative provides a description of how the subgrantee works with other local agencies that specifically work with vulnerable populations who may experience access and functional needs barriers during a man- made or natural disaster. (5 points)  <b>TOTAL 5 POINTS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### SECTION 3

PROJECT NARRATIVE			
<b>PHEP Core (110 POINTS)</b> <b>PHEP Regional (95 POINTS)</b> <b>PHEP CRI (70 POINTS)</b>		<b>SCORE KEY:</b> 0 Points- Agency does not address/provide 1 Point - Narrative section includes minimal information; items missing that are required in the RFP 3 Points –Narrative is minimally satisfactory, all items addressed 5 Points –Narrative is thorough and descriptive; all line items addressed	
GRANT APPLICATION COMPONENT	SME APPROVAL	SCORE	COMMENTS
<b>PHEP Epidemiology</b>			
<b>1. PHEP CORE AND REGIONAL APPLICANTS:</b> <input type="checkbox"/> Narrative describes how the Class A Reporting Number during and after business hours will be maintained (5 points) <input type="checkbox"/> Narrative describes how the local health department(s) be able to be reached by ODH or any other local/state partners after business hours for the purposes of epidemiologic investigations. (5 points)  <b>SECTION TOTAL 10 POINTS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2. PHEP CORE ONLY:</b> <input type="checkbox"/> Narrative provides a description of how agency staff will be utilized during a surge to assist with epidemiological investigations at both the local level and if needed, within the region. (5 points)  <b>SECTION TOTAL 5 POINTS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>3. PHEP CORE ONLY:</b> <input type="checkbox"/> Narrative provides a description of how the LHD PHEP epidemiologists participates in the Regional Epidemiology Response Team. <input type="checkbox"/> Narrative includes a description of how the PHEP Epi interacts with other staff who assist with Epi investigations, including the frequency of such interactions (i.e. routine staff meetings, trainings, etc.) (5 points)  <b>SECTION TOTAL 5 POINTS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>SECTION 3 TOTAL:</b>			



	<b>PHEP CORE (Max 180 points)</b>		<b>PHEP REGIONAL (Max 145 points)</b>		<b>CRI (Max 80 points)</b>	
	<b>SECTION MAXIMUM</b>	<b>AGENCY SCORE</b>	<b>SECTION MAXIMUM</b>	<b>AGENCY SCORE</b>	<b>SECTION MAXIMUM</b>	<b>AGENCY SCORE</b>
SECTION 1	30		30		24	
SECTION 2	40		20		20	
SECTION 3	110		95		70	
<b>TOTAL</b>	<b>180</b>		<b>145</b>		<b>114</b>	
<b>*Minimum score needed</b>	<b>126</b>		<b>101</b>		<b>80</b>	

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

Agency is being referred to CAR: ☐ Yes ☐ No

Additional Comments:

PMP Consultant:

Date review completed:

### PHEP Epidemiologist Position Requirements and Expectations

#### **Goal**

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

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

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

#### **Position Requirements**

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

- Newly graduated Master's degree in Public Health or other similar field with minimal experience
- OR**
- Meet/exceed minimum educational criteria including basic epidemiology course and a graduate level course in epidemiology or biostatistics; **and**
- Bachelor's or other 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 or other 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., physicians, 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.
- h. 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.
- e. Evaluate surveillance system
  - i. Timeliness and completeness of reports to local health jurisdictions (local reporting, ODRS, sentinel influenza surveillance, specialized disease or early event surveillance).
  - ii. Evaluate disease reports to identify gaps in reporting.
- f. Improving diseases surveillance
  - i. Work with other LHD staff to improve disease reporting in the jurisdiction(s).
  - ii. Use ODH guidance “Guidelines to Improve Infectious Disease Reporting in Local Health Jurisdictions.”(see Appendix AA )
- g. Data analysis
  - i. Conduct descriptive analysis of the epidemiology of reported diseases.
  - ii. Initiate investigation when disease reports (either routine disease reports or syndromic data) indicate an increase incidence.
  - iii. Monitor disease trends.
  - iv. Create statistical reports.
  - v. Perform early event surveillance activities (e.g., EpiCenter) in the designated area.
  - vi. Respond to requests for local data.
- h. Collaborate with health department staff, hospitals, infection preventionists, physicians, schools, ODH and others to provide a comprehensive approach to surveillance and follow-up of communicable diseases.

### **Investigation**

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

- iv. Coordinate with nursing, environmental health and other LHD staff about responsibilities and duties during an outbreak investigation.
- v. Assist with preparing materials that can be distributed to the media, patients or the general public regarding the outbreak or disease under investigation.
- g. Coordinate, or assist with, cross-jurisdictional investigation.
  - i. Integrate with incident command structure for the investigation or event.
- h. Write or assist local health district in writing final summary report of disease outbreak investigations. Submit final outbreak report to ODH within 90 days of date created 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 created 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:** The unit of measure is numeric and ranges from 0 to  $\infty$ .

**Limitations of Measure:** This measure does not take into account whether the incident was responded to appropriately. It may not measure calls from private citizens and their ability to reach public health.

**Standard 2:** Public Health conducts epidemiologic investigations involving health events that could result from naturally-occurring, man-made, or terrorist events in a timely manner.

**Measure 2:** Time in which an initial report\* describing the public health event, including all known cases by person, place, and time, was produced.

**Target:** By the end of the next business day after identification of the index case or first known case or cases day for Class B and Class C reportable diseases.

**Jurisdictional Measurement Level:** State and all local health departments.

**Data Source(s):** Documentation e.g. Ohio Disease Reporting System (ODRS) entries, timestamps on email, faxes, Ohio Public Health Communications System (OPHCS) postings from drill, exercise, or real event, and EpiCenter alert entries.

**Rationale for Measure:** Exposure, agent and mode of transmission are identified in a timely manner and health events (disease) are controlled.

**Purpose of Measure 2:** information is received, analyzed, interpreted and initial recommendations are made. This measure is an output measure.

**Frequency of Measure:** At least annually for reporting.

**Unit of Measure:** Time in hours from the initial report of the index case or first known case or cases to a preliminary report describing all known cases by person, place, and time.

**Limitations of Measure:** Some events develop too rapidly to describe all cases and last for more than one business day. During large events, the measure will have been met if an initial subset of 30 cases is described.

**Standard 3:** Public health provides recommendations for interventions and facilitates implementation of interventions involving health events that could result from naturally-occurring, man-made, or terrorist events in a timely manner.

**Measure 3:** Time in which a health alert that describes the initial report of a public health event - along with known cases, possible risk factors, and initial public health interventions - is developed and distributed via multiple means such as: Ohio Public Health Communications System (OPHCS), fax, and e-mail.

**Target:** Within 12 hours from initiation of the public health event investigation.

**Jurisdictional Measurement Level:** State and all local health departments.

**Data source(s):** Drill, exercise, or real event.

**Rationale for Measure:** After completing a risk and vulnerability assessment, public health agencies should recommend courses of action to minimize human health consequences of the identified risk/vulnerability and disseminate the information to public health partners.

**Purpose of Measure:** Health events (disease) are controlled.

**Frequency of measure:** For each real event; or at last annually during a drill, if no qualifying event occurred.

**Unit of measure:** Time in hours in which a health alert that describes the initial report of a public health event along with known cases, possible risk factors, and initial recommendations for public health interventions is distributed via multiple means such as: Ohio Public Health Communications System (OPHCS), fax, and e-mail.

**Limitations of Measure:** Not all health jurisdictions will have an event. Sometimes the index case of triggering event is only discovered after investigation.

**Definitions and Other Guidance:** Crisis & Emergency Risk Communication (CERC)  
<https://emergency.cdc.gov/cerc/index.asp>

**Agency Name:** \_\_\_\_\_

\_\_\_\_\_  
**Health Commissioner Signature**

\_\_\_\_\_  
**Date**



## APPENDIX G

### **PHEP Core Public Health Emergency Preparedness Grant Requirements**

Successful applicant agencies for the Public Health Emergency Preparedness Core grant agree to serve as the primary planning resource for **local public health departments in the county** and serve as the primary point of contact with the Ohio Department of Health regarding the status of planning and response throughout the county. The program requirements are for the project period of July 1, 2017 through June 30, 2018.

1. 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 2 Volunteer Deployment (see Appendix BB) and 2 Information Sharing Performance Measure drills (see Appendix CC) if required, public information inquiries, and other queries as applicable
2. Demonstrate a willingness to collaborate with any vendor under contract with the Ohio Department of Health's Office of Health Preparedness, for the conduct of any regional and statewide initiatives
3. Solve problems under emergency conditions
4. Maintain situational awareness
5. Manage information related to an emergency
6. Use principles of crisis and risk communications during emergencies
7. Report information potentially relevant to the identification and control of an emergency through the chain of command
8. 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
9. 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
10. Collaborate with the Regional Public Health Coordinator and the Regional Healthcare Coordinator for local planning. Review and identify gaps in local response plans as often as needed but at least annually. Provide documentation that collaboration takes place. Promote greater collaboration and notify ODH of any barriers to collaboration
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. Ensure all new required staff have the following required trainings: Suspicious Activities, C-MIST, OPHCS, MARCS, Surgenet. If one of these trainings are needed, the subgrantee will contact ODH.

**Agency Name:**\_\_\_\_\_

\_\_\_\_\_  
Health Commissioner

\_\_\_\_\_  
Date

### **PHEP Regional Public Health Coordinator Grant Requirements**

Successful applicant agencies for the Regional Public Health Preparedness funding of the Public Health Emergency Preparedness Grant agree that the PHEP Regional Public Health Coordinator will serve as the primary planning resource to local health departments in the region and the primary point of contact with the Ohio Department of Health regarding the status of planning and response throughout the region. These program requirements are for the project period of July 1, 2017 through June 30, 2018. The Regional Public Health Coordinator will adhere to the following requirements:

1. Provide data and information as requested by the Ohio Department of Health (ODH) to assist with the completion of local, state, and federal reports (including completion of at least 2 Volunteer Deployment (see Appendix BB) and 2 Information Sharing Performance Measure drills (see Appendix CC) if required. This also includes public information inquiries and other queries, as applicable.
2. Collaborate with any vendor under contract with the Ohio Department of Health's Office of Health Preparedness, for the conduct of any regional and statewide initiatives.
3. Solve problems under emergency conditions.
4. Maintain situational awareness.
5. Manage information related to an emergency.
6. Use principles of crisis and risk communications during emergencies to support regional stakeholder agencies and promote regional coordination.
7. Report to regional stakeholders and ODH information potentially relevant to the identification and control of an emergency.
8. Collect and report data to ODH during incident responses.
9. Contribute expertise to the development of emergency plans; Regional Public Health Coordinators must have expertise in public health planning and response in order to fulfill this requirement.
10. 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.
11. Convene and facilitate regional meetings to assure coordination and collaboration.
12. Compile meeting minutes and maintain documentation of strategies, activities and responsibilities.
13. Collaborate with the Regional Healthcare Coordinator and EMA staff in regional planning.

14. Review and identify gaps in regional response plans as often as needed but at least annually. Provide documentation that collaboration takes place. Notify ODH of any barriers to collaboration and develop a plan to promote greater collaboration.
15. Participate in state-sponsored site visits, meetings and training activities when requested.
16. 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.
17. Identify technical assistance and guidance needed and support coordination of training to local health departments (e.g., Radiological Training, C-MIST, etc.).
18. Promote communications between state and local health departments and provide situational awareness.
19. Provide expertise to assist local health departments with development, review and technical assistance of public health emergency plans, manuals and standard operating procedures, utilizing local, state and federal guidelines and requirements. Notify ODH of any gaps in local capabilities that may hinder either local or regional planning efforts.
20. Participate in regional healthcare coalition meetings facilitated by the Regional Healthcare Coordinator.
21. Maintain trained, primary and back-up OPHCS Administrators.
22. Serve as the regional OPHCS contact and coordinator of user accounts, including user access for local health departments within the region.
23. Must have the following, required trainings: Suspicious Activities, C-MIST, OPHCS, MARCS, Surgenet. If one of these trainings are needed, the subgrantee will contact ODH.
24. Orientate all newly hired PHEP planning staff to familiarize them with the regional partners and processes and to identify any opportunities for assistance.

**Agency Name:** \_\_\_\_\_

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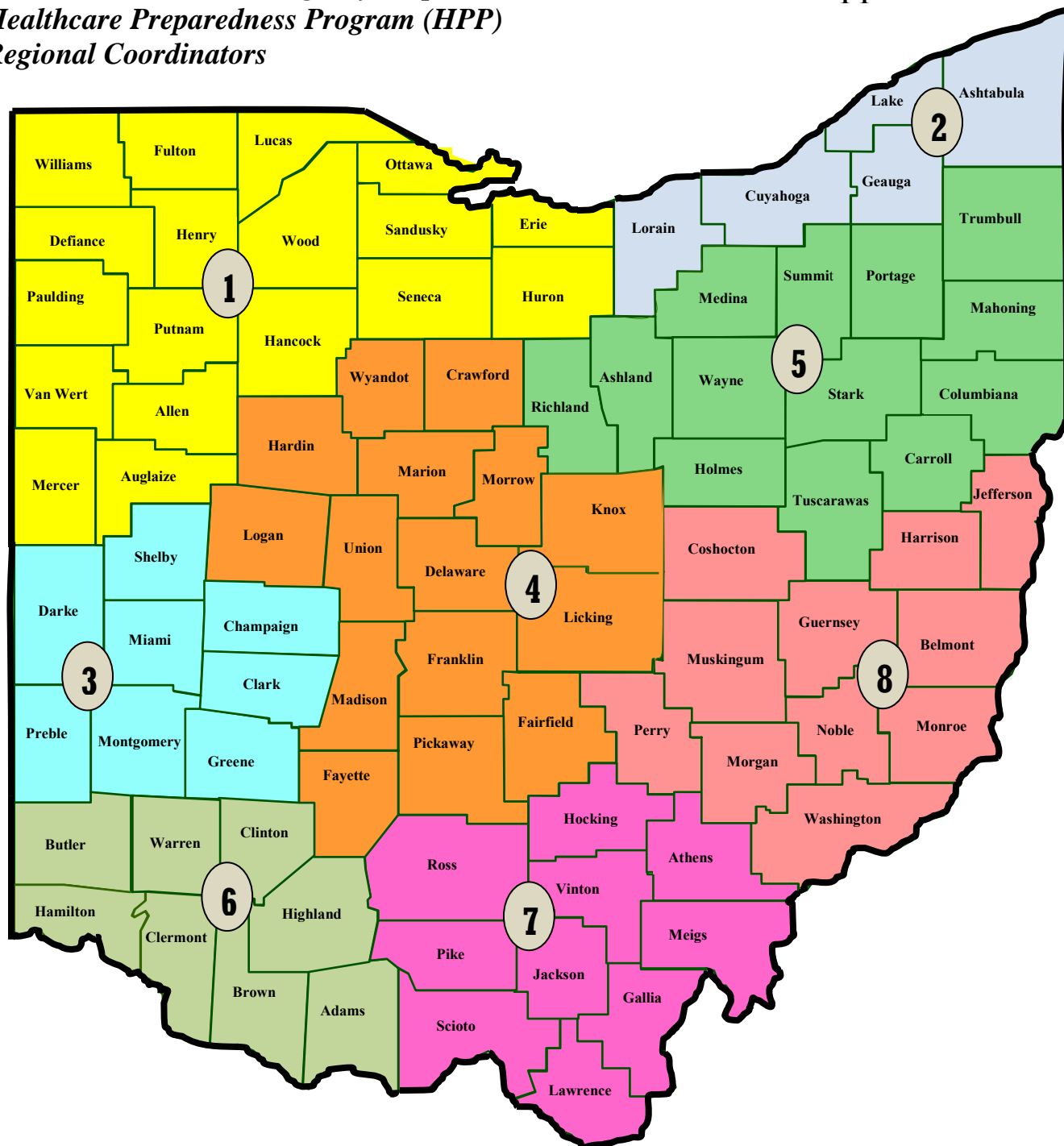
**Health Commissioner Signature**

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**Date**

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

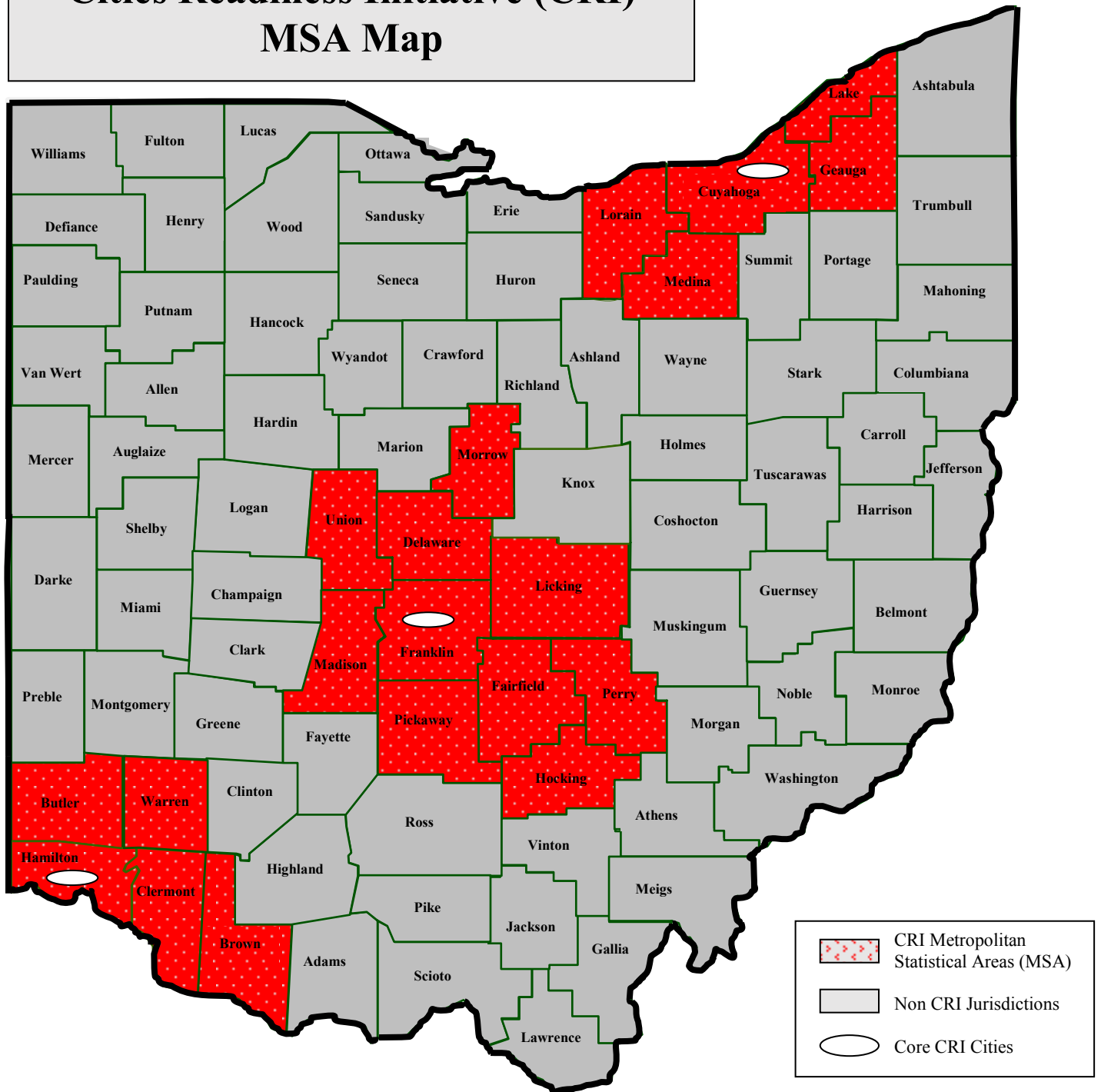
**Appendix I**



Region	PHEP Consultant	Phone	Email
<b>1 – Northwest</b>	Cathy Mockus	(614) 728-7517	<a href="mailto:Cathy.Mockus@odh.ohio.gov">Cathy.Mockus@odh.ohio.gov</a>
<b>2 – Northeast</b>	Cathy Mockus	(614) 728-7517	<a href="mailto:Cathy.Mockus@odh.ohio.gov">Cathy.Mockus@odh.ohio.gov</a>
<b>3 – West Central</b>	Kim Hardesty	(614) 466-5856	<a href="mailto:Kimberly.Hardesty@odh.ohio.gov">Kimberly.Hardesty@odh.ohio.gov</a>
<b>4 – Central</b>	Nichole Robinson	(614) 466-8527	<a href="mailto:Nichole.Robinson@odh.ohio.gov">Nichole.Robinson@odh.ohio.gov</a>
<b>5 – Northeast Central</b>	Nichole Robinson	(614) 466-8527	<a href="mailto:Nichole.Robinson@odh.ohio.gov">Nichole.Robinson@odh.ohio.gov</a>
<b>6 – Southwest</b>	Kim Hardesty	(614) 466-5856	<a href="mailto:Kimberly.Hardesty@odh.ohio.gov">Kimberly.Hardesty@odh.ohio.gov</a>
<b>7 – Southeast Central</b>	Renee Dickman	(614) 995-5901	<a href="mailto:Renee.Dickman@odh.ohio.gov">Renee.Dickman@odh.ohio.gov</a>
<b>8 – Southeast</b>	Renee Dickman	(614) 995-5901	<a href="mailto:Renee.Dickman@odh.ohio.gov">Renee.Dickman@odh.ohio.gov</a>

# Cities Readiness Initiative (CRI) MSA Map

Appendix J



**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

### Communications/OPOD Acknowledgement Worksheet

Subgrantee:	
Agency Project Number	
Point of Contact:	
POC Direct Phone:	
POC Email:	
Date Submitted to GMIS:	

1. [ ] (Subgrantee name) Health Department has updated and reviewed information within OPOD. This information is accurate and complete as of (insert date)
2. [ ] (Subgrantee name) Health Department has prompted staff to update within OPHCS through a call-down drill. We conducted the call down drill on (insert date) have received % acknowledgement from staff. This OPHCS Summary Report is attached.
3. [ ] (Subgrantee name) Health Department has completed [ ] (number) radio checks in this past quarter. These radio checks were completed on:
  - The first MARC Radio check completed on (insert date)
  - The second MARC Radio check completed on (insert date)
  - The third MARC Radio check completed on (insert date)

TO BE COMPLETED BY ODH – ONLY	
Monitoring Components	Verified by ODH
1. OPOD verification date is within this quarter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The OPHCS Call Down Drill was conducted within this quarter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The OPHCS Call Down Drill Summary Report is attached with the worksheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. The OPHCS call-down drill acknowledgement from staff is above 50%.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The subgrantee has completed all three radio checks.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTE:** If ODH has verified Monitoring Components 1-5 as “YES”, the program consultant will notify the subgrantee that they may expense this deliverable on the next expenditure report. If one of Monitoring Components 1-5 is verified as “NO”, the subgrantee will not receive funds for this objective.

# Appendix M Multiyear Training & Exercise Schedule

Last Updated: MM/DD/YYYY																	
CY	Year	FY Quarter 3					FY Quarter 4					Subgrantee Multi-Year Training & Exercise Schedule					
		Jan	Feb	Mar	Apr	May	Jun	CY	Year	Jul	Aug	Sep	Oct	Nov	Dec	FY Quarter 1	FY Quarter 2
2016		EXAMPLES D - LHD MARCS (1/5) D - Hospital MARCS (1/7)															
2017		EXAMPLES FE - Name (M/D) D - LHD MARCS (1/3) D - Hospital MARCS (1/5) D - Name (M/D) TTX - Name (M/D)															
2018																	
2019																	
2020																	
2021																	

RW = Real World Event

FSE = Full Scale Exercise

FE = Functional Exercise

D = Drill

TTX = Table Top Exercise

VTTX = Virtual Table Top Exercise

W = Workshop

IPM = Initial Planning Meeting

MPM = Mid-term Planning meeting

MSEL = Master Scenario Event List (MSEL)

Meeting

FPM = Initial Planning Meeting

AAM = After Action Meeting

TEP = Training & Exercise Plan

FD = Facilitated Discussion

Other Acronyms

Multi Agency Radio Communication System (MARCS)

Ohio Public Health Communication System (OPHCS)

Central Ohio Trauma System (COTS)

Community Reception Center (CRC)

Mass Fatality Incident (MFI)

RED = Tentative needs confirmed

PURPLE = ODH Participation has been requested

## Exercise Request Form (ERF)

**Date submitted:** [Click here to enter a date.](#)

### Exercise Planning Part 1: *(To be completed by the subgrantee no later than three business days after the Initial Planning Meeting)*

Subgrantee Agency: [Click here to enter text.](#)

Jurisdiction: [Click here to enter text.](#)

POC Name: [Click here to enter text.](#) Phone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Exercise Name: [Click here to enter text.](#)

Exercise Date: [Click here to enter text.](#)

Exercise Type: ☐ Full-Scale ☐ Functional ☐ Tabletop ☐ Other: [Click here to enter text.](#)

PHEP	PROJECTED PARTICIPANTS
<i>Check each capability below that you plan to be evaluated during the exercise</i>	<i>Check all that you plan to be involved in the exercise design and development and/or a participant the exercise</i>
<input type="checkbox"/> Community Preparedness	<input type="checkbox"/> LHD
<input type="checkbox"/> Community Recovery	<input type="checkbox"/> EMA
<input type="checkbox"/> Emergency Operations Coordination	<input type="checkbox"/> Hospitals
<input type="checkbox"/> Emergency Public Info. & Warning	<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> Fatality Management	<input type="checkbox"/> Fire
<input type="checkbox"/> Information Sharing	<input type="checkbox"/> EMS
<input type="checkbox"/> Mass Care	<input type="checkbox"/> Ambulatory Surgical Centers (ASCs)
<input type="checkbox"/> Medical Countermeasure Dispensing	<input type="checkbox"/> Hospices
<input type="checkbox"/> Medical Materiel Mgt. & Distribution	<input type="checkbox"/> Religious Nonmedical Health Care Institutions (RNHCIs)
<input type="checkbox"/> Medical Surge	<input type="checkbox"/> Psychiatric Residential Treatment Facilities
<input type="checkbox"/> Non-Pharmaceutical Interventions	<input type="checkbox"/> Transplant Centers
<input type="checkbox"/> Public Health Surveillance/ Epi. Investigation	<input type="checkbox"/> Long-Term Care (LTC) Facilities
<input type="checkbox"/> Responder Safety & Health	<input type="checkbox"/> Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
<input type="checkbox"/> Volunteer Management	<input type="checkbox"/> All-Inclusive Care for the Elderly (PACE)
	<input type="checkbox"/> Home Health Agencies (HHAs)
	<input type="checkbox"/> Comprehensive Outpatient Rehabilitation Facilities (CORFs)
	<input type="checkbox"/> Critical Access Hospitals (CAHs)
	Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
<input type="checkbox"/> Foundation for Health Care and Medical Readiness	<input type="checkbox"/> Community Mental Health Centers (CMHCs)
<input type="checkbox"/> Health Care and Medical Response and Recovery Coordination	<input type="checkbox"/> Organ Procurement Organizations (OPOs)
<input type="checkbox"/> Medical Surge	<input type="checkbox"/> Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
<input type="checkbox"/> Continuity of Health Care Service Delivery	<input type="checkbox"/> End-Stage Renal Disease (ESRD) Facilities
	<input type="checkbox"/> other not-for-profit organizations
	<input type="checkbox"/> Other government agencies

☐ Exercise is listed in the subgrantee's current Multiyear Training and Exercise Plan (MYTEP)

Exercise planning schedule is set using HSEEP suggested guidelines as listed below:

- Initial Planning Meeting (IPM) Date: [Click here to enter a date.](#)
- Midterm Planning Meeting (MPM) Date: [Click here to enter a date.](#)
- Master Scenario Events List (MSEL) Meeting Date: [Click here to enter a date.](#)
- Final Planning Meeting (FPM) Date: [Click here to enter a date.](#)
- After Action Meeting (AAM) Date: [Click here to enter a date.](#)

ODH participation requested: ☐ YES ☐ NO

If yes, what level of ODH participation are you requesting? ☐ SimCell **or** ☐ Player

Please explain what resources are required (i.e. SME guidance, medical material requests, ODH DOC support etc.): [Click here to enter text.](#)



## FY18 Appendix N

In accordance with HSEEP, the following documents should be developed by the subgrantee to support exercise planning, conduct, evaluation, and improvement planning: *(must be submitted to ODH if ODH participation is requested/approved)*

**Discussion-based Exercises:**

*(Seminar, Workshop, Tabletop, Game)*

- ☐ Situation Manual (SITMAN)
- ☐ Facilitator Guide
- ☐ Exercise Evaluation Guide (EEG)
- ☐ Participant Feedback Form

**Operations-based Exercises:**

*(Drill, Functional, Full-Scale)*

- ☐ Exercise Plan (EXPLAN)
- ☐ Player Handout
- ☐ Master Scenario Events List (MSEL)
- ☐ Controller/Evaluator Handbook (C/E Handbook)
- ☐ Exercise Evaluation Guide (EEG)
- ☐ Participant Feedback Form

**Exercise Planning Part 2:** *(To be completed by the ODH no later than 10 business days after the Mid-Term Planning Meeting)*

ODH will participate: ☐ YES ☐ NO

If yes, what level of ODH participation? ☐ SimCell **or** ☐ Player

What resources will ODH provide (i.e. SME guidance, medical material requests, ODH DOC support etc.): [Click here to enter text.](#)

ODH SME Assigned for SimCell

ODH Office/Program: [Click here to enter text.](#)

POC Name: [Click here to enter text.](#) Phone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

ODH SME Assigned for Exercise Design/Development

ODH Office/Program: [Click here to enter text.](#)

POC Name: [Click here to enter text.](#) Phone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

# [Exercise/Event Name]

---

## After-Action Report/Improvement Plan

[Date of Exercise/Event]

[Date AAR/IP submitted]

[Subgrantee Agency Name]

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Specific to this report, the exercise objectives align with the Public Health Preparedness Capabilities: National Standards for State and Local Planning and ASPR's National Guidance for Healthcare Preparedness and the Hospital Preparedness Program Measures. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

## EXERCISE/EVENT OVERVIEW

<b>Exercise/Event Name</b>	[Insert the formal name of exercise/event, which should match the name in the document header]
<b>Exercise/Event Dates</b>	[Indicate the start and end dates of the exercise/event]
<b>Scope</b>	This is a [exercise/event type] that was [planned/occurred] for [exercise/event duration] at [exercise/event location]. Exercise/event participation was limited to [exercise/event parameters].
<b>Mission Area(s)</b>	[Prevention, Protection, Mitigation, Response, and/or Recovery]
<b>PHEP Capabilities/HPP Capabilities</b>	[List the Public Health Emergency Preparedness (PHE) capabilities and/or Healthcare Preparedness (HPP) capabilities exercised or demonstrated during the real world event.]
<b>Objectives</b>	[List the exercise/event objectives]
<b>Threat or Hazard</b>	[List the specific threat or hazard (e.g. infectious disease, natural/hurricane, technological/radiological release, etc.)]
<b>Scenario/Event Catalyst</b>	[Insert a brief overview of the exercise scenario/event catalyst(s), including scenario/event catalyst impacts (2-3 sentences)]
<b>Sponsor/Lead Agency</b>	[Insert the name of the exercise sponsor origination or coalition, as well as any grant programs being utilized, if applicable. List the lead response agency for the real world response. ]
<b>Participating Organizations</b>	[List the total number of participants and participant organizations. Reference the complete list by organization type and the total number of participants by organization type in the coalition and participation level (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies) is provided in Appendix B.
<b>Point of Contact</b>	[Insert the name, title, agency, address, phone number, and email address of the primary exercise POC (e.g., exercise director and exercise sponsor. If a contractor was the primary POC a subgrantee POC must also be identified to answer any questions regarding the content of the report.



## EXECUTIVE SUMMARY

[This section should provide a general overview of the goals, purpose and objectives of the exercise/event and a brief summary of public health, hospital and healthcare coalition member participation to include how capabilities were met.]

[In general, the major strengths and primary areas for improvement should be limited to three each to ensure the Executive Summary is high-level and concise.]

### Major Strengths

The major strengths identified during this incident are as follows:

- [Strength number 1]
- [Additional major strength]
- [Additional major strength]

## ANALYSIS OF PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) AND/OR HEALTH CARE PREPAREDNESS (HPP) CAPABILITIES

Aligning exercise/event objectives and PHEP/HPP capabilities provides a consistent taxonomy for evaluation that transcends individual exercises and real world responses to support preparedness reporting and trend analysis. Table 1 below includes the exercise/event objectives, aligned PHEP/HPP capabilities, and performance ratings for each PHEP/HPP capability as observed during the exercise or real world response and determined by the evaluation/AAR team. All performance measures and task ratings for the function are considered as part of the capability analysis before assigning an overall function rating. The evaluation/AAR team then considers all the function ratings for the evaluated Capability and assigns an overall Capability rating.

Objective	PHEP/HPP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
[Objective 1]	[Enter PHE/HPP Capability here]				
[Objective 2]	[Enter PHE/HPP Capability here]				
[Objective 3]	[Enter PHE/HPP Capability here]				
[Enter more objectives as applicable]	[Enter PHE/HPP Capability here]				

**The rating scale includes four ratings:**

- **Performed without Challenges (P):** The PHEP functions, tasks and performance measures or the HPP activities & objectives associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. HPP
- **Performed with Some Challenges (S):** The PHEP functions, tasks and performance measures or the HPP activities & objectives associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- **Performed with Major Challenges (M):** The PHEP functions, tasks and performance measures or the HPP activities & objectives associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- **Unable to be Performed (U):** The PHEP functions, tasks and performance measures or the HPP activities & objectives associated with the capability were not performed in a manner that achieved the objective(s).

**Table 1. Summary of PHEP/HPP Capability Performance**

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

## [Objective 1]

The strengths and areas for improvement for each [PHEP or HPP] capability aligned to this objective are described in this section **Note: do not combine capabilities.**

### [Related PHEP/HPP Capability]

[List the function(s), tasks and performance measures exercised or demonstrated during a real world event, as associated with the capability here.]

#### Strengths

The [full or partial] capability level can be attributed to the following strengths:

**Strength 1:** [Observation statement]

**Strength 2:** [Observation statement]

**Strength 3:** [Observation statement]

#### Areas for Improvement

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

**Reference:** [List any relevant plans, policies, procedures, regulations, or laws.] **Note: be specific list the title & date of the document**

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

**Area for Improvement 2:** [Observation statement]

**Reference:** [Enter reference data here i.e. plans, documents, etc.] **Note: be specific list the title & date of the document**

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

## [Objective 2]

The strengths and areas for improvement for each [PHEP or HPP] capability aligned to this objective are described in this section **Note: do not combine capabilities.**

### [Related PHEP/HPP Capability]

[List the function(s), tasks and performance measures exercised or demonstrated during a real world event, as associated with the capability here.]

## Strengths

The [full or partial] capability level can be attributed to the following strengths:

**Strength 1:** [Observation statement]

**Strength 2:** [Observation statement]

**Strength 3:** [Observation statement]

## Areas for Improvement

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

**Reference:** [List any relevant plans, policies, procedures, regulations, or laws.] **Note:** be specific list the title & date of the document

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

**Area for Improvement 2:** [Observation statement]

**Reference:** [Enter reference data here i.e. plans, documents, etc.] **Note:** be specific list the title & date of the document

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

## [Objective 3]

The strengths and areas for improvement for each [PHEP or HPP] capability aligned to this objective are described in this section **Note:** do not combine capabilities.

## [Related PHEP/HPP Capability]

[List the function(s), tasks and performance measures exercised or demonstrated during a real world event, as associated with the capability here.]

## Strengths

The [full or partial] capability level can be attributed to the following strengths:

**Strength 1:** [Observation statement]

**Strength 2:** [Observation statement]

**Strength 3:** [Observation statement]

## Areas for Improvement

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

**Reference:** [List any relevant plans, policies, procedures, regulations, or laws.] **Note:** be specific list the title & date of the document

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

**Area for Improvement 2:** [Observation statement]

**Reference:** [Enter reference data here i.e. plans, documents, etc.] **Note:** be specific list the title & date of the document

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

## CONCLUSION

[This section is a conclusion for the entire document. It provides an overall summary to the report. It should include the demonstrated capabilities, lessons learned, major recommendations, and a summary of what steps should be taken to ensure that the concluding results will help to further refine plans, policies, procedures, and training for this type of incident.]

Subheadings are not necessary and the level of detail in this section does not need to be as comprehensive as that in the Executive Summary.]

## APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for [Subgrantee Organization or Jurisdiction] as a result of [Exercise/Event Name] conducted on [date of exercise/event].

PHEP/HPP Capability	Issue/Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Primary Responsible Organization	Organization POC	Start Date	Completion Date
PHEP Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
		[Corrective Action 2]					
		[Corrective Action 3]					
	2. [Area for Improvement]	[Corrective Action 1]					
		[Corrective Action 2]					
[Continue adding capabilities and related information as relevant.]							

<sup>1</sup> Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

## APPENDIX B: EXERCISE/EVENT PARTICIPANTS

Participating Organizations			
Participant Type	# in Agency/Org	# Participating	% Participation
<b>Federal Government</b>			
<b>State &amp; Local Government</b>			
Example: Local Health Department			
Example: EMS			
Example: Emergency Management			
<b>Non-government Coalition Members and Partners</b>			
Example: Hospital			
Example: Long Term Care Facilities			
Example: Dialysis Centers			
Example: Community Health Center			
etc.			

### Additional Information/Comments

[Please provide any additional information or comments as indicated.]

APPENDIX C: ACRONYMS

[All acronyms referenced in the AAR/IP should be listed alphabetically and spelled out.]

Table E.1: Acronyms

Acronym	Meaning



## APPENDIX D: PARTICIPANT FEEDBACK SUMMARY

[Optional: Provided in this section should be a summary of the Participant Feedback Form, which should be distributed to exercise participants at a post-exercise/event hot wash.]

## APPENDIX E: EXERCISE/EVENT SUMMARY

[In formulating the analysis, the primary AAR author will assemble a timeline of key events. While it is not necessary to include this timeline in the main body of the AAR/IP, there is value in including it as an appendix. This section should summarize what actually happened during the exercise/event in a timeline-table format. An example of the format for the exercise/event Timeline is presented below.]

Date	Time	Event/Action
02/20/15	0900	Explosion and injuries reported at subway station 13
02/20/15	0902	Subway services stopped in accordance with protocols; notifications started
02/20/15	0915	Evacuation ordered for planning zone 2A
02/20/15	0940	Traffic at a standstill on major egress route 1 reported to players (Response generated issue because personnel to staff traffic control points were not deployed)

## APPENDIX F: OPHCS MESSAGE REPORT

[The sub grantee must demonstrate the use of OPHCS in all functional and full scale exercises conducted before during and after an exercise (e.g. notification of exercise, situational awareness, and end of exercise. This section should include the OPHCS Message Report. If you utilized OPHCS during a real world response you should attach a copy of the messages here.)]

## APPENDIX G: ICS FORM 205

[A completed ICS 205 form must be used for this section for the AAR to document the exercise/event radio communication plan. This information can be directly entered into the editable form below or scanned in and attached from the subgrantees ICS Form 205.]

<b>1. Incident Name:</b>				<b>2. Date/Time Prepared:</b> Date: <input type="text"/> Date Time: <input type="text"/> HHMM				<b>3. Operational Period:</b> Date From: <input type="text"/> Date      Date To: <input type="text"/> Date Time From: <input type="text"/> HHMM      Time To: <input type="text"/> HHMM		
<b>4. Basic Radio Channel Use:</b>										
Zone Grp.	Ch . #	Function	Channel Name/Trunked Radio System Talk group	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
<b>5. Special Instructions:</b>          										
<b>6. Prepared by (Communications Unit Leader):</b>				Name: <input style="width: 100%;" type="text"/>				Signature: <input style="width: 100%;" type="text"/>		
<b>ICS 205</b>			<b>IAP Page</b>		Date/Time: <input style="width: 100%;" type="text"/>					



## FY18 APPENDIX P

### Exercise/Event Review Form (EERF)

#### Review Part 1: (To be completed by subgrantee)

Date AAR/IP submitted to ODH: [Click here to enter a date.](#) Date of Exercise/Event: [Click here to enter a date.](#)

AAR/IP Subgrantee: [Click here to enter text.](#) Type: ☐ Real World ☐ Full-Scale ☐ Functional ☐ Tabletop

**PHEP Capability Ratings:** Assign ratings for all exercise/event task observations described in the capability analysis section. Consider all task ratings for the function and assign an overall function rating. Consider all the function ratings and assign an overall PHEP Capability rating. The rating scale includes the four ratings below.

PHEP CAPABILITY RATINGS									CDC PERFORMANCE MEASURES			
P – Performed without Challenges    M – Performed with Major Challenges S – Performed with Some Challenges    U – Unable to be Performed									Dates, times, numerators, denominators, yes, no, percentages, etc. as appropriate			
PHEP Capability	FUNCTION	T1	T2	T3	T4	T5	T6	T7	PM 1	PM 2	PM 3	PM 4
1. Community Preparedness Rating _____	1 =											
	2 =											
	3 =											
	4 =											
2. Community Recovery Rating _____	1 =											
	2 =											
	3 =											
3. Emergency Operations Coordination Rating _____	1 =								/			
	2 =											
	3 =											
	4 =											
	5 =											
4. Emergency Public Information & Warning Rating _____	1 =								/			
	2 =											
	3 =											
	4 =											
	5 =											
5. Fatality Management Rating _____	1 =											
	2 =											
	3 =											
	4 =											
	5 =											
6. Information Sharing Rating _____	1 =											
	2 =											
	3 =											
7. Mass Care Rating _____	1 =											
	2 =											
	3 =											
	4 =											
8. Medical Countermeasure Dispensing Rating _____	1 =								/			
	2 =											
	3 =											
	4 =											
	5 =											



## FY18 APPENDIX P

PHEP CAPABILITY RATINGS									CDC PERFORMANCE MEASURES						
P – Performed without Challenges    M – Performed with Major Challenges S – Performed with Some Challenges    U – Unable to be Performed									Dates, times, numerators, denominators, yes, no, percentages, etc. as appropriate						
PHEP Capability	FUNCTION	T1	T2	T3	T4	T5	T6	T7	PM 1	PM 2	PM 3	PM 4			
9. Medical Material Management & Distribution Rating _____	1 =								/						
	2 =								/						
	3 =								/						
	4 =								/						
	5 =								/						
	6 =							/							
10. Medical Surge Rating _____	1 =														
	2 =														
	3 =														
	4 =														
11. Non-Pharmaceutical Interventions Rating _____	1 =														
	2 =														
	3 =														
	4 =														
12. Public Health Laboratory Testing Rating _____	1 =								/	/					
	2 =								/	/			/		
	3 =								/	/			/		
	4 =								/	/					
	5 =								/						
13. Public Health Surveillance & Epi Investigation Rating _____	1 =								/						
	2 =								/				/	/	/
	3 =								/						
	4 =														
14. Responder Safety & Health Rating _____	1 =														
	2 =														
	3 =														
	4 =														
15. Volunteer Management Rating _____	1 =														
	2 =														
	3 =														
	4 =														

**NOTE:** Subgrantees will focus exercise design objectives around the six Public Health Preparedness outcomes to align with and strengthen all six public health domains. Outcomes will be monitored using capabilities-based metrics. The green highlights in the table above correlate to the priority functions listed on the PHEP Logic model. PHEP capability analysis within the AAR/IP must address PHEP capability functions, tasks and associated performance measures demonstrated in order to receive PHEP Capability Credit.



## FY18 APPENDIX P

**HPP Capability Ratings:** Assign ratings for all exercise/event activity observations described in the capability analysis section. Consider all activity ratings for the objective and assign an overall objective rating. Consider all the objective ratings and assign an overall HPP Capability rating. The rating scale includes the four ratings below.

### HPP CAPABILITY RATINGS

**P** – Performed without Challenges

**M** – Performed with Major Challenges

**S** – Performed with Some Challenges

**U** – Unable to be Performed

HPP Capability	OBJECTIVE	A1	A2	A3	A4	A5	A6	A7
<b>1. Foundation for Health Care and Medical Readiness Rating</b> _____	1 =							
	2 =							
	3 =							
	4 =							
	5 =							
<b>2. Health Care and Medical Response and Recovery Coordination Rating</b> _____	1 =							
	2 =							
	3 =							
	4 =							
<b>3. Continuity of Health Care Service Delivery Rating</b> _____	1 =							
	2 =							
	3 =							
	4 =							
	5 =							
	6 =							
<b>4. Medical Surge Rating</b> _____	1 =							
	2 =							
	3 =							

**NOTE:** HPP capability analysis within the AAR/IP must address HPP capability objectives and associated activities demonstrated in order to receive HPP Capability Credit.



## FY18 APPENDIX P

### Review Part 2: *(To be completed by ODH Training & Exercise Staff)*

AAR/IP will contain the following sections:

- |  |  |
|--|--|
| <input type="checkbox"/> Cover Page <i>(must contain exercise name, agency name, date of AAR/IP, and date of exercise.)</i>  | <input type="checkbox"/> Appendix A: Improvement Plan                                |
| <input type="checkbox"/> Exercise/Event Overview   | <input type="checkbox"/> Appendix B: Exercise/Event Participants                     |
| <input type="checkbox"/> Executive Summary   | <input type="checkbox"/> Appendix C: Acronyms  |
| <input type="checkbox"/> Table 1 Summary of PHEP/HPP Capability Performance  | <input type="checkbox"/> Appendix D: Participant Feedback Summary                    |
| <input type="checkbox"/> Analysis of Capabilities <i>(must include the objective, related capability, strengths, areas for improvement, references &amp; analysis)</i> | <input type="checkbox"/> Appendix E: Exercise Events Summary                         |
| <input type="checkbox"/> Conclusion  | <input type="checkbox"/> Appendix F: OPHCS Message Report <i>(FE &amp; FSE only)</i> |
|  | <input type="checkbox"/> Appendix G: ICS Form 205 <i>(FE &amp; FSE only)</i>         |

- ☐ Exercise/Event objectives support demonstration of reported capabilities.
- ☐ Exercise/Event evaluation/capability analysis validated achievement of objectives.
- ☐ AAR/IP is complete and captures written analysis of exercise or real world response capabilities demonstrated.

#### Improvement Plan:

- ☐ Corrective actions are linked to a capability and are derived from associated areas for improvement/recommendations.
- ☐ Corrective actions are measurable; identify the capability element, the primary organization responsible, the organization POC, start date, and completion date

Additional feedback: [Click here to enter text.](#)

- ☐ The AAR/IP submitted utilized the ODH AAR/IP exercise/event template format

ODH Training & Exercise Reviewer: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

### Review Part 3: *(To be completed by ODH PMP Consultant)*

Date AAR/IP submitted to ODH: [Click here to enter a date.](#)      Date of Exercise/Event: [Click here to enter a date.](#)

Was the AAR/IP submitted to ODH within 90 days of exercise/event: ☐ YES ☐ NO

If not, please explain: [Click here to enter text.](#)

- ☒ The exercise/event was conducted in accordance with all grant deliverables and meets grant requirements *(PHE/HPP = AAR/IP submitted for FE, FSE, or Real-World Event)*

Please provide any feedback: [Click here to enter text.](#)

ODH PMP Consultant Reviewer: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)



**Title:**

**Jurisdiction:**

**Type of outbreak:**

**OB ID:**

**ODRS ID:**

**CDC NORS ID:**

### **Final Report**

**Context / Background** – Information that helps to characterize the incident (population affected - e.g. estimated number of persons exposed and number of persons ill; location - e.g. setting or venue; geographical area(s) involved; suspected or known etiology).

**Initiation of Investigation** – Information regarding receipt of notification and initiation of the investigation (date and time initial notification was received by the agency; date and time investigation was initiated by the agency).

**Investigation Methods** – Epidemiological or other investigative methods employed (initial investigative activity - e.g. verified laboratory results; data collection and analysis methods - e.g. case-finding, cohort/case-control studies, environmental; tools that were relevant to the investigation - e.g. epidemic curves, attack rate tables, and questionnaires; case definitions - as applicable; exposure assessments and classification; review of reports developed by first responders, lab testing of environmental media, reviews of environmental testing records, industrial hygiene assessments, questionnaires).

**Investigation Findings/Results** – All pertinent investigation results (epidemiological results; laboratory results; clinical results; other analytic findings). Be sure to include: number of cases, age range, onset date range, percentage ill by gender, number hospitalized, and number of deaths.

**Discussion and/or Conclusions** – Analysis and interpretation of the investigation results and/or any conclusions drawn as a result of performing the investigation (in certain instances, a conclusions section without a discussion section may be sufficient).

**Recommendations for Controlling Disease and/or Preventing/Mitigating Exposure** – Specific control measures or other interventions recommended for controlling the spread of disease or preventing future outbreaks and/or for preventing/mitigating the effects of an acute environmental exposure.

**Key investigators and/or report authors** – Names and titles are critical to ensure that lines of communication with partners, clinicians, and other stakeholders can be established.

**Submitted on** – mm/dd/yyyy

## APPENDIX R

### PHEP Epi Coverage Matrix

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

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

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

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

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



## Ohio Disease Reporting – Investigation and Reports

### Outbreak Report Status

Agency Name:	
Agency Project Number	
Point of Contact:	
POC Direct Phone:	
POC Email:	
Date Submitted to GMIS:	

(LHD) Name has closed number of outbreaks and uploaded the final reports into ODRS. These reports include:

Ohio Disease Reporting – Investigation and Reports			
Outbreak ID	Date investigation reported	Date investigation completed in ODRS	Date report uploaded in NORS, if NORS-eligible = Date Closed

(Above the subgrantee shall list all outbreak reports opened, closed, and those awaiting final reports. For those in which the 90 report closure date has not ended, subgrantee shall note that the report is still outstanding. This will then be on the next reports' list). ODH has provided examples for reporting possible scenarios below.)

Ohio Disease Reporting – Investigation and Reports			
Outbreak ID	Date investigation reported	Date investigation completed in ODRS	Date report uploaded in NORS, if NORS-eligible = Date Closed
2016-01-004	MM/DD/YYYY	MM/DD/YYYY	
2016-11-056	MM/DD/YYYY	MM/DD/YYYY	N/A – not NORS eligible
2016-25-222	MM/DD/YYYY	Report Outstanding (90 day window, not closed)	
N/A	N/A	No outbreaks	No outbreaks



## APPENDIX T

Agency Name:

Project Number:

### Epidemiologist Plan Table of Changes:

Report Name

Version	Effective Date	Superseded/Modified	Significant Changes

Approved: \_\_\_\_\_

(Signature)

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_



## APPENDIX U

### **Emergency Response Plan Change of Record Form**

Local Health Department Name: \_\_\_\_\_

Name of Plan: \_\_\_\_\_

Change #	Change Date	Page # of Change	Description of change	Effective date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

## 2017-2018 Drills

### APPENDIX V

#### Ohio Dept. of Health

A total of 3 Drills are required to be completed this year:

Operational Drill	Date Completed
<a href="#"><u>Staff Notification</u></a>	
<a href="#"><u>Site Activation</u></a>	
<a href="#"><u>Facility Setup</u></a>	
<a href="#"><u>Pick List Generation</u></a>	
<a href="#"><u>Dispensing Throughput</u></a>	
RealOpt (substitute for Dispensing Throughput) This drill requires an AAR instead of a drill template.	

\*NOTE: the **Decision Making Tool** & **RSS Supply Chain Management Game** no longer count as credit toward drill requirements.

# Staff Notification

Ohio Dept. of Health

1a. Drill Start Date	1b. Drill Start Time	<i>Note: Date entries (mm/dd/yyyy) must be between July 1st of the starting year and June 30th of the ending year, but not greater than the current date. Time entries are in the form of hh:MM AM/PM</i>	
2b. Drill End Date	2a. Drill End Time		
3. Is this staff notification drill being performed as part of a larger HSEEP standard operational response exercise or a stand-alone drill? <i>If stand-alone drill, skip to question 4.</i>		<input type="checkbox"/> Larger HSEEP Operational Response Exercise	
		<input type="checkbox"/> Stand-Alone Drill	
	<b>If larger HSEEP exercise:</b>		
	Name of larger exercise:		
	Date of larger exercise:		
	Operational category:		
	Date conducted:		
	Type of exercise:		<input type="checkbox"/> Functional <input type="checkbox"/> Full-Scale
4. Was this drill part of a real world event?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes: What kind of real event was it?	<input type="checkbox"/> Bioterrorism Event	
		<input type="checkbox"/> NSSE (National Special Security Event)	
		<input type="checkbox"/> Natural Disaster	
		<input type="checkbox"/> Outbreak of Disease	
		<input type="checkbox"/> Pandemic Influenza	
		<input type="checkbox"/> Seasonal Influenza	
		<input type="checkbox"/> Other (Please Specify):	
5. What was the extent of notice for this drill?		<input type="checkbox"/> No Notice <input type="checkbox"/> Partial Notice <input type="checkbox"/> Full Notice	
6. What communication platforms were used for site activation? Check all that apply.		<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Pager	
7. What calling process was used to notify staff?		<input type="checkbox"/> Automated <input type="checkbox"/> Manual <input type="checkbox"/> Hybrid (Automated + Manual)	
<i>Note: Dates and times must be between the drill date and times entered in questions 1 and 2</i>			
8a. Date first person notified:		8b. Time first person notified:	
9a. Date last person notified:		9b. Time last person notified:	
<i>Note: If personnel responded outside of your specified drill time, they should be considered to be non-responders for the purpose of this drill</i>			
10a. Date last person acknowledged:		10b. Time last person acknowledged:	

11. What was the total number of staff included in this staff notification?

12. Please provide information on the number of staff called, number of staff who acknowledged emergency response notification, target time for assembly (if available), and number of staff able to assemble by target time on the operational rosters that apply.

☐ Emergency Operations Center (EOC)

☐ Roster not applicable

Total number of staff notified:

Number of staff who acknowledged:

Target time for assembly (minutes):

☐ No established target time

Number of staff able to assemble by target time:

☐ Regional Distribution Sites (RDS)

☐ Roster not applicable

Total number of staff notified:

Number of staff who acknowledged:

Target time for assembly (minutes):

☐ No established target time

Number of staff able to assemble by target time:

☐ Points of Dispensing (PODs)

☐ Roster not applicable

Total number of staff notified:

Number of staff who acknowledged:

Target time for assembly (minutes):

☐ No established target time

Number of staff able to assemble by target time:

☐ Public Information and Communication (PIC)

☐ Roster not applicable

Total number of staff notified:

Number of staff who acknowledged:

Target time for assembly (minutes):

☐ No established target time

Number of staff able to assemble by target time:

☐ Security/Law Enforcement

☐ Roster not applicable

Total number of staff notified:

Number of staff who acknowledged:

Target time for assembly (minutes):

☐ No established target time



Number of staff able to assemble by target time:	
---	--

# Site Activation

Ohio Dept. of Health

1a. Drill Start Date	1b. Drill Start Time	<i>Note: Date entries (mm/dd/yyyy) must be between July 1st of the starting year and June 30th of the ending year, but not greater than the current date. Time entries are in the form of hh:MM AM/PM</i>	
2b. Drill End Date	2a. Drill End Time		
3. Is this site activation drill being performed as part of a larger HSEEP standard operational response exercise or a stand-alone drill? If stand-alone drill, skip to question 4.		<input type="checkbox"/> Larger HSEEP Operational Response Exercise <input type="checkbox"/> Stand-Alone Drill	
	<b>If larger HSEEP exercise:</b>		
	Name of larger exercise:		
	Date of larger exercise:		
	Operational category:		
	Date conducted:		
	Type of exercise:	<input type="checkbox"/> Functional <input type="checkbox"/> Full-Scale	
4. Was this drill part of a real world event?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes: What kind of real event was it?	<input type="checkbox"/> Bioterrorism Event	
		<input type="checkbox"/> NSSE (National Special Security Event)	
		<input type="checkbox"/> Natural Disaster	
		<input type="checkbox"/> Outbreak of Disease	
		<input type="checkbox"/> Pandemic Influenza	
		<input type="checkbox"/> Seasonal Influenza	
		<input type="checkbox"/> Other (Please Specify):	
5. What was the extent of notice for this drill?		<input type="checkbox"/> No Notice <input type="checkbox"/> Partial Notice <input type="checkbox"/> Full Notice	
6. What communication platforms were used for site activation? Check all that apply.		<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Pager	
7. What calling process was used to notify sites?		<input type="checkbox"/> Automated <input type="checkbox"/> Manual <input type="checkbox"/> Hybrid (Automated + Manual)	

*Note: Dates and times must be between the drill date and times entered in questions 1 and 2*

8a. Date first site notified:		8b. Time first site notified:	
9a. Date last site notified:		9b. Time last site notified:	

*Note: If personnel responded outside of your specified drill time, they should be considered to be non-responders for the purpose of this drill*

10a. Date last site acknowledged:		10b. Time last site acknowledged:	
-----------------------------------	--	-----------------------------------	--

11. What was the total number of sites included in this call down? 3 Closed PODs

12. Please provide information on the number of sites called, number of sites who acknowledged the call, target time for assembly (if available), and number of sites that can be available by target time on the site categories that apply.

☒ Emergency Operations Center (EOC) ☐ Roster not applicable

Total number of sites called:

Number of sites that acknowledged the notification:

Target time for assembly (minutes):

☐ No established target time

Number of sites available by target time:

☒ Regional Distribution Sites (RDS) ☐ Roster not applicable

Total number of sites called:

Number of sites that acknowledged the notification:

Target time for assembly (minutes):

☐ No established target time

Number of sites available by target time:

☐ Points of Dispensing (PODs) ☐ Roster not applicable

Total number of sites called:

3

Number of sites that acknowledged the notification:

3

Target time for assembly (minutes):

1440

☐ No established target time

Number of sites available by target time:

1

# Facility Setup

Ohio Dept. of Health

1a. Drill Start Date	1b. Drill Start Time	<i>Note: Date entries (mm/dd/yyyy) must be between July 1st of the starting year and June 30th of the ending year, but not greater than the current date. Time entries are in the form of hh:MM AM/PM</i>	
2b. Drill End Date	2a. Drill End Time		
3. Is this facility set-up drill being performed as part of a larger HSEEP standard operational response exercise or a stand-alone drill? If stand-alone drill, skip to question 4.		<input type="checkbox"/> Larger HSEEP Operational Exercise <input type="checkbox"/> Stand-Alone Drill	
	<b>If larger HSEEP exercise:</b>		
	Name of larger exercise:		
	Date of larger exercise:		
	Operational category:		
	Date conducted:		
	Type of exercise:		<input type="checkbox"/> Functional <input type="checkbox"/> Full-Scale
4. Was this drill part of a real world event?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes: What kind of real event was it?		<input type="checkbox"/> Bioterrorism Event
			<input type="checkbox"/> NSSE (National Special Security Event)
			<input type="checkbox"/> Natural Disaster
			<input type="checkbox"/> Outbreak of Disease
			<input type="checkbox"/> Pandemic Influenza
			<input type="checkbox"/> Seasonal Influenza
			<input type="checkbox"/> Other (Specify):
5. What was the extent of notice for this drill?		<input type="checkbox"/> No Notice <input type="checkbox"/> Partial Notice <input type="checkbox"/> Full Notice	
6. What type of facility did you set up? Check all that apply. <i>If POD not set up, skip to question 9.</i>		<input type="checkbox"/> Point of Dispensing (POD) <input type="checkbox"/> Regional Distribution Site (RDS) <input type="checkbox"/> Emergency Operations Center (EOC)	
7. What type of POD did you set up? <i>Answer only if set up POD.</i>		<input type="checkbox"/> General/Traditional/Open <input type="checkbox"/> Closed	
8. Was this a Walk Through or Drive Through POD? <i>Answer only if set up POD.</i>		<input type="checkbox"/> Walk Through <input type="checkbox"/> Drive Through	
9. How many POD/RDS/EOC sites did you set up?	POD		
	RDS		
	EOC		

10. What is the name/identifier, target set up time (in minutes) after notification, and actual set up time (in minutes) of each POD/RDS/EOC site that you set up? (Must be the same as the name/identifier that will be used in the POD standards template).

[illegible]

# Pick List Generation

Ohio Dept. of Health

1a. Drill Start Date	1b. Drill Start Time	<i>Note: Date entries (mm/dd/yyyy) must be between July 1st of the starting year and June 30th of the ending year, but not greater than the current date. Time entries are in the form of hh:MM AM/PM</i>	
2b. Drill End Date	2a. Drill End Time		
3. Is this pick list generation drill being performed as part of a larger HSEEP standard operational response exercise or a stand-alone drill? <i>If stand-alone drill, skip to question 4.</i>		<input type="checkbox"/> Larger HSEEP Operational Response Exercise <input type="checkbox"/> Stand-Alone Drill	
	<b>If larger HSEEP exercise:</b>		
	Name of larger exercise:		
	Date of larger exercise:		
	Operational category:		
	Date conducted:		
	Type of exercise:		<input type="checkbox"/> Functional <input type="checkbox"/> Full-Scale
4. Was this drill part of a real world event?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes: What kind of real event was it?		<input type="checkbox"/> Bioterrorism Event
			<input type="checkbox"/> NSSE (National Special Security Event)
			<input type="checkbox"/> Natural Disaster
			<input type="checkbox"/> Outbreak of Disease
			<input type="checkbox"/> Pandemic Influenza
			<input type="checkbox"/> Seasonal Influenza
			<input type="checkbox"/> Other (Please Specify):
5. What was the extent of notice for this drill?		<input type="checkbox"/> No Notice <input type="checkbox"/> Partial Notice <input type="checkbox"/> Full Notice	
6. What is your primary type of inventory system?		<input type="checkbox"/> Spreadsheet <input type="checkbox"/> Database <input type="checkbox"/> Commercial Off the Shelf (COTS) System <input type="checkbox"/> Hard Copy/Written	
7. What type(s) of inventory were you creating pick lists for? Check all that apply.		<input type="checkbox"/> 12-hour Push Package Test File <input type="checkbox"/> 12-hour Training Push Package (Eagle Package) <input type="checkbox"/> State or Local Inventory <input type="checkbox"/> 12-hour Push Package <input type="checkbox"/> Managed Inventory from CDC	
8. Was physical management of inventory included in this event?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9. What is the total # of PODs/receiving sites in your jurisdiction?			

# Pick List Generation

Ohio Dept. of Health

10. How many of each type of POD/receiving site is in your jurisdiction?	General population PODs	
	Closed PODs	
	Hospitals	
	Non-acute care treatment centers	
	Other	
11. What was the total time required to generate ALL pick lists to support initial supply for all identified PODs in the jurisdiction?		
12. Please provide POD type and individual times to generate six pick lists. <i>Note: This question requires the entry of at least six (6) individual pick list generation times, if you have six or more PODs. If you have less than six PODs, you will be required to provide individual pick list generation times for all of your PODs. Also, you do not need to have six entries for just one POD type; you may mix and match.</i>		
<b>Pick List</b>	<b>POD Type (General, Closed, Hospitals, Non-acute care treatment centers, Other)</b>	<b>Time (minutes) to Generate Each Pick List</b>
Pick List #1		
Pick List #2		
Pick List #3		
Pick List #4		
Pick List #5		
Pick List #6		
13. What was the total time (in minutes) for picking all inventory? <i>Note: This question is optional. It will only be answered if you physically picked inventory in the warehouse. You are not required to provide a numerical answer. If you are not providing a numerical answer, please check 'no answer'.</i>		<input type="checkbox"/> No Answer

# Dispensing Throughput

**Please Note:** This drill requires throughput data for a minimum of 50 people/vehicles.

Ohio Dept. of Health

1a. Drill Start Date	1b. Drill Start Time	Note: Date entries (mm/dd/yyyy) must be between July 1st of the starting year and June 30th of the ending year, but not greater than the current date. Time entries are in the form of hh:MM AM/PM	
2b. Drill End Date	2a. Drill End Time		
3. Is this dispensing throughput drill being performed as part of a larger HSEEP standard operational response exercise or a stand-alone drill? <i>If stand-alone drill, skip to question 4.</i>		<input type="checkbox"/> Larger HSEEP Operational Exercise <input type="checkbox"/> Stand-Alone Drill	
		<b>If larger HSEEP exercise:</b>	
		Name of larger exercise:	
		Date of larger exercise:	
		Operational category:	
		Date conducted:	
		Type of exercise:	
		<input type="checkbox"/> Functional <input type="checkbox"/> Full-Scale	
4. Was this drill part of a real world event?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes: What kind of real event was it?	
		<input type="checkbox"/> Bioterrorism Event	
		<input type="checkbox"/> NSSE (National Special Security Event)	
		<input type="checkbox"/> Natural Disaster	
		<input type="checkbox"/> Outbreak of Disease	
		<input type="checkbox"/> Pandemic Influenza	
		<input type="checkbox"/> Seasonal Influenza	
		<input type="checkbox"/> Other (Please Specify):	
5. What was the extent of notice for this drill?		<input type="checkbox"/> No Notice <input type="checkbox"/> Partial Notice <input type="checkbox"/> Full Notice	
6. Was POD fully staffed & functional to meet the needs of a real world event?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. How many people/vehicles were processed through the POD? (Minimum 50)			
8. How many individuals did you collect throughput times for? (Minimum 50)			
9. What type of POD was used in the drill?		<input type="checkbox"/> General/Traditional/Open <input type="checkbox"/> Closed	
10. Is this a Walk Through or Drive Through POD?		<input type="checkbox"/> Walk Through <input type="checkbox"/> Drive Through	
11. Does this POD include Head of Household dispensing?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, What is the authorized number of multiple regimens dispensed to Head of Households?		<input type="checkbox"/> Unlimited	
12. Does this POD use a medical or non-medical model for dispensing?		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical	



## Dispensing Throughput

**Please Note:** This drill requires throughput data for a minimum of 50 people/vehicles.

### Ohio Dept. of Health

13. What type of medical countermeasure was dispensed at the POD? Please check all that apply.	<input type="checkbox"/> Oral Medical Countermeasure
	<input type="checkbox"/> Injection
14. What type of dispensing occurred at your POD? Please check all that apply.	<input type="checkbox"/> Traditional/Assisted ( > 3 steps)
	<input type="checkbox"/> Express (2-3 steps)
15. What type of dispensing data would you like to provide about your Traditional/Assisted or Express POD?	<input type="checkbox"/> Time at each step/station
	<input type="checkbox"/> Time to complete overall process
Refer to next page for questions 16-18. Complete steps 1-5 for each POD type checked in question 14.	

# Dispensing Throughput

**Please Note:** This drill requires throughput data for a minimum of 50 people/vehicles.

## Ohio Dept. of Health

Step 1	
16. Which functions were covered during this step? Check all that apply.	<input type="checkbox"/> Greeting/Entry
	<input type="checkbox"/> Forms Distribution
	<input type="checkbox"/> Briefing
	<input type="checkbox"/> Triage
	<input type="checkbox"/> Mental Health Screening and Counseling
	<input type="checkbox"/> Medical Evaluation
	<input type="checkbox"/> Drug Triage
	<input type="checkbox"/> Dispensing
	<input type="checkbox"/> Form Collection and Exit
17a. How many clients went through this step?	
17b. How many stations were available for this step?	

18. What was the start and end time for each person going through each step?					
Person	Start Time	End Time	Person	Start Time	End Time
Person 1			Person 26		
Person 2			Person 27		
Person 3			Person 28		
Person 4			Person 29		
Person 5			Person 30		
Person 6			Person 31		
Person 7			Person 32		
Person 8			Person 33		
Person 9			Person 34		
Person 10			Person 35		
Person 11			Person 36		
Person 12			Person 37		
Person13			Person 38		
Person 14			Person 39		
Person 15			Person 40		
Person 16			Person 41		
Person 17			Person 42		
Person 18			Person 43		
Person 19			Person 44		
Person 20			Person 45		
Person 21			Person 46		
Person 22			Person 47		
Person 23			Person 48		
Person 24			Person 49		

## Dispensing Throughput

**Please Note:** *This drill requires throughput data for a minimum of 50 people/vehicles.*

Ohio Dept. of Health

Person 25			Person 50		
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# Dispensing Throughput

**Please Note:** This drill requires throughput data for a minimum of 50 people/vehicles.

## Ohio Dept. of Health

Step 2	
16. Which functions were covered during this step? Check all that apply.	<input type="checkbox"/> Greeting/Entry
	<input type="checkbox"/> Forms Distribution
	<input type="checkbox"/> Briefing
	<input type="checkbox"/> Triage
	<input type="checkbox"/> Mental Health Screening and Counseling
	<input type="checkbox"/> Medical Evaluation
	<input type="checkbox"/> Drug Triage
	<input type="checkbox"/> Dispensing
	<input type="checkbox"/> Form Collection and Exit
17a. How many clients went through this step?	
17b. How many stations were available for this step?	

18. What was the start and end time for each person going through each step?					
Person	Start Time	End Time	Person	Start Time	End Time
Person 1			Person 26		
Person 2			Person 27		
Person 3			Person 28		
Person 4			Person 29		
Person 5			Person 30		
Person 6			Person 31		
Person 7			Person 32		
Person 8			Person 33		
Person 9			Person 34		
Person 10			Person 35		
Person 11			Person 36		
Person 12			Person 37		
Person13			Person 38		
Person 14			Person 39		
Person 15			Person 40		
Person 16			Person 41		
Person 17			Person 42		
Person 18			Person 43		
Person 19			Person 44		
Person 20			Person 45		
Person 21			Person 46		
Person 22			Person 47		
Person 23			Person 48		
Person 24			Person 49		

## Dispensing Throughput

**Please Note:** *This drill requires throughput data for a minimum of 50 people/vehicles.*

Ohio Dept. of Health

Person 25			Person 50		
-----------	--	--	-----------	--	--



## Ohio Medical Countermeasures (MCM) Site Survey For Points of Dispensing (POD) and Drop Site Facilities

### POD Facility Site Survey - Facility Information

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Facility Owned By: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Local Health District (LHD): \_\_\_\_\_

Public Health Region: \_\_\_\_\_

Type of POD Facility:                      Primary                      Backup

Signed MOA/MOU:                      Yes                      ☐                      No                      ☐                      In Progress

### POD Facility Site Survey - Contact Information

Primary	Alternate
Name: _____	Name: _____
Phone: _____	Phone: _____
Cell: _____	Cell: _____
Email: _____	Email: _____

### POD Facility Site Survey - Emergency Contact 24/7 After Hours

Primary	Alternate
Name: _____	Name: _____
Phone: _____	Phone: _____
Cell: _____	Cell: _____
Email: _____	Email: _____

## POD Facility Site Survey - Building Features

Does a security barrier limit or control vehicle or pedestrian access to the facility?	Yes	No
--	-----	----

Has at least one entrance and exit been identified for emergency vehicle use only?	Yes	No
--	-----	----

Are signs, cones or barriers available to identify emergency vehicle entrance and exit routes?	Yes	No
--	-----	----

Is there a gate to secure the facility? Can it be locked?	Yes	No
--	-----	----

Can the gate be locked: \_\_\_\_\_

Do landscape features provide places for potential intruders to hide?	Yes	No
---	-----	----

Is there sufficient lighting on the exterior of the building in accordance with local codes?	Yes	No
--	-----	----

Is exterior lighting used during periods of low visibility and at night?	Yes	No
--	-----	----

Are exterior light fixtures weather and tamper resistant in accordance with local codes?	Yes	No
--	-----	----

Are exterior lights controlled automatically (or have the capability for automatic control)?	<input type="checkbox"/>	Yes	No
--	--------------------------	-----	----

Are exterior light control switches inaccessible to unauthorized persons?	<input type="checkbox"/>	Yes	No
---	--------------------------	-----	----

Do you have a backup plan for providing lighting if existing systems fail?	Yes	No
--	-----	----

How many entrance/exit points are there?	_____	Entrance	_____	Exit
--	-------	----------	-------	------

How many square feet is the facility?	_____ Square Feet
---------------------------------------	-------------------

Is the usable square footage all under one roof?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--	--------------------------	-----	--------------------------	----

## POD Facility Site Survey - Building Features Cont'd

Can this facility be utilized intermittently during an event of longer duration, over several weeks or months?

Yes

No

Is there a separate area suitable for triage? Square feet?

Yes

No

Square Feet: \_\_\_\_\_

Is there a separate entrance for staff (indicate door number, if known) and private space for check-in and orientation?

☐

Yes

No

Door #: \_\_\_\_\_

How many linear feet of space are available for public to wait in line indoors?

\_\_\_\_\_ Linear Feet

Allow width of at least 3 ft. for queue lines.

Is there a lockable or secure space that can be utilized to store supplies? How many square feet?

Yes

No

Square Feet: \_\_\_\_\_

How many bathroom stalls/urinals are available in the portion of the building being used?

\_\_\_\_\_ Male

\_\_\_\_\_ Female

Number of working smoke detectors?

\_\_\_\_\_ Smoke detectors

Number of working fire extinguishers?

\_\_\_\_\_ Fire extinguishers

Does the facility have a working sprinkler system?

Yes

No

Is the facility handicap accessible, including bathrooms?

Yes

☐

No

How many levels does the building have?

\_\_\_\_\_ Levels

Does an elevator connect all levels?

Yes

No

Does the facility have loading docks? How many?

Yes

No

# of Docks: \_\_\_\_\_

If loading docks are not present can the driveway/parking lot accommodate a tractor-trailer?

Yes

☐

No



## POD Facility Site Survey - Building Features Cont'd

Does this facility have equipment necessary to move pallets (i.e. pallet jacks, fork lift)?

Yes

No

# of Fork Lift: \_\_\_\_\_

# of Pallet Jacks: \_\_\_\_\_

Is there a Lift Gate Available?

Yes

No

Can the facility accommodate a 53-foot trailer?

Yes

No

Maximum Truck Size? (If previous 53ft question is yes please disregard)

> 20 ft.

36 ft.

28 ft.

40 ft.

34 ft.

48 ft.

Is there adequate space available for trucks to stage outside and proximate to the facility?

Yes

No

Is there a back up generator capability?

Yes

No

If applicable: How is the generator powered?

How long can generator run?

\_\_\_\_\_ powered

\_\_\_\_\_ hours

Is this facility temperature controlled (i.e. heating and cooling)?

Heating

Yes

No

Cooling

Yes

No

What is the source of the water supply? How long will supply last if the water is shut off?

\_\_\_\_\_ Source

\_\_\_\_\_ hours

How many water fountains are available at the facility?

\_\_\_\_\_ Fountains

Does the facility have a telephone system in place that is operational?

Yes

No

How many phone lines are there?

# of phone lines \_\_\_\_\_

How many phone jacks?

# of phone jacks \_\_\_\_\_

Will cell phones work in all areas of the facility?

Yes

No

Does the facility have Internet connectivity? Who is the Internet Provider?

Yes

No

Provider: \_\_\_\_\_

## POD Facility Site Survey - Building Features Cont'd

Does the facility have a public address system? What type?

Yes

☐

No

Type of System: \_\_\_\_\_

Does the facility have 2 way radios? What type? How many?

Yes

☐

No

Type: \_\_\_\_\_

# of Radios: \_\_\_\_\_

Are MARCS radios available and operable at the facility?

Yes

☐

No

Are fax machines accessible? How many?

Yes

☐

No

# of fax machines: \_\_\_\_\_

Are copy machines available? How many?

Yes

☐

No

# of copy machines: \_\_\_\_\_

## POD Facility Site Survey - Equipment

Is there access to tables? How many?

Yes

☐

No

# of tables \_\_\_\_\_

Are tables portable with wheels?

Yes

☐

No

Is there access to chairs? How many?

Yes

☐

No

# of chairs \_\_\_\_\_

Are there cots available? How many?

Yes

☐

No

# of cots \_\_\_\_\_

Does the facility have refrigeration? How many Cubic Feet?

☐

Yes

No

Cubic Feet \_\_\_\_\_

Does the facility have a freezer? How many Cubic Feet?

☐

Yes

No

Cubic Feet \_\_\_\_\_

### POD Facility Site Survey - Equipment Cont'd

Tensabarriers or other crowd management equipment, length in feet. Length in feet: \_\_\_\_\_

What kind of signage resources are available? Easels  
Customizable boards

Would the facility provide access to computers? How many? Yes No

# of Computers \_\_\_\_\_

How many accessible printers does the facility have? # of printers: \_\_\_\_\_

Do the printers have network capabilities? Yes No

Does the facility have barriers/privacy screens? How many? Yes No

# of barriers/screens \_\_\_\_\_

How many portable TVs does the facility have available? # of TVs \_\_\_\_\_

Do the TVs have a cable or satellite connection? Yes No

Is there a closed circuit video feed system? Yes No

Are any wheel chairs available at the facility? How many? Yes No

# wheelchairs \_\_\_\_\_

### POD Facility Site Survey - Safety, Security and Access

Is this facility a Red Cross Emergency Shelter: Yes No

Is this facility a Community Reception Center: Yes No

Is this facility designated for other emergency services? Describe: Yes No

Describe: \_\_\_\_\_

## POD Facility Site Survey - Safety, Security and Access Cont'd

Has the building been inspected for structural integrity and safety by the local building official and/or fire marshal?

Yes

No

Date: \_\_\_\_\_

Are maximum occupancy loads posted on rooms that will accommodate the public?

Yes

No

Is there a plan for how pedestrian traffic will move through the POD site?

Yes

No

Based on a county or local Law Enforcement (LE) assessment is the facility capable of securely receiving, storing and staging state and federal MCM assets?

Yes

No

What is the name, address and phone number for the point of contact for the local law enforcement agency that completed the security assessment?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Are there facilities nearby that may pose a security or safety threat (example: prisons, halfway houses and chemical refineries)?

Yes

No

Is the facility located in a high crime area?

Yes

No

Total number of LE personnel required at facility working 12 hour shifts to include: Crowd control, detaining unruly citizens, roaming patrol, etc.

\_\_\_\_\_ # per shift

Is there an area for LE to hold detainees, unruly citizens, etc.?

Yes

No

Does local traffic pattern indicate potential vehicular traffic congestion in the area that would affect POD operations?

Yes

No

Describe the type of neighborhood

Industrial

Residential

Commercial

Other (Describe)

## POD Facility Site Survey - Safety, Security and Access Cont'd

What is the distance to the nearest local law enforcement station? _____ Miles	What is the name, address and phone number of the nearest local law enforcement station? Name: _____ Address: _____ Phone: _____
What is the distance to the nearest fire station? _____ Miles	What is the fire station name, address and phone number? Name: _____ Address: _____ Phone: _____
What is the distance to the nearest hospital? _____ Miles	What is name, address and phone number of the hospital? Name: _____ Address: _____ Phone: _____
What kind of facility security is currently in place?	<input type="checkbox"/> Alarm                      Motion Detectors <input type="checkbox"/> Cameras                      On Site Personnel
If the facility has a working security camera system, will law enforcement have access to it?	<input type="checkbox"/> Yes                      No <input type="checkbox"/> N/A
Is the building (all entrances and exits) capable of being secured? If not, please indicate any deficiencies.	<input type="checkbox"/> Yes                      No Deficiencies: _____
Is the facility a designated stop on a bus route? If No, how far is the closest stop?	<input type="checkbox"/> Yes                      No Distance? _____
Is there a traffic flow planned for all vehicles including bus drop-offs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many parking spaces are at the facility? _____ parking spaces	

### POD Facility Site Survey - Safety, Security and Access Cont'd

Are there any overflow or adjacent lots for parking or staging? If so, how many spaces?

Yes

No

\_\_\_\_\_ parking spaces

Does this facility have a dedicated parking area for responders and law enforcement? If so, how many spaces?

Yes

No

\_\_\_\_\_ parking spaces

Does this facility have an evacuation plan that is in compliance with local fire ordinances.

Yes

No

Are evacuation plans visible throughout the facility?

Yes

No

Is there a procedure in place to process, credential and badge authorized staff and responders at this facility?

Yes

No

Describe: \_\_\_\_\_

Does this facility have dedicated personnel/staff to assist individuals with special needs?

Yes

No

Describe: \_\_\_\_\_

### POD Facility Site Survey - Items to attach

Primary Route Map Last Printed: \_\_\_\_\_

Backup Route Map Last Printed: \_\_\_\_\_

Traffic Flow Map Last Printed: \_\_\_\_\_

Evacuation Map Last Printed: \_\_\_\_\_

### POD Facility Site Survey - Facility Information

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### POD Facility Site Survey - Signature

Signature: \_\_\_\_\_

Law enforcement personnel who conducted  
the security assessment:

Name: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Jurisdictional Authority (i.e. Health  
Commissioner, Director of Nursing, etc.):

Name: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Date: \_\_\_\_\_



## Exercise Participant Exclusion Form (EPEF)

**Date submitted:** [Click here to enter a date.](#)

**Exercise Planning:** *(To be completed by the subgrantee no later than three business days after the Initial Planning Meeting)*

[illegible]



**Centers for Disease Control and Prevention (CDC)**  
**Medical Countermeasure (MCM) Operational Readiness Review (ORR) Tool**  
Budget Period 4  
July 1, 2015 – June 30, 2016

Capability 1: Community Preparedness									
		Planning Implementation				Operational Implementation			
		Early	Intermediate	Established	Advanced	Early	Intermediate	Established	Advanced
Function 1	Determine risks to the health of the jurisdiction	a. MCM planning elements include the following based on risk assessments: 1) definition of risk, 2) mapped locations of at-risk populations, 3) evidence of community involvement, 4) assessment of loss or disruption of essential services (i.e. water, sanitation, healthcare services, and public health agency infrastructure).				None			
		Written plans include none of the above	Written plans include one or two of the above	Written plans include three of the above	Written plans include all of the above				
		Comments:							
Function 2	Build community partnerships to support health preparedness	a. Plans address partner engagement and document written acknowledgment of response roles for the following partners: 1) private sector, 2) local, 3) state, and 4) regional.				a. Jurisdiction can provide evidence of how the roles and responsibilities of these partners have been used within the last five years.			
		Written plans include none of the above	Written plans include one or two of the above	Written plans include three of the above	Written plans include all of the above	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise or real incident
		Comments:				Comments:			

Capability 1: Community Preparedness					
Function 3	Engage with community organizations to foster public health, medical, and mental/behavioral health social networks	<b>a. Plan addresses engagement with community partners, to include medical and mental/behavioral health agencies to promote an understanding of and connection to MCM activities.</b>			
		No engagement procedure in plan	Engagement procedure for some but not all partners is outlined in the plan	Engagement procedure for all partners is outlined in the plan	Engagement procedure for all partners is outlined in the plan, which also includes a process for an information exchange between partners
		Comments:			
Function 4	Coordinate training or guidance to address community engagement in preparedness efforts	<b>a. Provide MCM-related public health preparedness and response training or guidance to community partners, including groups representing at-risk populations, to assist them in educating their own constituency groups regarding emergency preparedness and response plans.</b>			
		No training or guidance has been provided to community partners	Training or guidance has been provided to less than 50% of partners	Training or guidance has been provided to 50% or more but less than 100% of partners	Training or guidance has been provided to 100% of all community partners
		Comments:			

### Capability 3: Emergency Operations Coordination

		Planning Implementation				Operational Implementation			
		Early	Intermediate	Established	Advanced	Early	Intermediate	Established	Advanced
Function 1	Conduct preliminary assessment to determine need for public activation	a. Plans describe strategies to coordinate with appropriate epidemiology, laboratory, medical, chemical, biological, and radiological subject matter experts (SMEs) to inform MCM decision-making. Plans should include the following elements: 1) analyze data, 2) assess emergency conditions, and 3) determine the activation levels based on the complexity of the event or incident required to support an MCM response.				a. Participation of appropriate subject matter experts to inform MCM decision-making has been exercised within the last five years.			
		Written plans contain none of the above elements	Written plans contain one of the above elements	Written plans contain two of the above elements	Written plans contain all of the above elements	Contact lists for all SMEs are on file	Necessary SMEs included in a tabletop exercise	Necessary SMEs included in a functional exercise	Necessary SMEs included in a full-scale exercise or a real incident
		Comments:				Comments:			
		b. Plans document a process depicting what/when actions would be initiated for 1) pre-event indicators, 2) notifications, 3) activations, 4) logistics, 5) operations, 6) sustained operations, or 7) demobilization.				None			
		Written plans contain none of the above elements	Written plans contain one to three of the above elements	Written plans contain four to six of the above elements	Written plans contain all of the above elements.				
		Comments:							

### Capability 3: Emergency Operations Coordination

		<b>c. Plans identify the redundant communication platforms that are in place to ensure communications remain available should primary communication systems become unavailable.</b>				<b>c. Quarterly testing of redundant communications platforms is conducted and documented.</b>			
		Jurisdiction documents use of one or fewer communication platforms	Jurisdiction documents use of two communication platforms	Jurisdiction documents use of three communication platforms	Jurisdiction documents use of four or more communication platforms	Zero or one communication platform tested quarterly	Two communication platforms tested quarterly	Three communication platforms tested quarterly	Four or more communication platforms tested quarterly
		Comments:				Comments:			
Function 2	Activate public health emergency operations	<b>a. Plans identify staff with the subject matter expertise to fulfill required incident command and emergency management roles in emergency operations centers (EOCs) as required during an MCM response.</b>				<b>a. Incident command and emergency management staff have exercised required EOC roles during an MCM incident during the last five years.</b>			
		0-24% of staff identified	25-49% of staff identified	50-74% of staff identified	75-100% of staff identified	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		Comments:				Comments:			

### Capability 3: Emergency Operations Coordination

		<b>b. Plans 1) identify sites or virtual structure to serve as the unified health command (Health EOC), and 2) document procedures for setting up the Health EOC.</b>				<b>b. Site activation (via staff assembly) of Health EOC or virtual structure supporting unified health command during an MCM incident at least every two years. NOTE: For awardees, this element refers to PHEP Performance Measure 3.1</b>			
		Written plans contain none of the above elements	Written plans contain one of the above elements	Written plans contain both of the above elements	Written plans contain both of the above elements and evidence that required parties have been trained	EOC not activated	EOC activated in more than 60 minutes	EOC activated in more than 45 and less than or equal to 60 minutes	EOC activated in 45 minutes or less
		Comments:				Comments:			
Function 3	Develop incident response strategy	<b>a. Plans document processes for completing the following elements required to support an MCM response: 1) incident action plan, 2) situation reports, and 3) finance/administration logs.</b>				<b>None</b>			
		Written plans contain none of the above elements	Written plans contain one of the above elements	Written plans contain two of the above elements	Written plans contain all of the above elements				
		Comments:							
Function 4	Manage and sustain the public health response	<b>a. Plans address continuity strategies in the event that primary systems are unavailable during an MCM response, including: 1) activation triggers, 2) loss of facilities (RSS, RDS, PODs, etc.), 3) loss of personnel, 4) orders of succession, and 5) devolution.</b>				<b>a. Continuity plans, as they apply to an MCM response, have been exercised within the last five years.</b>			
		Written plans contain none of the above	Written plans contain one or two of the above	Written plans contain three or four of the above	Written plans contain all of the above	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		Comments:				Comments:			

### Capability 3: Emergency Operations Coordination

Function 5	Demobilize and evaluate public health emergency operations	a. Plans describe strategies to demobilize assets and personnel during an MCM incident. This includes the following elements: 1) development of processes with support agencies for collection and transport of assets and personnel, and 2) signed written agreements to support demobilization.				None
		No written plans in place	Written plans contain one of the above elements	Written plans contain all of the above elements	Written plans contain all of the above elements and demonstrate that required parties have been trained	
		Comments:				
		b. Plans identify a sufficient number of staff (as defined by the jurisdiction) are trained in the Homeland Security Exercise and Evaluation Program (HSEEP) to develop after-action reports (AAR) and improvement plans (IP).				None
		Written plans do not identify exercise/training staff	Written plans identify exercise/training staff, but staffing gaps exist	Written plans identify exercise/training staff, and no staffing gaps exist	Written plans identify exercise/training staff, no staffing gaps exist, and jurisdiction employs at least one certified master exercise practitioner (MEP)	
		Comments:				

### Capability 3: Emergency Operations Coordination

		c. Plans identify processes and responsibilities for 1) developing a multi-year training and exercise plan (MYTEP), 2) conducting a hot wash, and 3) implementing IPs that incorporate MCM activities.				c. Annual training and exercise plan (TEP) workshop is conducted and a MYTEP is produced that incorporates MCM, and completion of required documentation demonstrating that the IP has been implemented and exercise components have been retested and re-evaluated accordingly.			
		No written plans in place	Written plans contain one of the above elements	Written plans contain two of the above elements	Written plans contain all of the above elements	TEP workshop not conducted	TEP workshop conducted but MYTEP not complete	TEP workshop conducted and MYTEP complete	TEP workshop conducted and MYTEP complete and demonstrates that IP has been developed and retested/re-evaluated
		Comments:				Comments:			



Capability 4: Emergency Public Information and Warning									
		Planning Implementation				Operational Implementation			
		Early	Intermediate	Established	Advanced	Early	Intermediate	Established	Advanced
Function 1	Activate the emergency public information system	a. Plans document public information and communication primary and back-up personnel who are trained in MCM responsibilities and current contact lists exist for these individuals.				None			
		Plans do not identify public information and communication staff	Plans identify primary public information and communication staff	Plans identify primary and back-up public information and communication staff	Plans identify primary and back-up public information and communication staff and demonstrate that required parties have been trained				
		Comments:							
Function 2	Determine the need for a joint public information system	a. Plans include processes for the establishment of scalable joint information operations with MCM components, including 1) trigger points, and 2) decision criteria.				a. Joint information operations (scaled to the public information demands) have been exercised within the last five years.			
		Written plans include none of the above elements	Written plans include one of the above elements	Written plans include all of the above elements	Written plans include all of the above elements and evidence that relevant parties have been trained	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		Comments:				Comments:			

## Capability 4: Emergency Public Information and Warning

Function 3	Establish and participate in information system operations	a. Plans include procedures for 1) media notification (including an updated contact list) and credentialing, 2) press advisories and briefings, and 3) media monitoring and validation (including social media).				None			
		Written plans contain none of the above elements	Written plans contain one of the above elements	Written plans contain two of the above elements	Written plans contain all of the above elements				
		Comments:				None			
		b. Public health public information officer (PIO) responsibilities are documented in the job aid for the PIO or other MCM-designated staff and include the following elements: 1) coordinating information with the lead PIO and/or joint information center (JIC), 2) serving as the point-of-contact for the media, and 3) controlling public information messages and materials.							
		Written job aid not in place or job aid contains none of the above elements	Written job aid contains one of the above elements	Written job aid contains two of the above elements	Written job aid contains all of the above elements				
Comments:									

Function 4	Establish avenues for public interaction and information exchange	a. Plans include methods for the public to contact the health department with MCM-related questions and concerns through 1) phone (i.e., call centers and/or help desks), 2) social media, 3) web chat, 4) e-mail, or 5) other communication platforms.				a. The jurisdiction can provide evidence of participation in an exercise or real incident within the last five years that demonstrates all applicable methods (referenced in the planning element) to address MCM-related questions/concerns from the public.			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain three or more of the above	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		Comments:				Comments:			

Capability 4: Emergency Public Information and Warning									
Function 5	Issue public information alerts, warnings, and notifications	a. Plans include procedures for 1) information verification; 2) message development, approval, and clearance; and 3) message dissemination to the public, as they relate to an MCM mission.				a. The jurisdiction can provide evidence of participation in an exercise or real incident within the last five years in which public messages that incorporate MCM elements are created and disseminated.			
		Written plans contain none of the above elements	Written plans contain one of the above elements	Written plans contain two of the above elements	Written plans contain all of the above elements	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		Comments:				Comments:			
		b. Plans include a process for the pre-incident and real-time translation of information specific to an MCM response to address the following populations of the jurisdiction: 1) non-English speaking, 2) hearing impaired, 3) visually impaired, and 4) limited language proficiency populations.				b. The jurisdiction can provide evidence of participation in an exercise or real incident within the last five years where MCM materials were translated or adapted for applicable at-risk populations.			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain three or more of the above	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		Comments:				Comments:			

Capability 6: Information Sharing									
		Planning Implementation				Operational Implementation			
		Early	Intermediate	Established	Advanced	Early	Intermediate	Established	Advanced
Function 1	Identify stakeholders to be incorporated into information flow	a. Plans include procedures that 1) identify all stakeholders who would be involved in an MCM incident (including public health, medical, law enforcement and other disciplines), 2) outline communications pathways between and among these stakeholders, and 3) show evidence that current contact lists exist that include multiple contact mechanisms/devices for identified stakeholders.				a. Percentage of local partners that reported requested essential elements of information (EEI) to the public health/medical lead within the required timeframe (awardee defined) during an MCM incident within the last two years. NOTE: This element refers to HPP-PHEP Performance Measure 6.1. This element does not apply to local jurisdictions.			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain all of the above	0-24% report within timeframe	25-49% report within timeframe	50-74% report within timeframe	75-100% report within timeframe
		Comments:				Comments:			
Function 2	Identify and develop rules and data elements for sharing	a. Plans document minimum requirements for information sharing during an MCM incident, including 1) when information should be shared, 2) who is authorized to receive and/or share information, 3) what types of information can be shared, 4) information use and re-release parameters, and 5) protection of information (including legal considerations).				None			
		Written plans contain none of the above	Written plans contain one or two of the above	Written plans contain three or four of the above	Written plans contain all of the above				
		Comments:							

Capability 6: Information Sharing									
Function 3	Exchange information to determine a common operating picture	a. Plans include 1) procedures for sharing MCM-related information to enable a common operating picture, and 2) evidence of access to a platform to share this information,				a. Procedures (as referenced in the planning element) for sharing MCM-related information have been exercised within the last five years.			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain all of above	Written plans contain all of the above and evidence that required parties have been trained	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		Comments:				Comments:			

## Capability 8: Medical Countermeasure Dispensing

		Planning Implementation				Operational Implementation			
		Early	Intermediate	Established	Advanced	Early	Intermediate	Established	Advanced
Function 1	Identify and initiate medical counter-measure dispensing	<b>a. Guidance/plans document dispensing strategies (according to a tiered priority or alternate modality) to include: 1) open (public) PODs, 2) Closed PODs, and 3) Populations with Access and Function Needs.</b>				<b>a. Tiered priority or alternate dispensing modalities (as referenced in the planning element) have been exercised within the last five years.</b>			
		Written plans include none of the above	Written plans include one of the above	Written plans include two of the above	Written plans include all of the above	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		Comments:				Comments:			
		<b>b. Guidance/plans document the capability to 1) initiate a dispensing campaign (i.e., initial 10-day prophylaxis regimen for anthrax) and 2) sustain dispensing campaign follow-on needs (i.e., additional 50-day regimen of prophylaxis for anthrax).</b>				<b>b. The capability to initiate a dispensing campaign and transition to sustained dispensing operations has been tested within the last five years.</b>			
		No written plans in place	Written plans include procedures to initiate operations	Written plans include procedures to initiate and procedures to sustain operations are in development	Written plans include completed procedures to initiate and sustain operations for 100% of the jurisdiction's population	No exercise conducted	Workshop, seminar or equivalent activity has been conducted	Tabletop exercise conducted	Functional, full-scale exercise conducted or real incident
		Comments:				Comments:			

## Capability 8: Medical Countermeasure Dispensing

		<b>c. Guidance/plans identify healthcare partners that would participate in MCM activities and include: 1) list of current healthcare partners with appropriate contact information, 2) MOUs (or other signed written agreements) with these organizations, 3) procedures for how these healthcare partners will participate in MCM activities (including asset request procedures), and 4) planning guidance for those partners participating as closed PODs.</b>				<b>c. Jurisdiction has participated in exercises (tabletop, functional or full-scale) or real incidents with healthcare partners related to closed PODs, MCM asset request procedures, or other MCM activities within the last five years.</b>			
		Written plans include none of the above elements	Written plans include one to three of the above elements	Written plans include all of the above elements	Written plans include all of the above elements and evidence that required parties have been trained	Participation with 0-24% of identified healthcare partners	Participation with 25-49% of identified healthcare partners	Participation with 50-74% of identified healthcare partners	Participation with 75-100% of identified healthcare partners
		Comments:				Comments:			
Function 2	Receive medical counter-measures at POD	<b>a. Guidance/plans for open (public) PODs include dispensing site surveys that document: 1) required equipment and resources, 2) procedures to acquire these resources, 3) current contact lists for site/facility, and 4) Memorandums of Understanding (MOUs) (or other written agreements).</b>				<b>a. Dispensing site set-up has been tested (via drills, functional, or full-scale exercises or a real incident) within the last five years for all open (public) PODs within the planning jurisdiction.</b>			
		Written plans include none of the above	Written plans include one or two of the above	Written plans include three of the above	Written plans include all of the above	0-24% of sites tested	25-49% of sites tested	50-74% of sites tested	75-100% of sites tested
		Comments:				Comments:			

## Capability 8: Medical Countermeasure Dispensing

Function 3	Activate dispensing modalities	<b>a. Guidance/plans for open (public) PODs identify all personnel required to staff dispensing sites, in accordance with planning estimates, and contact lists for these individuals are current.</b>				<b>a. Quarterly call down drills conducted among pre-assigned core staff needed to staff dispensing sites.</b>			
		0-24% of personnel identified	25-49% of personnel identified	50-100% of personnel identified	75-100% of personnel identified <i>and</i> pre-assigned according to operational position and geographical assignment	Call down conducted less than quarterly or percent acknowledged between 0-24%	Call down conducted quarterly and percent acknowledged between 25-49%	Call down conducted quarterly and percent acknowledged between 50-74%	Call down conducted quarterly and percent acknowledged between 75-100%
		Comments:				Comments:			
Function 4	Dispense medical countermeasures to identified population	<b>a. Guidance/plans address and document operational planning elements necessary to provide MCM to the public at open (public) PODs, including: 1) dispensing flow, 2) screening forms, 3) mechanisms and trigger points to increase throughput, and 4) assisting populations with access and functional needs.</b>				<b>a. Jurisdiction has tested (drill, functional, full scale exercise or real incident) all planning elements necessary to provide MCM to the public within the last five years and has calculated throughput capacity for each dispensing site.</b>			
		Written plans include none of the above	Written plans include one or two of the above	Written plans include three of the above	Written plans include all of the above	0-33% of sites tested	34-66% of sites tested	67-100% of sites tested, but necessary throughput levels not met	67-100% of sites tested, and necessary throughput levels met for all tested sites
		Comments:				Comments:			



### Capability 8: Medical Countermeasure Dispensing

		<b>b. Guidance/plans for open (public) PODs include procedures for 1) operating a full medical POD, 2) operating a non-medical POD, and 3) transitioning from one to the other during an MCM incident.</b>				None
		Written plans include none of the above	Written plans include one of the above	Written plans include two of the above	Written plans include all of the above	
		Comments:				
Function 5	Report adverse events	<b>a. Guidance/plans for open (public) PODs evidence that adverse event reporting procedures are included in: 1) dispensing site protocols, 2) job aides, and 3) information sheets provided to the public as they leave the site.</b>				None
		Procedures are included in none of the above	Procedures are included in one of the above	Procedures are included in two of the above	Procedures are included in all of the above	
		Comments:				

## Capability 9: Medical Material Management and Distribution

		Planning Implementation				Operational Implementation			
		Early	Intermediate	Established	Advanced	Early	Intermediate	Established	Advanced
Function 1	Direct and activate medical material management and distribution	<b>a. Plans identify receiving locations (receipt, stage and store (RSS) sites/regional distribution sites (RDS)/local distribution sites (LDS)) for medical countermeasures.</b>				<b>a. Receiving sites have been exercised (functional exercise, full scale exercise or real incident) according to distribution plans (RSS/RDS/LDS) within the last five years.</b>			
		0-24% of sites have completed and submitted current site survey	25-49% of sites have completed and submitted current site survey	50-74% of sites have completed and submitted current site survey	75-100% of sites have completed and submitted current site survey	0-24% of sites conducted exercises	25-49% of sites conducted exercise	50-74% of sites conducted exercises	75-100% of sites conducted exercises
		Comments:				Comments:			
		<b>b. Plans identify primary and back-up transportation assets from public and/or private sources and include a transportation asset list.</b>				<b>b. Transportation assets have been exercised according to distribution plans within the last five years.</b>			
		Necessary transportation assets and/or source of these assets is not identified or documented	Necessary transportation assets and source of these assets are identified and documented	Necessary primary and back-up transportation assets and source of these assets are identified and documented	Necessary primary and back-up transportation assets and source of these assets are identified and documented and an MOU (or similar agreement) is in place	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		Comments:				Comments:			

## Capability 9: Medical Material Management and Distribution

		<b>c. Plans identify all personnel needed to staff receiving sites (RSS/RDS/LDS).</b>				<b>c. Quarterly call-down drills conducted among all personnel needed to staff receiving sites (RSS/RDS/LDS).</b>			
		No written plans in place or no personnel identified	Written plans identify primary personnel	Written plans identify primary and back-up personnel	Written plans identify primary and back-up personnel who have evidence of training <i>and</i> are pre-assigned according to operational position and geographical assignment	Call-down drill conducted less than quarterly or percent acknowledgment between 0-24%	Call-down drill conducted quarterly and percent acknowledgment between 25-49%	Call-down drill conducted quarterly and percent acknowledgment between 50-74%	Call-down drill conducted quarterly and percent acknowledgment between 75-100%
		Comments:				Comments:			
Function 2	Acquire medical material	<b>a. Plans include procedures to request medical material from 1) jurisdictional, 2) private, 3) regional, and/or 4) federal partners in alignment with National Incident Management System standards and incident needs.</b>				<b>a. Processes (as referenced in the planning element) for requesting medical material have been exercised within the last five years.</b>			
		No written plans in place or plans do not contain any of the above elements	Written plans contain one or two of the above elements	Written plans contain three of the above elements	Written plans contain all of the above elements	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise or real incident
		Comments:				Comments:			

## Capability 9: Medical Material Management and Distribution

		<b>b. Plans include procedures to maintain integrity of medical material according to jurisdictional requirements and manufacturer specifications, including 1) cold chain management, 2) tracking by lot number, 3) tracking by expiration date, and 4) chain of custody (controlled and non-controlled substances).</b>				<b>b. Procedures (as referenced in the planning element) to maintain integrity of medical material in accordance with jurisdictional requirements and manufacturer specifications have been exercised within the last five years.</b>			
		No written plans in place	Written plans include one or two of the above elements	Written plans include three of the above elements	Written plans include all of the above elements	No exercise conducted	Seminar, workshop, or equivalent activity conducted	Tabletop exercise conducted	Functional, full-scale exercise or real incident
		Comments:				Comments:			
Function 3	Maintain updated inventory management and reporting system	<b>a. Plans include procedures to operate a primary and back-up inventory management system (IMS) during an MCM incident.</b>				<b>a. Demonstrate the ability to receive, store, pick, and ship assets from both primary and backup system.</b>			
		Written plans do not include procedures to operate a primary or backup IMS	Written plans include procedures to operate a primary IMS but not a backup	Written plans include procedures to operate a primary and backup IMS	Written plans include procedures to operate a primary and backup IMS and evidence that pre-identified warehouse staff have been trained on IMS functions	Unable to demonstrate ability	Only the primary IMS has demonstrated the ability to receive, store, pick, and ship assets	Both primary and backup IMS demonstrated the ability to receive, store, pick and ship assets	Both primary and backup IMS demonstrated the ability to receive, store, pick, and ship assets and documentation staff have been trained
		Comments:				Comments:			

## Capability 9: Medical Material Management and Distribution

		<b>b. Plans outline processes to track and report inventory levels from all entities within a jurisdiction.</b>				<b>b. Procedures to track and report inventory levels have been exercised within the last five years.</b>			
		No plan is in place to collect inventory levels	A plan is in place but unable to collect inventory levels from any entity within the jurisdiction	A plan is in place to collect inventory levels from at least 50% of all entities within a jurisdiction	A plan is in place to collect inventory levels from all entities within a jurisdiction and appropriate staff are trained on collection procedures	Unable to collect and report all inventory levels	All inventory levels can be collected but not reported	All inventory levels can be collected and structure for reporting is in development	All inventory levels can be collected and inventory records can be reported successfully
		Comments:				Comments:			
Function 4	Establish and maintain security	<b>a. Plans include procedures to identify, acquire, and maintain security measures at all MCM distribution sites (RSS/RDS/LDS).</b>				<b>a. Security plans for receiving site (RSS, RDS, LDS) have been exercised (tabletop, functional, or full-scale exercise or real incidents) within the last five years.</b>			
		0-24% of all sites have security plans	25-49% of all sites have security plans	50-74% of all sites have security plans	75-100% of all sites have security plans	0-24% of security plans have been exercised	25-49% of security plans have been exercised	50-74% of security plans have been exercised	75-100% of security plans have been exercised
		Comments:				Comments:			
		<b>b. Plans include procedures to identify, acquire, and maintain security measures at all public MCM dispensing sites (general points of dispensing [PODs]).</b>				<b>b. Security plans for public dispensing sites (general PODs) have been exercised (tabletop, functional, or full-scale exercises or real incidents) within the last five years.</b>			
		0-24% of all PODs have security plans	25-49% of all PODs have security plans	50-74% of all PODs have security plans	75-100% of all PODs have security plans	0-24% of security plans have been exercised	25-49% of security plans have been exercised	50-74% of security plans have been exercised	75-100% of security plans have been exercised
		Comments:				Comments:			

## Capability 9: Medical Material Management and Distribution

		<b>c. Plans include processes for the security of MCM assets through all applicable distribution phases up to and including arrival distribution end points and an MOU (or similar written agreement) is in place with security partners.</b>				<b>c. Transportation security plans for the applicable phases referenced in the planning element have been exercised (tabletop, functional, full-scale exercises or real incidents) within the last five years.</b>			
		No written plans in place	Written plan in place but does not include an MOU (or similar agreement)	Written plans in place that include an MOU (or similar agreement)	Written plans in place that include an MOU (or similar document) and evidence that necessary security partners have been trained	0-24% of security plans have been exercised	25-49% of security plans have been exercised	50-74% of security plans have been exercised	75-100% of security plans have been exercised
		Comments:				Comments:			
Function 5	Distribute medical material	<b>a. Plans include procedures to determine allocation and distribution strategy, including 1) delivery locations, 2) routes, and 3) delivery schedule/frequency, based on incident needs.</b>				<b>a. Jurisdiction has demonstrated capacity to transport material from receiving sites (RSS/RDS/LDS) to identified dispensing sites according to planning assumptions (modeling, exercise, or real incident) within the last five years.</b>			
		No written plans in place	Written plans include one of the above elements	Written plans include two of the above elements	Written plans include all of the above elements	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		Comments:				Comments:			
Function 6	Recover medical material and demobilize distribution operations	<b>a. Plans include procedures to 1) recover material, 2) recover equipment, and 3) dispose of biomedical waste materials according to jurisdictional policies and protocols.</b>				<b>a. Recovery and waste disposal procedures have been exercised within the last five years.</b>			
		No written plans in place	Written plans include one of the above elements	Written plans include two of the above elements	Written plans include all of the above elements	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		Comments:				Comments:			

## Capability 14: Responder Safety and Health

		Planning Implementation				Operational Implementation			
		Early	Intermediate	Established	Advanced	Early	Intermediate	Established	Advanced
Function 1	Identify responder safety and health risks	<b>a. Plans include procedures for protecting public health staff and volunteer responders, to include 1) identifying and communicating medical and behavioral health risks, 2) validating health and safety recommendations with subject matter experts, and 3) identifying personal protective equipment (PPE), protective actions, or other mechanisms as they relate to an MCM mission.</b>				<b>a. All procedures (as referenced in the planning element) for protecting public health staff and volunteer responders have been exercised within the last five years.</b>			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain all of the above	No exercise conducted, or exercise did not address all procedures	Workshop, or equivalent, conducted	Tabletop exercise conducted	Functional or full-scale exercise conducted or real incident
		Comments:				Comments:			
		<b>b. Plans: 1) identify all responders (including first responders and critical infrastructure staff (CIS)) that would be used in an MCM incident, 2) describe procedures for priority prophylaxis of identified responders (including first responders/CIS), and 3) describe resources necessary to conduct priority prophylaxis of responders (including first responders/CIS).</b>				<b>b. Procedures for the prophylaxis of all responders (including first responders/CIS) have been exercised within the last five years.</b>			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain all of the above	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		Comments:				Comments:			

## Capability 14: Responder Safety and Health

Function 2	Identify safety and personal protective needs	a. Plans include procedures for 1) training on PPE, 2) PPE fit-testing, 3) medically clearing staff to use PPE, and 4) obtaining additional PPE appropriate for the MCM incident.				None			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two or three of the above	Written plans contain all of the above				
		Comments:							
Function 3	Coordinate with partners to facilitate risk-specific safety and health training	a. Plans document procedures for MCM just-in-time training for 1) first responders, 2) critical infrastructure staff, 3) volunteer responders, and 4) staff responders regarding their own safety and health.				None			
		Written plans include none of the above elements	Written plans include one or two of the above elements	Written plans include three of the above elements	Written plans include all of the above elements				
		Comments:							
Function 4	Monitor responder safety and health actions	a. Plan includes procedures for 1) monitoring health and safety of all responders, 2) providing medical and behavioral health services to all responders, and 3) modifying health and safety recommendations based on available surveillance, as they relate to an MCM mission.				a. Procedures for monitoring responder safety and health actions have been exercised within the last five years.			
		Written plans include none of the above	Written plans include one of the above	Written plans include two of the above	Written plans include all of the above	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise conducted or real incident
		Comments:				Comments:			



## Capability 15: Volunteer Management

		Planning Implementation				Operational Implementation			
		Early	Intermediate	Established	Advanced	Early	Intermediate	Established	Advanced
Function 1	Coordinate volunteers	a. Plans include procedures for 1) pre-incident volunteer recruitment and identification, including a registration system, 2) pre-incident screening and credential verification, and 3) pre-incident training on public health response capabilities as they relate to an MCM mission.				a. Plans related to volunteer registration systems, pre-incident screening, credentials verification, and pre-incident training have been exercised within the last five years.			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain all of the above	No exercise conducted	Tabletop exercise conducted	Functional exercise conducted	Full-scale exercise or real incident
		Comments:				Comments:			
Function 2	Notify volunteers	a. Plans include procedures for 1) volunteer notification, with redundant systems and template messages, 2) partner agency notifications for staff support, and 3) credential confirmation at time of incident, as they relate to an MCM mission.				a. Jurisdiction conducts annual call-down drill of all volunteers required to support an MCM mission.			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain all of the above	No call- down drill, or percent acknowledgement between 0-24%	Call-down drill conducted and percent acknowledgement between 25-49%	Call-down drill conducted and percent acknowledgement between 50-74%	Call-down drill conducted and percent acknowledgement between 75-100%
		Comments:				Comments:			
Function 3	Organize, assemble, and dispatch volunteers	a. Plans include procedures for 1) assembling and rotating volunteers, 2) providing volunteer support services (feeding, housing, etc.), and 3) briefing volunteers through job aids, just-in-time training materials, safety instructions, etc.				None			
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain all of the above				
		Comments:							

## Capability 15: Volunteer Management

		<b>b. Plans include a process for 1) badging volunteers, 2) managing spontaneous volunteers, and 3) coordinating with emergency management, or other jurisdictional lead, for support of public health volunteers.</b>				None
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain all of the above	
		Comments:				
Function 4	Demobilize volunteers	<b>a. Plans include procedures (manual or electronic system) for 1) tracking, 2) out-processing, and 3) providing follow-up services to volunteers.</b>				None
		Written plans contain none of the above	Written plans contain one of the above	Written plans contain two of the above	Written plans contain all of the above	
		Comments:				

CRI MSA Affiliate:

Assessment Date:

County/Project Area/Planning Jurisdiction:

Reviewer:

Local Medical Countermeasure (MCM) Jurisdictional Statistics		Value		
1. Local population covered by local planning jurisdiction's medical countermeasure dispensing plan.				
<b>Open (Public) Point of Dispensing (POD) Operations</b>				
2. Required hourly throughput to provide medical countermeasures to 100% of the population within the 48 hour goal for dispensing after receipt of assets from state/local distribution.	<b>Total Population</b>	<b># hrs. dispensing operations</b>	<b>Calculated throughput (PPH)</b>	
2a. Total number of Open (Public) PODs that would be needed to support throughput in 2 (above).				
3. Population (from 1 above) that may be served by alternate dispensing modalities				
4. Required hourly throughput to provide medical countermeasures to population not served by alternate dispensing modalities within the 48 hour goal for dispensing after receipt of assets from state/local distribution.				
4a. Actual number of Open (Public) PODs needed to support throughput in #4 (above).				
4b. Has this throughput been tested via modeling or exercise?	<b>YES</b>	<b>NO</b>	<b>Model or Exercise?</b>	<b>Observed throughput</b>
4c. Is Head Of Household (HOH) an option in the PODs?	<b>YES</b>	<b>NO</b>		
4d. If HOH is authorized, what is the max number dispensed to each HOH?				<b>UNLIMITED</b>
5. Number of Open (Public) PODs identified with documented site-specific plans.				
6. Number of Open (Public) PODs with identified primary and back-up management teams.				
<b>Staffing Open (Public) POD Functions</b>				
7. Estimated number of staff (government, contract employees and volunteers) needed to staff 100% of all Open (Public) POD functions for an MCM campaign.				
8. Current number of staff (government, contract employees and volunteers) identified to staff 100% of all Open (Public) POD functions for an MCM campaign.				
8a. Current number government employees identified.				
8b. Current number of volunteers identified.				
8c. Contract or other non-government staff identified.				
9. Needed number of staff (government employees and volunteers) still necessary to staff 100% of all Open (Public) POD functions for an MCM campaign.				

Closed POD types present in the area ( only identify those with written plans and agreements)	Total # of Closed PODs		Pop. served by each Closed POD type for <b>10-16</b> below
<b>10.</b> Number of Closed PODs with healthcare entities/agencies (e.g., nursing homes, long term care facilities, skilled nursing facilities, retirement homes, hospitals, etc.)			
<b>11.</b> Number of Closed PODs with private business (e.g., local chemical/power plant, grocery stores, newspapers, banks, hardware stores, car companies, etc.)			
<b>12.</b> Number of Closed PODs with governmental agencies (e.g., DHS components, HHS operating divisions, VA Hospitals, local IRS offices, jails, juvenile detention programs, county/city departments, etc.)			
<b>13.</b> Number of Closed PODs served by tribal nations			
<b>14.</b> Number of Closed PODs with military installations (e.g., active duty bases, National Guard units)			
<b>15.</b> Number of Closed PODs with colleges and universities.			
<b>16.</b> Number of Closed PODs with community-based agencies (e.g., Meals on Wheels, agencies assisting homeless, American Red Cross, United Way, VOAD, etc.)			
<b>17.</b> Population served by Closed PODs			
<b>Additional Alternate Dispensing Modalities</b>	<b>Total #</b>		<b>Pop served by alternate dispensing modalities</b>
<b>18.</b> Additional Alternate Dispensing Modalities, other than closed pods listed above, present in the project area.			
<b>Health Care Systems and/or Facilities</b>	<b>Total #</b>		<b>Population served</b>
<b>19.</b> Which level of government is responsible for distribution to hospitals/healthcare facilities?			
<b>19a.</b> Number of hospitals/healthcare facilities with existing MOU/A to receive MCM assets to treat severely ill patient(s) (e.g., Anthrax Immune Globulin, raxibacumab, and ventilators).			
<b>19b.</b> Is this information included in your plan?	YES	NO	
<b>20.</b> Signed agreements and plans to distribute and dispense MCM with agencies/organizations that service individuals that may not present to a POD such as: homebound, transportation disadvantaged or institutionalized populations. (Meals on Wheels, American Red Cross, United Way, correctional facilities, detention facilities etc.)			
<b>At Risk Populations</b>			
<b>21.</b> Has the jurisdiction incorporated at risk MCM planning efforts?	YES	NO	
<b>22.</b> If Yes: Which individuals have been considered? (check all that apply)			
<div> <div>those who have disabilities</div> <div>those who live in institutionalized settings</div> <div>those who are from diverse cultures</div> <div>those who have limited English proficiency</div> </div>			
<div> <div>those who are non-English speaking</div> <div>those who are transportation disadvantaged</div> <div>those who have chronic medical disorders</div> <div>those who have pharmacological dependency</div> </div>			

## **Guidelines to Improve Infectious Disease Reporting in Local Health Jurisdictions**

### **Rationale**

Prompt reporting of communicable diseases plays an important role in public health surveillance, prevention, and control efforts at both the state and local levels. Timely, accurate, and complete reporting of cases allows appropriate intervention(s) at the local level in the treatment, isolation and/or prophylaxis of cases and their contacts, recognition and control of outbreaks, and the monitoring of demographic and geographic trends in disease patterns over time at both the state and local levels.

State and national reportable disease conditions will continue to change as new diseases emerge, and ODH will continue to provide local public health jurisdictions with updates as they occur. Newly emerging pathogens such as Ebola and Zika virus call upon local public health to work even more closely with facilities that diagnose and report infectious disease conditions. It is important to work with the disease reporting facilities (e.g. hospitals, clinics, laboratories, private physician offices, blood banks) in your area to ensure that all cases of reportable disease conditions, both common and rare, are reported according to established state reporting requirements, and that case information is submitted in a timely, accurate, and complete manner.

### **General Guidelines**

The Ohio Department of Health (ODH) has created the following general guidelines to assist local health jurisdictions in improving infectious disease reporting in their area. Please consider these as you address disease reporting issues with reporting facilities in your area and improve communication with local public health partners across jurisdictions.

1. Set up individual meetings with large (i.e. high volume) reporting facilities in your jurisdiction. Use the meetings to discuss current reporting issues, strengthen and build relationships, and recommend reporting improvements with the facilities. The following is a list of items to address at the meetings:

- Identify key reporting personnel. This may include infection preventionists and lab representatives.
- Talk to key reporting personnel about disease reporting in general. Provide them with resources that may be useful (e.g. current list of reportable diseases, Infectious Disease Control Manual).
- Educate them on additional information that may be required for certain diseases, e.g. Perinatal Hepatitis B, Legionnaires' Disease.
- Explain how public health uses the information their facility submits, and the actions that are taken in response to the disease reports.
- Emphasize how disease control benefits the community.

- Emphasize the availability of infectious disease control staff and medical directors at local health department for consultation on appropriate disease prevention and/or control measures.
- Determine the current reporting process used by the facility, e.g. Electronic Lab Reporting (ELR), direct entry into Ohio's Disease reporting system.
- Identify potential barriers in reporting based upon the description of the process.
- Ask for input from the facility on what they think would lead to an improvement in the reporting process. Offer suggestions when appropriate, and explain how other facilities may be addressing similar issues. This is a collaborative partnership between the facility and local public health.
- After the meeting, draft a list of recommendations based upon your discussions and the input received. Provide key personnel with a copy of the recommendations.

2. Establish a regular communication schedule (e.g. daily, weekly) with large reporting facilities to address issues as they arise.

3. Send all known physician offices, clinics, and hospital infection control and laboratory staff in your jurisdiction a list of reportable diseases (i.e. Know Your ABCs) and any updates as they occur. Provide telephone numbers for them to reach you if they have any questions or concerns, including after hours emergency contact telephone numbers.

4. Establish regular, (e.g. quarterly, semiannual) meetings with disease reporting personnel and infectious disease representatives from hospitals, labs, clinics, and private physician offices in your jurisdiction to discuss reporting issues. Possible topics could include:

- Reporting barriers identified during Step 1 and the progress made to overcome them.
- The number of reportable diseases for the quarter reported in your jurisdiction and how this compares with other jurisdictions in your region.
- Hot topics such as outbreaks (local, national, or international).
- Recent changes in reporting requirements.
- New recommendations for the diagnosis, treatment, and/or prophylaxis of conditions of major public health concern.

5. Establish regular communication with nursing, environmental health and epidemiology staff at your neighboring public health departments. Topics for discussion with your local public health peers could include:

- Ways to simplify infectious disease reporting for health care facilities and practitioners, such as setting up centralized infectious disease reporting in your area.
- Methods and mechanisms to improve and enhance infectious disease reporting and surveillance.
- Protocols and lessons learned in conducting outbreak investigations.
- Developing and implementing effective disease prevention and control strategies.

If your health department has implemented a process that has led to improved disease reporting in your area, ODH would appreciate hearing from you. We would like to learn about your successes (and setbacks). With your permission, we would like to share this information with all of our local public health partners throughout the state. You can e-mail us at [orbit@odh.ohio.gov](mailto:orbit@odh.ohio.gov)

## BP5 Volunteer Management Performance Measure Template

Agency Name:  
Person Completing

Date Reporting:  
Report # (1<sup>st</sup> or 2<sup>nd</sup>)

**For each incident, exercise, or planned event reported for demonstration of the Volunteer Management Capability, please enter the following:**

1. This performance measure is required if an incident/exercise involving the management of volunteers occurred within BP3. Did an incident/exercise involving the deployment of volunteers occur? <input type="checkbox"/> Yes <input type="checkbox"/> No [If no, only Question 17 is required]
2. The number of volunteers determined to be needed for the response by public health/medical lead or other authorized official (denominator)
3. The number of volunteers who arrived at staging area/on scene within the requested timeframe (numerator) <i>[Max 5 digits]</i> Of these: a. Number of deployed volunteers registered in the ESAR-VHP <i>[Max 5 digits]</i>  b. Number of deployed volunteers registered in the other systems <i>[Max 5 digits]</i>  <b>Total</b> <i>[Max 5 digits]</i> (Note: Sum of 3a and 3b must equal value entered for question 3)
<b>Performance Measure for HPP/PHEP 15.1: Percentage of volunteers deployed to support a public health/medical incident within an appropriate timeframe (numerator/denominator) %</b>
4. Requested timeframe for on-scene (including staging area or other designated area) arrival of volunteers <i>[Max 100 characters]</i>
5. The request for volunteers occurred during a(n): <input type="checkbox"/> Incident <input type="checkbox"/> Full-Scale <input type="checkbox"/> Functional <input type="checkbox"/> Drill
6. This incident or exercise utilized or demonstrated one or more functions within the: <i>[select one]</i> <input type="checkbox"/> HPP Volunteer Management Capability <input type="checkbox"/> PHEP Volunteer Management Capability <input type="checkbox"/> Both HPP and PHEP Volunteer Management Capabilities
7. Does this incident reflect your best volunteer deployment (highest percentage)? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is this incident being used to focus on quality improvement or technical assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. The name and date of the incident or exercise. a. Name <i>[Max 100 characters]</i> b. Date <i>[MM/DD/YYYY]</i>
10. The type of incident or exercise upon which the request for volunteers was based: <i>[Select only one, even if multiple hazards existed in one incident]</i> <input type="checkbox"/> Extreme weather (e.g., heat wave, ice storm) <input type="checkbox"/> Flooding



<input type="checkbox"/> Earthquake <input type="checkbox"/> Hurricane/tropical storm <input type="checkbox"/> Hazardous material <input type="checkbox"/> Fire <input type="checkbox"/> Tornado <input type="checkbox"/> Biological hazard or disease – please specify <i>[Max 100 characters]</i> <input type="checkbox"/> Radiation <input type="checkbox"/> Other (please specify) <i>[Max 100 characters]</i>	
11. The entity that made the original request for volunteers <i>[Select one]</i> <input type="checkbox"/> Local health department <input type="checkbox"/> Healthcare coalition <input type="checkbox"/> State health department <input type="checkbox"/> Healthcare organization <input type="checkbox"/> Other, please specify:	
12. The requested location for the deployment <i>[Select one]</i> <input type="checkbox"/> Staging/assembly area(s) (not actual incident site) <input type="checkbox"/> Points of Dispensing (POD or PODs) <input type="checkbox"/> Hospital(s) <input type="checkbox"/> Shelter(s) <input type="checkbox"/> Alternate care site(s), please specify <i>[Max 750 characters]</i> <input type="checkbox"/> Other, please specify <i>[Max 100 characters]</i>	
13. The number of volunteers who were contacted for potential deployment <i>[Max 5 digits]</i>	
14. Please indicate any barriers to deploying volunteers to support a public health/medical incident within requested timeframe. <input type="checkbox"/> Communication <input type="checkbox"/> Equipment <input type="checkbox"/> Funding <input type="checkbox"/> Participation <input type="checkbox"/> Policies/procedures <input type="checkbox"/> Resource limitations <input type="checkbox"/> Staffing <input type="checkbox"/> Time constraints <input type="checkbox"/> Training <input type="checkbox"/> Other, please specify <i>(max 100 characters)</i> <input type="checkbox"/> None	
15. Continuous Quality Improvement: a. Were relevant corrective actions/improvement plans items from <i>prior responses</i> (including exercises, drills, etc.) related to volunteer management incorporated into planning and/or response procedures before this incident/drill took place?  b. Have corrective actions/improvement plan items related to volunteer management been identified as a result of this incident/drill?  i. Have they been implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some
16. [Optional] Please provide any additional clarifying, contextual, or other information <i>[Max 1,000 characters]</i>	

17. Awardees that experience no incidents or exercises involving deployment of volunteers in BP3 do not need to report on this measure; however they must conduct a call down and acknowledgement drill. Please enter the following information on the call down drill.
- a. Number of volunteers contacted (registered in the ESAR-VHP system) *[Max 5 digits]*
  - b. Number of volunteers contacted (registered in other systems) *[Max 5 digits]*
  - c. Number of volunteers in the ESAR-VHP system that acknowledged contact within the requested timeframe *[Max 5 digits]*
  - d. Number of volunteers registered in other systems that acknowledged contact within the requested timeframe *[Max 5 digits]*
  - e. Requested timeframe for acknowledgment:      Hours                      Mins

## APPENDIX CC

### BP5 Information Sharing Performance Measure Template

Agency Name:  
Person Completing

Date Reporting:  
Report # (1<sup>st</sup> or 2<sup>nd</sup>)

**For each incident, exercise, or planned event reported for demonstration of the Information Sharing Capability, please enter the following:**

1. Number of local partners that received a request for Essential Elements of Information (denominator)	
2. Number of local partners that reported requested EEI to the health and medical lead within the requested time-frame (numerator)	
3. <b>Performance Measure:</b> Percent of local partners that reported EEI to the health/medical lead within the requested time-frame (denominator/numerator)	%
4. The request for EEI occurred during a/an: (select one) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Incident  <input type="checkbox"/> Full-Scale Exercise  <input type="checkbox"/> Functional Exercise         </div> <div> <input type="checkbox"/> Drill  <input type="checkbox"/> Planned Event         </div> </div>	
5. Please identify the type of incident/exercise/planned event upon which the request for the EEI was based. (Select only one, even if multiple hazards existed in one incident) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Extreme Weather  <input type="checkbox"/> Flooding  <input type="checkbox"/> Hurricane/tropical storm  <input type="checkbox"/> Tornado  <input type="checkbox"/> Biological hazard of disease, please specify (max 100 characters)   <input type="checkbox"/> Other         </div> <div> <input type="checkbox"/> Radiation  <input type="checkbox"/> Earthquake  <input type="checkbox"/> Fire  <input type="checkbox"/> Hazardous Material         </div> </div>	
6. Was this incident/exercise/planned event MCM-related? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Please provide the name and date of the incident/exercise/planned event used: a. Name <span style="float: right;">b. Date (MM/DD/YY)</span>	
8. Does this incident reflect your best performance (highest percentage)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is this incident being used to focus on quality improvement or technical assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. This incident/exercise/planned event utilized or demonstrated one or more functions within the: (select one) <input type="checkbox"/> HPP Capability <input type="checkbox"/> PHEP Capability <input type="checkbox"/> Both HPP and PHEP Capability	

<p>11. Please state how many of each type(s) of local partners responded to the request. (max 5 digits for each type)</p> <table border="0"> <tr> <td>Hospitals</td> <td>Long-Term Care Facilities</td> </tr> <tr> <td>Healthcare Organizations</td> <td>Community Health Centers</td> </tr> <tr> <td colspan="2">Local Public Health entities (LHD's, district or regional offices, etc.)</td> </tr> </table>	Hospitals	Long-Term Care Facilities	Healthcare Organizations	Community Health Centers	Local Public Health entities (LHD's, district or regional offices, etc.)	
Hospitals	Long-Term Care Facilities					
Healthcare Organizations	Community Health Centers					
Local Public Health entities (LHD's, district or regional offices, etc.)						
<p>12. Did "other" types of local partners (not listed above) respond to same request? (max 5 digits for each type)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>						
<p>13. If "yes" for question 12, please describe other type and how many local partners of "other" types responded. (max 300 characters)</p>						
<p>14. Please identify the requesting entity (e.g. public health/medical lead at the state, subgrant regional or local level). [select one]</p> <p><input type="checkbox"/> State health/medical lead (or designee)</p> <p><input type="checkbox"/> Sub-state regional health/medical lead (or designee)</p> <p><input type="checkbox"/> Local health/medical lead or designee</p> <p><input type="checkbox"/> Other, please specify (max 100 characters)</p>						
<p>15. Please identify the types of EEI requested (select all that apply)</p> <p><input type="checkbox"/> Facility operating status</p> <p><input type="checkbox"/> Staffing status</p> <p><input type="checkbox"/> Facility structural integrity</p> <p><input type="checkbox"/> Emergency Medical Services (EMS) status</p> <p><input type="checkbox"/> The status of evacuations/shelter in-place operations</p> <p><input type="checkbox"/> Epidemiological, surveillance or lab data</p> <p><input type="checkbox"/> Status of critical medical services (e.g., trauma, critical care)</p> <p><input type="checkbox"/> School-related data (closure, absenteeism, etc.)</p> <p><input type="checkbox"/> Critical service/Infrastructure status (e.g., electric, water, sanitation, heating, ventilation, and air conditioning)</p> <p><input type="checkbox"/> Bed or patient services</p> <p><input type="checkbox"/> POD/mass vaccine sites data (e.g., throughput, open/set-up status, etc.)</p> <p><input type="checkbox"/> Equipment/supplies/medications/vaccine status or needs</p> <p><input type="checkbox"/> Other, please specify (max 100 characters)</p>						
<p>16. Please identify the type of information technology or other communication system you used to request the EEI from local partners. (select all that apply)</p> <p><input type="checkbox"/> Telecommunications</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> On-line/web interface (electronic bed or patient tracking, survey tools, WebEOC or similar, etc.)</p> <p><input type="checkbox"/> Health Alert Network</p> <p><input type="checkbox"/> Other, please specify (max 100 characters)</p>						
<p>17. Continuous Quality Improvement:</p> <p>a. Were relevant correction actions/improvement plan items from prior responses (including exercises, drill, etc.) related to information sharing incorporated into planning and/or response procedures before this incident/drill took place?</p>						

- ☐ Yes
- ☐ No
- ☐ Some

b. Have corrective actions/improvement plan items related to information sharing been identified as a result of this incident drill?

- ☐ Yes
- ☐ No

c. Have corrective actions/improvement plan items been implemented?

- ☐ Yes
- ☐ No
- ☐ Some

18. Please identify any barriers to submitting a requested EEI within the requested timeframe (select all that apply).

- ☐ Communication
- ☐ Equipment
- ☐ Funding
- ☐ Participation
- ☐ Policies/procedures
- ☐ Resource limitations
- ☐ Staffing
- ☐ Time Constraints
- ☐ Training
- ☐ Other, please specify
- ☐ None

Initial Submission Date:

Revision Date:

**Note: Each agency must complete the required portions of this document and submit this document in its entirety with the application.**

**Any changes to ANY portions of this document must be submitted to ODH via GMIS and via email to the ODH OHP PHEP Program Monitoring Consultant within 15 days of the change occurring. An email must be sent to the Program Consultant immediately if there are any pending changes to the TRIAD.**

**Facility Information:**

Agency Name:

Project Number:

Address:

County:

City:

Zip:

Agency Phone:

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

\_\_\_\_\_  
**Health Commissioner**

\_\_\_\_\_  
**Date**

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

<b>Name:</b>				
<b>Time Commitment:</b>				
<b>E-mail:</b>				
<b>Direct Phone line:</b>	Extension:	Extension:	Extension:	Extension:
<b>Fax:</b>				
<b>Back-up Phone:</b> (ie Personal cell, Work cell)	N/A	N/A	N/A	N/A

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

<b>Name:</b>			
<b>E-mail Address:</b>			
<b>Direct Phone:</b>	Extension:	Extension:	Extension:
<b>Fax:</b>			
<b>Back-up Phone:</b> *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:

		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 subgrantee must complete either Part A or Part B of this document.**

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

**Part B: To be completed ONLY by agencies who contract for Epi services.**

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

### PART A

<b>Name:</b>		
<b>Direct Phone Number:</b>	Extension:	Extension:
<b>Email:</b>		
<b>Fax:</b>		
<b>Back-up Phone:</b> *Do not use personal cell phone unless it is also used for the position.		

<b>This Epidemiologist meets the education and experience requirements as per Appendix E to serve as a:</b>	Primary Epidemiologist (Agency must complete Section 5) Consulting Epidemiologist	Primary Epidemiologist (Agency must complete Section 5) Consulting Epidemiologist
<b>THIS Epidemiologist is an employee of THIS agency:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Must Complete PART B)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Must Complete PART B)
<b>Additional positions held within the agency: (i.e. MRC Coordinator, Emergency Response Coordinator, Program Director)</b>		
<b>Our agency pays for THIS Epidemiologist through the identified funding:</b>	<p>(Check all that apply)</p> <input type="checkbox"/> PHEP funds                      % of time on budget Note: (This amount should match time and activity records) <input type="checkbox"/> General revenue or other county funds <input type="checkbox"/> Contract with other LHDs	<p>(Check all that apply)</p> <input type="checkbox"/> PHEP funds                      % of time on budget Note: (This amount should match time and activity records) <input type="checkbox"/> Contract with other LHDs <input type="checkbox"/> General revenue or other county funds

<b>List all local Health Departments for which a contract/MOU is in place for which THIS Epidemiologist provides primary Epi Coverage</b>  <b>To determine population, use the following link only:</b> <a href="http://www.census.gov/2010census/data/">http://www.census.gov/2010census/data/</a>	This EPI provides coverage for the following counties:	Population	Contract / MOU Exists	This EPI provides coverage for the following counties:	Population	Contract / MOU Exists
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

Population Total:

Population Total:

<b>Degree(s)/Certification(s) Obtained:</b>				
	<b>Check all that apply:</b>	<b>Date obtained:</b>	<b>Check all that apply:</b>	<b>Date obtained:</b>
	BS/BA		BS / BA	
	BSN		BSN	
	MPH / MS		MPH / MS	
	RS		RS	
	RN		RN	
	OTHER: (specify)		OTHER: (specify)	
<b>Number of years and locations spent in a public health agency providing Epi services</b>	(Location) <input type="checkbox"/> # of years (Location ) <input type="checkbox"/> # of years (Location ) <input type="checkbox"/> # of years	(Location) <input type="checkbox"/> # of years (Location ) <input type="checkbox"/> # of years (Location ) <input type="checkbox"/> # of years		

<b>If the epidemiologist does not hold an MPH or MS in Public Health, name of <u>BASIC</u> epidemiology class and date completed</b>	<b>Name of BASIC Course</b>	<b>Date</b>	<b>Name of BASIC Course</b>
<b>If the epidemiologist does not hold an MPH or MS in Public Health, name of <u>GRADUATE</u> course in epidemiology or statistics and date completed</b>	<b>Name of GRADUATE Course</b>	<b>Date</b>	<b>Name of GRADUATE Course</b>
	Not eligible for Graduate course work		Not eligible for Graduate course work
<b>For ODH use only:</b>			
<b>The EPI staff for this agency meets / exceeds the minimal qualifications:</b>		<b>This Agency has adequate coverage per 300,000 population:</b>	
YES      NO		YES      NO	
<b>This agency must have access to a qualified EPI for consultation:</b>		<b>This agency must submit additional documentation to BID for completion of the Basic Epidemiology Course for the following Epi staff:</b>	
YES (Agency must complete page 9)		YES      NO	
NO			
<b>BID staff completing review:</b>		<b>Date:</b>	

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

<b>Name:</b>	
<b>Employing Agency:</b>	
<b>Phone:</b>	<b>Extension:</b>
<b>Email:</b>	
<b>Fax:</b>	
<b>Back-up Phone:</b> *Do not use personal cell phone unless it is also used for the position.	
<b>This Epidemiologist meets the education and experience requirements to serve in a consultative role as per Appendix E</b>	Yes No
<b>Additional Positions held within the Agency: (i.e. MRC Coordinator, Emergency Response Coordinator, Program Director)</b>	
<b>Our agency pays for THIS Epidemiologist through the identified funding:</b>	<p>(Check all that apply)</p> <p><input type="checkbox"/> PHEP funds      % of time on budget  Note: (This amount should match time and activity records)</p> <p><input type="checkbox"/> General revenue or other county funds</p> <p><input type="checkbox"/> Contract with other LHDs</p>

<p><b>List all local Health Departments for which a contract/MOU is in place for which THIS Epidemiologist provides primary Epi Coverage</b></p> <p><b>To determine population, use the following link only:</b>  <a href="http://www.census.gov/2010census/data/">http://www.census.gov/2010census/data/</a></p>	This EPI provides consultation for the following counties:	Population	Contract / MOU Exists
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Degree(s)/Certification(s) Obtained:</b>	<b>Check all that apply:</b>		<b>Date obtained:</b>	
	<input type="checkbox"/> BS/BA			
	<input type="checkbox"/> BSN			
	<input type="checkbox"/> MPH / MS			
	<input type="checkbox"/> RS			
	<input type="checkbox"/> RN			
	<input type="checkbox"/> Other:			
<b>If the epidemiologist does not hold an MPH or MS in Public Health, name of <u>BASIC</u> epidemiology class and date completed</b>	<b>Name of BASIC Course</b>	<b>Date</b>	<b>Name of BASIC Course</b>	<b>Date</b>
<b>If the epidemiologist does not hold an MPH or MS in Public Health, name of <u>GRADUATE</u> course in epidemiology or statistics and date completed</b>	<b>Name of GRADUATE Course</b>	<b>Date</b>	<b>Name of GRADUATE Course</b>	<b>Date</b>



<b>Number of years and location spent in a public health agency providing Epi services</b>	<div>Location <input type="checkbox"/> # of years</div> <div>Location <input type="checkbox"/> # of years</div> <div>Location <input type="checkbox"/> # of years</div>
<div> <b>For ODH use only:</b> <div>Yes</div> <div>No</div> </div> <div> <b>This Epidemiologist is acceptable to serve in a consultative role:</b> </div> <div> <b>BID staff completing review</b> <div>Date:</div> </div>	

## EPIDEMIOLOGY SERVICES:

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

### PART B

<b>Name:</b>		
<b>Direct Phone Number:</b>		
<b>Email:</b>		
<b>Fax:</b>		
<b>Employing Agency:</b>		
<b>Back up Phone:</b> *Do not use personal cell phone unless it is also used for the position.		
<b>Our agency arranges for Epidemiology coverage by the following arrangement:</b> <b>EPI coverage by:</b>	Contract/MOU with:	Other: (specify)
<b>Our agency pays for THIS Epidemiologist through the identified funding:</b>	(Check all that apply) PHEP funds General revenue or other county funds Other:	

**SECTION 6: Provide the name of the Medical Director and the person designated to serve as a back-up in the absence of the Medical Director.**

<b>Name:</b>		
<b>Phone:</b>	Extension:	Extension:
<b>Back-up number:</b>		
<b>Fax:</b>		

**SECTION 7: Complete a table for each LHD within the county jurisdiction for which the agency coordinates emergency response, regardless of funding.**

<b>LHD:</b>		
<b>Phone:</b>		
<b>Cell:</b>		
<b>Pager/Other</b>		
<b>LHD:</b>		
<b>Phone:</b>		
<b>Cell:</b>		
<b>Pager/Other</b>		



<b>LHD:</b>		
<b>Phone:</b>		
<b>Cell:</b>		
<b>Pager/Other</b>		
<b>LHD:</b>		
<b>Phone:</b>		
<b>Cell:</b>		
<b>Pager/Other</b>		

**SECTION 8: Identify the lead contact for the following:**  
**Note: This position does not have to be an Epidemiologist**

<b>LHD(s) Served</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>E-mail:</b>	

**SECTION 9: Identify the designated users within the agency for the following:**

<b>Name:</b>		
<b>Address:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		

## SECTION 10: MARCS CONTACT INFORMATION

**Name of LHD:**

<b>Name:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		
<b>LHDs served:</b>		

**Name of LHD:**

<b>Name:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		
<b>LHDs served:</b>		

**Name of LHD:**

<b>Name:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		
<b>LHDs served:</b>		

**Name of LHD:**

<b>Name:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		
<b>LHDs served:</b>		

**Name of LHD:**

<b>Name:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		
<b>LHDs served:</b>		

**Name of LHD:**

<b>Name:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		
<b>LHDs served:</b>		



## SECTION 11: OPHCS CONTACT INFORMATION

Name of LHD:

<b>Name:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		
<b>List all LHDs this OPHCS Administrator oversees :</b>		

Name of LHD:

<b>Name:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		
<b>List all LHDs this OPHCS Administrator oversees :</b>		

Name of LHD:

<b>Name:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		
<b>List all LHDs this OPHCS Administrator oversees :</b>		

**Name of LHD:**

<b>Name:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		
<b>List all LHDs this OPHCS Administrator oversees :</b>		

**Name of LHD:**

<b>Name:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		
<b>List all LHDs this OPHCS Administrator oversees :</b>		

**Name of LHD:**

<b>Name:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		
<b>List all LHDs this OPHCS Administrator oversees :</b>		

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

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

<b>Name:</b>		
<b>Employing Agency:</b>		
<b>LHD(s) Served:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		

**SECTION 13: CRI Applicants ONLY - Please identify the CRI contacts for coordination with ODH:**

<b>Name:</b>		
<b>Employing Agency:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		
<b>Back up Phone:</b> <small>*Do not use personal cell phone unless it is also used for the Position</small>		

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

<b>Name:</b>		
<b>Employing Agency:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		
<b>Cell:</b>		

Initial Submission Date:

Revision Date:

**Any changes to ANY portions of this document must be submitted to ODH via GMIS and via email to the ODH OHP PHEP Program Monitoring Consultant within 15 days of the change occurring. An email must be sent to the Program Consultant immediately if there are any pending changes to the TRIAD.**

**Facility Information:**

Agency Name:

Project Number:

Address:

County:

City:

Zip:

Agency Phone:

# SUPPLEMENTAL EPI CONTACT INFORMATION SHEET

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

<b>Name:</b>		
<b>Direct Phone Number:</b>	Extension:	Extension:
<b>Email:</b>		
<b>Fax:</b>		
<b>Back-up Phone:</b> *Do not use personal cell phone unless it is also used for the position.		
<b>THIS Epidemiologist is an employee of THIS agency:</b> *Note: The FTE as defined by the agency for a full time equivalent position, regardless of pay source **Must be at least .5	<input type="checkbox"/> Yes <input type="checkbox"/> No (Complete PART B)  <input type="checkbox"/> Agency Personnel <input type="checkbox"/> .5 FTE ** <input type="checkbox"/> Contractor <input type="checkbox"/> 1 FTE	<input type="checkbox"/> Yes <input type="checkbox"/> No (Complete PART B)  <input type="checkbox"/> Agency Personnel <input type="checkbox"/> .5 FTE** <input type="checkbox"/> Contractor <input type="checkbox"/> 1 FTE
<b>Additional positions held within the agency:</b> (i.e. MRC Coordinator, Emergency Response Coordinator, Program Director)		

<p><b>Our agency pays for THIS Epidemiologist through the identified funding:</b></p>	<p>(Check all that apply)</p> <p><input type="checkbox"/> PHEP funds                      % of time on budget</p> <p>Note: (This amount should match Time and activity records)</p> <p><input type="checkbox"/> General revenue or other county funds</p> <p><input type="checkbox"/> Contract with other LHDs</p>	<p>(Check all that apply)</p> <p><input type="checkbox"/> PHEP funds                      % of time on budget</p> <p>Note: (This amount should match Time and activity records)</p> <p><input type="checkbox"/> General revenue or other county funds</p> <p><input type="checkbox"/> Contract with other LHDs</p>

<b>List all local Health Departments for which a contract/MOU is in place for which THIS Epidemiologist provides primary Epi Coverage</b>  <b>To determine population, use the following link only:</b> <a href="http://www.census.gov/2010census/data/">http://www.census.gov/2010census/data/</a>	This EPI provides coverage for the following counties:	Population	Contract / MOU Exists	This EPI provides coverage for the following counties:	Population	Contract / MOU Exists
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

Population Total:

Population Total:



<b>Degree(s)/Certification(s) Obtained:</b>				
	<b>Check all that apply:</b>	<b>Date obtained:</b>	<b>Check all that apply:</b>	<b>Date obtained:</b>
	BS/BA		BS / BA	
	BSN		BSN	
	MPH / MS		MPH / MS	
	RS		RS	
	RN		RN	
	OTHER: (specify)		OTHER: (specify)	
<b>Number of years and locations spent in a public health agency providing Epi services</b>	(Location) <input type="checkbox"/> # of years (Location ) <input type="checkbox"/> # of years (Location ) <input type="checkbox"/> # of years	(Location) <input type="checkbox"/> # of years (Location ) <input type="checkbox"/> # of years (Location ) <input type="checkbox"/> # of years		

<b>If the epidemiologist does not hold an MPH or MS in Public Health, name of <u>BASIC</u> epidemiology class and date completed</b>	<b>Name of BASIC Course</b>	<b>Date</b>	<b>Name of BASIC Course</b>
<b>If the epidemiologist does not hold an MPH or MS in Public Health, name of <u>GRADUATE</u> course in epidemiology or statistics and date completed</b>	<b>Name of GRADUATE Course</b>	<b>Date</b>	<b>Name of GRADUATE Course</b>
	Not eligible for Graduate course work		Not eligible for Graduate course work
<b>For ODH use only:</b>			
<b>The EPI staff for this agency meets / exceeds the minimal qualifications:</b>		<b>This Agency has adequate coverage per 300,000 population:</b>	
YES      NO		YES      NO	
<b>This agency must have access to a qualified EPI for consultation:</b>		<b>This agency must submit additional documentation to BID for completion of the Basic Epidemiology Course for the following Epi staff:</b>	
YES (Agency must complete page____)		YES      NO	
NO			

**ATTACHMENT #2****Match Documentation Letter**

Date:

Name of Health Commissioner/Agency Head

Agency Name

Address

Dear ODH:

Our agency is required to contribute a total of \_\_\_\_\_ Matching funds to the Public Health Emergency Preparedness (PHEP) grant, project # \_\_\_\_\_ for the period of July 1, 2017 – June 30, 2018. Our total grant amount is \_\_\_\_\_. This match includes a minimum 10% match. The table below outlines the source and amount of the funds.

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

Sincerely,

---

Health Commissioner or Agency Head (must be signed)

Match Category	Match Description	Match Amount
TOTAL MATCH AMOUNT		

**BUDGET JUSTIFICATION-PHEP CORE  
SCENARIO 3**

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

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

Provide the amount of funding for which the subgrantee will seek reimbursement based on the percentage ascribed to the Deliverable on C1.3.

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

**OTHER DIRECT COSTS**

**Deliverable – Objectives**

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

• **Deliverable – Objective 1** \$\_\_\_\_\_

**Objective 1.1:** By September 30, 2017, the subgrantee will submit the certificate for: IS 546.a COOP Awareness Course.

**Objective 1.2:** By September 30, 2017, the subgrantee will submit the certificate for IS 547.a: Introduction to COOP.

**Objective 1.3:** By September 30, 2017, the subgrantee will submit the certificate for IS-242.b Effective Communication.

• **Deliverable – Objective 2** \$\_\_\_\_\_

**Objective 2.1:** By September 30, 2017, the subgrantee will submit the certificate for IS-242.b Effective Communications.

**Objective 2.2:** By September 30, 2017, the subgrantee will submit the certificate for CDC Crisis and Emergency Risk Communications Course.

**Objective 2.3:** By September 30, 2017, the subgrantee will submit the certificate for IS-250.a ESF #15 External Affairs: A New Approach to Emergency Communications and Information Distribution.

**Objective 2.4:** By September 30, 2017, the subgrantee will submit the certificate for IS-29 PIO Awareness.

**Objective 2.5:** By September 30, 2017, the subgrantee will submit the certificate for IS-702.a NIMS Public Information Systems.

- **Deliverable – Objective 3** \$\_\_\_\_\_

**Objective 3.1:** By December 15, 2017, the subgrantee will submit the certificate for Disability Training for Emergency Planners: Serving people with Disabilities.

**Objective 3.2:** By December 15, 2017, the subgrantee will submit the certificate for IS-368: Including People With Disabilities & Others With Access & Functional Needs in Disaster Operations.

- **Deliverable – Objective 4**

**Objective 4.1:** Quarter 1: By September 15, 2017 the subgrantee will submit the Communications/OPOD Acknowledgement via GMIS. \$\_\_\_\_\_

**Objective 4.2:** Quarter 2: December 15, 2017 the subgrantee will submit the Communications/OPOD Acknowledgement via GMIS \$\_\_\_\_\_

**Objective 4.3:** Quarter 3: March 15, 2018 the subgrantee will submit the Communications/OPOD Acknowledgement via GMIS \$\_\_\_\_\_

**Objective 4.4:** Quarter 4: June 15, 2018 the subgrantee will submit the Communications/OPOD Acknowledgement via GMIS \$\_\_\_\_\_

- **Deliverable – Objective 5**

**Objective 5.1:** By December 15, 2017, the subgrantee will submit the Emergency Response Base Plan \$\_\_\_\_\_

**Objective 5.2:** By March 30, 2018, the subgrantee will demonstrate that the Emergency Response Base Plan addresses all elements identified in the ODH-provided planning rubric \$\_\_\_\_\_

- **Deliverable – Objective 6** \$\_\_\_\_\_

**Objective 6.1:** By June 15, 2018, the subgrantee will submit the Emergency Response Plan promulgation letter.

- **Deliverable – Objective 7** \$\_\_\_\_\_

**Objective 7.1:** By June 15, 2018, the subgrantee will attend at least 75% of all regional public health meetings as evidenced by materials submitted to the ODH PHEP Program Monitoring Consultant by the RPHC.

- **Deliverable – Objective 8** \$\_\_\_\_\_

**Objective 8.1:** By September 30, 2017, the subgrantee will attend the Regional Training and Exercise Workshop as evidenced by materials submitted to the ODH PHEP Program Monitoring Consultant by the RPHC

- **Deliverable – Objective 9** \$\_\_\_\_\_

**Objective 9.1:** By December 31, 2017, the subgrantee will submit a jurisdictional Multi-Year Training and Exercise Plan (MYTEP).

**Objective 9.2:** By December 31, 2017, the subgrantee will submit a jurisdictional MYTEP Schedule (See Appendix M: Multi-year Training and Exercise Schedule).

- **Deliverable – Objective 10** \$\_\_\_\_\_

**Objective 10.1:** By December 15, 2017, the subgrantee will submit at least one Exercise Request Form describing the planned Functional or Full Scale Exercise to be conducted in FY 2018.

- **Deliverable – Objective 11** \$\_\_\_\_\_

**Objective 11.1:** By March 31, 2018, the subgrantee will submit a jurisdictional After Action Report/Improvement Plan (AAR/IP) and Exercise Event Review Form (EERF) based on the Exercise Request Form (ERF) (see Objective 10) to validate the capabilities demonstrated during a functional/full scale exercise or Real World Event.

- **Deliverable – Objective 12**

**Objective 12.1:** Q1: By September 15, 2017 (for investigations reported July 1 – Sept 10, 2017, plus any not closed previously), the subgrantee will submit an Outbreak Report Status Worksheet. \$\_\_\_\_\_

**Objective 12.2:** Q2: December 15, 2017 (for investigations reported Sept 11 – Dec 10, 2017, plus any not closed previously), the subgrantee will submit an Outbreak Report Status Worksheet \$\_\_\_\_\_

**Objective 12.3:** Q3: March 15, 2018 (for investigations reported Dec 11, 2017 – March 10, 2018, plus any not closed previously), the subgrantee will submit an Outbreak Report Status Worksheet. \$\_\_\_\_\_

**Objective 12.4:** Q4: June 15, 2018 (for investigations reported March 11 – June 10, 2018, plus any not closed previously), the subgrantee will submit an Outbreak Report Status Worksheet \$\_\_\_\_\_

- **Deliverable – Objective 13**

**Objective 13.1:** By December 31, 2017, the subgrantee will submit a draft Public Health Surveillance and Epidemiologic Investigation Plan. \$\_\_\_\_\_

**Objective 13.2:** By June 15, 2018, the subgrantee will submit a final Public Health Surveillance and Epidemiologic Investigation Plan and a Plan tracking changes (using track changes utilizing ODH feedback on the draft Plan via GMIS. The subgrantee will need to demonstrate incorporation and consideration of ODH feedback, to the extent possible. \$\_\_\_\_\_

- **Deliverable – Objective 14**

**Objective 14.1:** Quarter 1: By September 30, 2017, the subgrantee will demonstrate representation at the quarterly meeting as evidenced by the Sign-In Sheets. \$\_\_\_\_\_

**Objective 14.2:** Quarter 2: By December 31, 2017, the subgrantee will demonstrate representation at the quarterly meeting as evidenced by the Sign-In Sheets. \$\_\_\_\_\_

**Objective 14.3:** Quarter 3: By March 31, 2018, the subgrantee will demonstrate representation at the quarterly meeting as evidenced by the Sign-In Sheets. \$\_\_\_\_\_

**Objective 14.4:** Quarter 4: By June 15, 2018, the subgrantee will demonstrate representation at the quarterly meeting as evidenced by the Sign-In Sheets. \$\_\_\_\_\_

- **Deliverable – Objective 15**

**Objective 15.1:** By December 15, 2017 the subgrantee will have successfully completed one ODH 24/7 drill. \$\_\_\_\_\_

**Objective 15.2:** By June 15, 2018 the subgrantee will have successfully completed one ODH 24/7 drill. \$\_\_\_\_\_

- **Deliverable – Objective 16** \$\_\_\_\_\_

**Objective 16.1:** By April 1, 2018, the subgrantee will submit a completed MCM Data Collection Drill Template (See Appendix V) which identifies the drill completed for the budget period.

- **Deliverable – Objective 17** \$\_\_\_\_\_

**Objective 17.1:** By June 15, 2018, the subgrantee will attend and sign the appropriate Sign In sheet for one of the eight Statewide Trainings.

- **Deliverable – Objective 18** \$\_\_\_\_\_

**Objective 18.1:** By September 30, 2017, the subgrantee will attend and sign the appropriate Sign In sheet for the FY 2018 PHEP Grant Kick-Off Meeting.

- **Deliverable – Objective 19** \$\_\_\_\_\_

**Objective 19.1:** By September 30, 2017, the subgrantee will submit the Operational Readiness Review (ORR) self-assessment and Jurisdictional Data Sheet.

- **Deliverable – Objective 20** \$\_\_\_\_\_

**Objective 20.1:** By May 30, 2018, the subgrantee will provide signature noting attendance via the ODH-provided Sign In sheets.



**Total Other Direct Costs**

**\$\_\_\_\_\_**

**Notes:**

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

Subrecipient's authorized representative certifies the foregoing:

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

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Print Name & Title]

\_\_\_\_\_  
[Date]

**BUDGET JUSTIFICATION-PHEP REGIONAL  
SCENARIO 3**

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

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

Provide the amount of funding for which the subgrantee will seek reimbursement based on the percentage ascribed to the Deliverable on C1.2. This document must be submitted with the signature of the Agency Head with the grant application.

**OTHER DIRECT COSTS**

- **Deliverable – Objective 1**

**Objective 1.1:** Quarter 1: By September 30, 2017, the subgrantee will submit meeting agenda, minutes, and sign-in sheets from the regional meetings held during the quarter. \$\_\_\_\_\_

**Objective 1.2:** Quarter 2: By December 31, 2017, the subgrantee will submit meeting agenda, minutes, and sign-in sheets from the regional meetings held during the quarter. \$\_\_\_\_\_

**Objective 1.3:** Quarter 3: By March 31, 2018, the subgrantee will submit meeting agenda, minutes, and sign-in sheets from the regional meetings held during the quarter. \$\_\_\_\_\_

**Objective 1.4:** Quarter 4: By June 15, 2018, the subgrantee will submit meeting agenda, minutes, and sign-in sheets from the regional meetings held during the quarter. \$\_\_\_\_\_

- **Deliverable – Objective 2** \$\_\_\_\_\_

**Objective 2.1:** By September 30, 2017 the subgrantee will submit regional Kick-Off meeting agenda, minutes, and sign-in sheets.

• **Deliverable – Objective 3** \$\_\_\_\_\_

**Objective 3.1:** By May 30, 2018, the subgrantee will provide a signature noting representation for attendance at the ODH OHP PHEP Program Planners’ Workshop on the ODH-provided sign-in sheets.

• **Deliverable – Objective 4** \$\_\_\_\_\_

**Objective 4.1:** By December 15, 2017, the subgrantee will provide a certificate noting completion of Disability Training for Emergency Planners: Serving people with Disabilities.

**Objective 4.2:** By December 15, 2017, the subgrantee will provide a certificate noting completion of Including People With Disabilities & Others With Access & Functional Needs in Disaster Operations.

**Deliverable – Objective 5** \$\_\_\_\_\_

**Objective 5.1:** By May 15, 2018, the subgrantee will submit the Ohio Medical Countermeasures (MCM) Site Survey for Points of Dispensing (POD) and Drop Site Facilities Form (Appendix W).

**Objective 5.2:** By May 15, 2018 the subgrantee will submit a signed MOU between the RDS administrator or signatory, subgrantee, and the RDS local health department (if necessary).

**Deliverable – Objective 6** \$\_\_\_\_\_

**Objective 6.1:** By June 30, 2018, the subgrantee will submit a completed Change of Record form(s) for each of the plans, procedures, etc. related to Ebola and other special pathogens.

**Deliverable – Objective 7** \$\_\_\_\_\_

**Objective 7.1:** By September 30, 2017, the subgrantee will submit regional workshop meeting agenda, presentation materials, minutes, and sign-in sheets.

## **Deliverable – Objective 8**

\$\_\_\_\_\_

**Objective 8.1:** By December 31, 2017, the subgrantee will submit a regional Multi-Year Training and Exercise Plan (MYTEP).

**Objective 8.2:** By December 31, 2017, the subgrantee will submit a regional Multi-year Training and Exercise Schedule (Appendix M).

## **Deliverable – Objective 9**

\$\_\_\_\_\_

**Objective 9.1:** By March 31, 2018, the subgrantee will attend the ODH Regional Public Health & Healthcare Training and Exercise Plan workshop (TEPW).

## **Deliverable – Objective 10**

\$\_\_\_\_\_

**Objective 10.1:** By December 15, 2017, the subgrantee will submit at least one Exercise Request Form (Appendix N) describing the planned Regional Functional or Full Scale Exercise to be conducted in FY 2018.

## **Deliverable – Objective 11**

\$\_\_\_\_\_

**Objective 11.1:** By March 31, 2018, the subgrantee will submit a regional After Action Report/Improvement Plan (AAR/IP) and Exercise Event Review Form (EERF) based on the Exercise Request Form (ERF) (see Objective 10) to validate the capabilities demonstrated during a functional/full scale exercise or Real World Event.

## **Deliverable – Objective 12**

**Objective 12.1:** Quarter 1: By September 30, 2017, the subgrantee will demonstrate attendance as evidenced by the Regional Healthcare Coalition Meeting sign-in sheets submitted to the ODH PHEP Program Monitoring Consultant by the Regional Healthcare Coordinator.

\$\_\_\_\_\_

**Objective 12.2:** Quarter 2: By December 31, 2017, the subgrantee will demonstrate attendance as evidenced by the Regional Healthcare Coalition Meeting sign-in sheets submitted to the ODH PHEP Program Monitoring Consultant by the Regional Healthcare Coordinator.

\$\_\_\_\_\_

- **Objective 12.3:** Quarter 3: By March 31, 2018, the subgrantee will demonstrate attendance as evidenced by the Regional Healthcare Coalition Meeting sign-in sheets submitted to the ODH PHEP Program Monitoring Consultant by the Regional Healthcare Coordinator. \$\_\_\_\_\_

- **Objective 12.4:** Quarter 4: By June 15, 2018, the subgrantee will demonstrate attendance as evidenced by the Regional Healthcare Coalition Meeting sign-in sheets submitted to the ODH PHEP Program Monitoring Consultant by the Regional Healthcare Coordinator. \$\_\_\_\_\_

### **Deliverable – Objective 13** \$\_\_\_\_\_

**Objective 13.1:** By June 15, 2018, the subgrantee will attend 50% of the PHEP Regional Public Health Coordinator Meetings sponsored by ODH OHP as evidenced by the sign-in sheets.

### **Deliverable – Objective 14** \$\_\_\_\_\_

**Objective 14.1:** By September 30, 2017, the Regional Public Health Coordinator will complete IS 546.a Continuity of Operations Awareness Course and IS 547.a: Introduction to Continuity of Operations.

### **Deliverable – Objective 15**

- **Objective 15.1:** By September 30, 2017, the subgrantee will submit the certificate for IS-242.b Effective Communications Course. \$\_\_\_\_\_
- **Objective 15.2:** By September 30, 2017, the subgrantee will submit the certificate for CDC Crisis and Emergency Risk Communications Course. \$\_\_\_\_\_
- **Objective 15.3:** By September 30, 2017, the subgrantee will submit the certificate for IS-250.a ESF #15 External Affairs: A New Approach to Emergency Communications and Information Distribution Course. \$\_\_\_\_\_
- **Objective 15.4:** By September 30, 2017, the subgrantee will submit the certificate for IS-29 PIO Awareness Course. \$\_\_\_\_\_
- **Objective 15.5:** By September 30, 2017, the subgrantee will submit the certificate for IS-702.a NIMS Public Information Systems Course. \$\_\_\_\_\_

## **Deliverable – Objective 16**

**Objective 16.1:** By June 15, 2018, the subgrantee will attend one of the eight Statewide Trainings as evidenced by submitting the Emergency Response Coordinator's certificate of completion via GMIS. \$\_\_\_\_\_

**Total Other Direct Costs** \$\_\_\_\_\_

### **Notes:**

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

Subrecipient's authorized representative certifies the foregoing:

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

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Print Name & Title]

\_\_\_\_\_  
[Date]

## BUDGET JUSTIFICATION-PHEP CRI SCENARIO 3

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

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

Provide the amount of funding for which the subgrantee will seek reimbursement based on the percentage ascribed to the Deliverable on C1.3. This document must be submitted with the signature of the Agency Head with the grant application.

### OTHER DIRECT COSTS

#### Deliverable – Objectives

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

- **Deliverable – Objective 1** \$\_\_\_\_\_

**Objective 1.1:** By September 30, 2017, the subgrantee will submit the Operational Readiness Review (ORR) Self-Assessment and Jurisdictional Data Sheet.

- **Deliverable – Objective 2** \$\_\_\_\_\_

**Objective 2.1:** By April 1, 2017, the subgrantee will submit three required Data Collection Drills on the MCM Data Collection Drill Templates (see Appendix V) with ODH specified documentation.

- **Deliverable – Objective 3** \$\_\_\_\_\_

**Objective 3.1:** By February 28, 2018, the subgrantee will receive a copy of the Sign In sheets for the ORR State Assessment and site visit which will contain ODH signature approval.

- **Deliverable – Objective 4**

\$\_\_\_\_\_

**Objective 4.1:** By June 30, 2018, the subgrantee will submit the MCM Action plan.

**Total Other Direct Costs**

\$\_\_\_\_\_

**Notes:**

- 1. The budget justification must be signed by the agency head listed in GMIS.**
- 2. Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.**
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- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Print Name & Title]

\_\_\_\_\_  
[Date]