

**Ohio Department of Health  
Public Health Preparedness Grant  
Bidders Conference Call Agenda  
December 20, 2016  
10:00 a.m.-12:00 p.m.**

<b>10:00</b>	<b>Introductions/Purpose of Call</b>	Tamara McBride
<b>10:05</b>	<b>The New Direction</b> <ul style="list-style-type: none"><li>• <b>Grant Goals/6 domains</b></li></ul>	Tamara McBride
<b>10:15</b>	<b>Grant Services Unit (GSU) INFORMATION</b> <ul style="list-style-type: none"><li>• Reimbursement Process</li><li>• GMIS: Deliverable Line Items</li><li>• Unallowable Costs</li></ul>	Jennifer McCauley, GSU Chief
<b>10:35</b>	<b>GENERAL GRANT INFORMATION</b> <ul style="list-style-type: none"><li>• General Application Tips</li><li>• Match Letter</li><li>• Applicant Eligibility</li></ul>	General Overview PHEP CORE REGIONAL CRI
<b>11:00</b>	<b>RFP OVERVIEW</b> <ul style="list-style-type: none"><li>▪ Policy and Procedure (OGAPP)</li><li>▪ Qualified Applicants</li><li>▪ Service Area</li><li>▪ Number of Grants and Funds Available</li><li>▪ Program Period and Budget Period</li><li>▪ Appropriation Contingency</li><li>▪ Review Criteria</li><li>▪ Attachments</li></ul>	
<b>11:45</b>	<b>QUESTION AND ANSWER OPPORTUNITY</b>	ODH Staff

The following content was discussed. Questions and ODH responses are designated by Q/A following each section.

### **General Application**

Please utilize the following approaches when submitting your application:

- When submitting the application, please make this a searchable document. Please only use Microsoft Word (or the program used in the appendices such as Excel). A scanned version of a document, resulting from printed, then scanned file does not allow us to search your document.
- Do not submit the entire application as one document. All attachments must be submitted as stand-alone attachments in a fillable, searchable document (Microsoft Word).
- Remember to name the documents EXACTLY how they are on the RFP. There have previously been issues with documents being uploaded into GMIS due to document naming. For this reason, please avoid utilizing periods within the document name.
- For appendices A and B – you will need to utilize the versions found within the RFP. For Appendix A – NOIA and Appendix B – the GMIS user form, you will need to print, complete, and scan into us. These will be the only forms that are not made available in a fillable format.
- Label all attachments when uploading to GMIS with the Agency Name and Project Number.
- All Attachments should be uploaded into the Program Narrative Section.

### **MATCH LETTER**

There is some confusion over the Match Letter values. The appropriate match is 7.7%. This amount was corrected on the version on OPHCS. We recommend the Match Letter be submitted on the agency letterhead.

### **DUE DATES**

**In regards to the Due Dates**, all interested parties must submit the Notice of intent to Apply for funding (NOIAF) form no later than **Tuesday, December 27, 2016 @ COB 4:00pm** to be eligible to apply for funding (attached to the RFP). This will secure an applicant the ability to submit an application online (GMIS).

All applications are to be submitted **into GMIS by January 23, 2017 @ COB 4:00pm.**

Please do not wait until the last minute. Once an agency submits the NOIA – a project number will be created. The applicant will then be able to work on the application within GMIS.

### **Applicant Eligibility**

All applicants must be a local public or non-profit agency. Applicants must 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. This requirement assumes a full-time, 40 hour per week (a) Health Commissioner and/or Administrator, (b) Environmental Health Director, and (c) Director of Nursing servicing the

health district holding the PHEP subgrant, either through direct employment, contracted services, or other Board approved arrangement.

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.

**ALL APPLICANTS:** Must have updated all agency information in the Ohio 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 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). For a full list of requirements, please see the RFP.

**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.**

**No member of the Triad may serve in the Emergency Response Coordinator role.**

#### **POLICY AND PROCEDURES:**

See the ODH Grants Administration Policies and Procedures (OGAPP) Manual for guidance. Make sure you refer to this manual. The link is in the RFP.

#### **QUALIFIED APPLICANTS**

There were several questions related to the submission of the Emergency Response Plan and what all is included in this submission. Please note that the local health department's emergency response plan (ERP) must be submitted as part of the application. This will be accomplished through the ODH Profile and Performance Database (OPPD).

The ERP must be submitted through OPPD. Submitting the ERP is a new component of the grant application. The ERP, COOP, and Communication Plan must be uploaded into OPPD with all subsequent appendices and supporting documents as described on page 4 within Section D "Qualified Applicants". This is only a requirements for PHEP Core applicants. The ERP will be reviewed as part of the Deliverable 5.

The Epidemiology Plan is separate and needs to follow the description of Deliverable – Objective 13

Q1: Can a PHEP coordinator also serve as an Epi if population is less than 100,000, which is less than the 300,000 population required by the grant?

A1: An applicant must have or contract for services to have at least one (1) FTE Epi per 300,000 population. A staff person can serve in a dual role if there is 1 FTE dedicated to epi work serving a population under 300,000. This could occur through partnership with another jurisdiction.

Q2: Does the LHD have to have one Primary Epi and one Consulting Epi, or is it okay to have just one Epi meeting the Consulting Epi criteria?

A2: It is okay to have one consulting epi if they are meeting the 1 FTE requirement. This staff person would also need to meet the requirements of a consulting epi. This person will also be responsible for meeting the components of the epidemiology position and expectations.

Q3: If the LHD only has a Primary Epi and has to have a Consulting Epi, how would the LHD go about getting written permission to have a member of the Triad fill as Consulting Epi?

A3: The subgrantee should submit a letter to request a waiver to their ODH program consultant. This letter must include justification for the waiver and be signed by the Health Commissioner

Q4: Is it okay for the LHD to list a member of the Triad as back-up Epi when the primary/consulting Epi is absent? Would this require ODH permission?

A4: The subgrantee should submit a letter to request a waiver to their ODH program consultant. This letter must include justification for the waiver and be signed by the Health Commissioner

Q5: If an LHD applies for both the Regional PHEP and the Core PHEP is this submitted as 2 grant applications or 1 combined application? If approved, would the Regional and Core NOAs, expenditure reports and program reports be separate items or combined?

A5: The subgrantee will need to indicate at the top of the NOIA that you are applying for both grants. The regional subgrantee accepts responsibility for the completion of the deliverables on behalf of the region. Therefore, they must follow the description of the deliverable within the RFP. When expensing for each deliverable, the subgrantee will have separate lines within the expenditure reports.

Q6: On page 4 of the Solicitation (page 9 of the PDF) under the section titled “PHEP REGIONAL APPLICANTS ONLY:” the bullet point that starts with “Identify an individual to serve...” ends with an incomplete sentence.

A6: “This information must be u” should be removed.

Q7: On that same bullet point regarding the requirement to “...serve full time as the RPHC...” are the only duties that can be assigned to that person required to be related to the RPHC or can they serve other roles within the LHD, such as the planner, epidemiologist, sanitarian, etc. for that jurisdiction?

A7: The LHD that submits on behalf of the region accepts responsibility for completing the deliverables outlined in the appendices and accepts the roles and expectations described in the RPHC Expectations Document (Appendix H).

Q8: Additionally, we noticed that there was no requirement for letters of support for those applying for the Regional Coordination funds. Can you verify this is true? We just wanted to make sure we weren't missing anything.

A8: No. A regional application does not require letters of support from local health departments within the region.

Q9: There was questions regarding section L.

A9: Section L does not apply to local health departments. Please disregard this section.

### **SERVICE AREA**

There have been several questions regarding a subgrantee's service area.

Q10: On Page 5, Section E. Does this mean that we need to get a letter of support from Cincinnati HD, Norwood HD and City of Springdale HD stating that they agree to allow HCPH to be the awardees?

A10: Letters of support from covered jurisdiction are due with the Application. The letter(s) of support are now required to ensure all Ohioans have adequate preparedness coverage. For those jurisdictions that are covering another jurisdiction, please ensure that you have the Letter of Support from that covered jurisdiction to submit with your application. ODH will not be able to communicate to you that you do not have the necessary documentation.

There were also several questions related to the deliverable requirements in these circumstances. As the subgrantee, you accept responsibility for the completion of all deliverables for the jurisdiction(s) you are covering.

Q11: On Page 5, Section E, first black bullet, second open bullet, it states "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". Does that mean that if HCPH gets the PHEP grant, that we have to make Cincinnati HD, Norwood HD and Springdale HD complete all of the grant deliverables?

A11: As the subgrantee, you accept responsibility for the completion of all deliverables for the jurisdiction(s) you are covering. In the program narrative, you must be clear about who is responsible in your county for each of the deliverables to ensure coverage of the total population within your county.

### **Budget Justification Scenarios**

Applicants must choose either Budget Justification Scenario #2 (County-to-County) or Budget Justification Scenario #3 (County Only). Each scenario is further explained below.

#### *Scenario #2: County-to-County*

Applicability: This scenario applies to jurisdictions that are applying for their own county AND another county.

Example: If LHD A is applying for their own county, County A, and also applying on behalf of County B, they would choose this scenario.

Requirements: The applicant must include a letter of support from the county on whose behalf they are applying. They must also detail in their program narrative how they will use the awarded funds to fulfill the deliverables in both their own county and in the county on whose

behalf they are applying. The applicant must clearly demonstrate how the funding will be used to meet the desired outcomes in all counties for which they are applying.

### *Scenario #3: County Only*

Applicability: This scenario applies to jurisdictions that are applying for a single county, irrespective of the number of health jurisdictions within that county.

Example: This scenario includes all of the following examples:

1. LHD A is the only health jurisdiction in the county and is applying for their own funding;
2. LHD A is a county health department, and there are also city health departments in the county;
3. LHD B is a city health department, and there is also a county health department in the county;
4. LHD C is a city health department, and there is also a county health department and other city health departments in the county.

Requirements: The applicant must include a letter of support from all of the other LHDs in the county. They must also detail in their program narrative how they will use the awarded funds to fulfill the deliverables in the entire county:

- If there are two or more LHDs in the county, the applicant must explain in the program narrative section how the funds will be utilized to fulfill the deliverables for the **ENTIRE** county; the entire county must be addressed or full points for this section of the application will not be awarded. .

If two or more LHDs are competing for the award, they must each stipulate how they will cover the entire county in their narrative. The strategies presented by the competing agencies will be weighed, along with the other factors, in determining the awardee.

**ODH will not authorize reimbursement unless the deliverable meets the requirements in the RFP AND the awardee demonstrates coverage for the entire county.**

Q12: On Page 10, Section M there are 4 questions on Health Equity. Do these need to be addressed in the application? These questions were not included in the application requirements listed on pages 18-22.

A12: Yes. This is to be addressed in the program narrative and within the appropriate section GMIS.

Q13: There were questions about the types of Epi investigations that their PHEP epi's can be used to investigate.

A13: The focus of epidemiology investigations must be Class A reportables and infectious disease. This is the primary focus of the grant.

Q14: Regarding the grant, I have a question about the statement on page 4 regarding, "identify an individual to serve full time as the RPHC role...". Just looking for clarification on what that means. How is "full time" defined?

A14: "Full Time" is defined by the HR policy at your jurisdiction. See your HR policy. The focus of the preparedness program is to complete the deliverables described within the Appendices C1.1, C1.2 and C1.3. However, Full Time is defined for Triad members on page

Q15: When will the Word version be available?

A15: The word version of the full RFP will not be made available. Forms are available through OPHCS. Appendices A and B – should be printed, filled out, and scanned in as we are unable to get this in an editable format.

Q16: Can you explain what the ODH Profile and Performance Database is that we need to submit our plans to?

A16: Please reach out to the Fiscal Staff, HC, or PHAB accreditation coordinator who have access to OPPD. This is a system currently used by all LHDs. This can be accessed via Gateway.

Q17: Page 17 says the Project narrative should not be more than 10 pages but it's listed as a limit of 15 pages on page 19?

A17: The narrative should not exceed 15 pages.

Q18: Appendix BB and CC are not noted in the deliverables as required? Do we need to complete them this year and if yes, what deliverable should they be budgeted under?

A18: The Volunteer Management and Information Sharing documents are part of the PHEP Core Grant Requirements described in Appendix G. By receiving PHEP funds, you agree to submit Appendix BB and Appendix CC upon request of ODH.

### **NUMBER OF GRANTS AND FUNDS**

ODH will award up to 88 grants for Core Public Health Emergency Preparedness, up to eight grants will be awarded for Regional Public Health Planning and up to twenty-three Cities Readiness Initiative grants. These funding levels are determined by the Centers for Disease Control and Prevention (CDC) and are contingent upon the availability of funds.

### **Program Period and Budget Period**

There will be two competitive grant cycles. **BP1 will be from July 1, 2017 to June 30, 2018.** Also competitive, will be **BP2 from July 1, 2018 to June 30, 2019.**

### **Appropriation Contingency**

**In regards to the Appropriation Contingency**, funding levels are determined by the Centers for Disease Control and Prevention (CDC) and are contingent upon the availability of funds.

### **Review Criteria**

It is important to note that an agency must score at least 70% of possible points to qualify. Please see Appendix D for the score sheet.

### **ATTACHMENTS**

Q19: Attachment 3.1 – Question on how to fill this out....do you want us to take the dollar information in Appendix C.2, which is the PHEP grant amounts split out into how much each deliverable will be, and transpose that onto Attachment 3.1?

A19: The total amount of each deliverable needed for Attachment 3.1 will be the sum of each deliverable under that deliverable – objective on Appendix C.2. For instance, the award amount

for all of the deliverables (1.1, 1.2, and 1.3) under the continuity training (Deliverable – Objective 1) must be added for the sum of deliverable objective 1 found on Attachment 3.1.

## **DELIVERABLES**

### **General Deliverable Questions:**

Q20: How about including an ODH deadline for when the meeting date will be released? Like 6 months prior? It's really tough to schedule trainings & meetings when we have to "hold" an entire month/quarter for your "required" mtg.

A20: Meeting dates will be released as soon as possible.

Q21: In reviewing the PHEP 2018 RFP, we noticed there were no work plans included in the attachments. Can you verify this is true?

A21: The subgrantee is responsible for completion of the deliverables. This does not include a workplans as you have previously conducted.

### **Training:**

Q22: Appendix C1.1 – Page 2, Deliverable 2 – This deliverable 'as written' has the Emergency Response Coordinator completing PIO-related training courses. I would recommend changing the wording to have the agency's lead PIO and backup PIO required to complete these training courses. For example, in BP4 Local PHEP (Attachment #2) Core Work Plan Deliverable #15a, the agency's PIOs were required to complete IS-250, IS-702a and the CDC Crisis Communication Risk Communication Course. These 3 training courses are once again being asked to be completed in the BP6 PHEP grant.

A22: Purpose of these trainings for the ERC or an alternate. Having the ERC complete this training will ensure that the planning personnel have knowledge of the public information process.

### **OPOD:**

Q23: No deliverable covers the POD Site Survey Form: Is this required to complete during the year? If, yes which deliverable do we budget under?

A23: This is now a part of OPOD system. The site security form should be uploaded to OPOD when completed in order to confirm that your OPOD profile is "complete and up-to-date" as required by deliverable 4.

Q24: What is the definition of complete for OPOD Acknowledgement?

A24: Within OPOD, all sections must be completed and up-to-date with the appropriate documents, files, photos, etc. If this is not done correctly or fully, the subgrantee will not receive funds for this OPOD Acknowledgement.

### **ERP:**

Q25: If we get our ERP (& its parts) & the RFP submitted early, is it possible to get the "rubric" back before July 3<sup>rd</sup>? Maybe, by June 3<sup>rd</sup>?

A25: All comments from ODH regarding the ERP review will be shared with subgrantees at the beginning of the new grant year.

## **EXERCISES:**



Q26: Appendix C1.1 – Page 6, Deliverable 10, Objective 10.1 – it states that the subgrantee will submit at least one Exercise Request Form describing a planned Functional Exercise (FE) or Full Scale Exercise (FSE) to be conducted in FY 2018. If I am reading this correctly, this deliverable is requiring us to conduct a FE or FSE. I did not think that deliverable was going to be in the grant. I did not think ODH was going to make us do a FE or FSE. Plus, if there is a real event, we should be able to be allowed to use the real event to satisfy this deliverable. I am not sure we have the funds to conduct a FE or FSE since we will have conducted a FE each of the last 2 years. That does not seem fair.

A26: A real event will serve as a substitute for a FSE or FE. If a real world event occurs and you wish to receive credit, an EERF for this event should be submitted with the AAR/IP.

Q27: If the AAR/IP for the Functional exercise is due by **March 31<sup>st</sup>**, does that mean that the Functional Exercise should be completed by **January 1<sup>st</sup>**? (90 days to complete the AAR/IP)

A27: The AARIP is due no later than 90 days after your exercise. All AAR/IPs are due by March 31, 2018.

Q28: Appendix C1.1 – Pages 7/8, Deliverable 11, Objective 11.1 – this relates to Deliverable 10. This deliverable is stating that the subgrantee will only get reimbursement for this deliverable if it completes a FE or FSE. The grant is forcing us to complete a FE or a FSE in order to get paid for this deliverable. I thought we would have a 5 year period in order to exercise the 14 PHEP capabilities.

A28: You have all five years to test the 14 PHEP capabilities. However, in order to receive funding for deliverable 11.1, you will need to complete a FE or FSE in this budget year (testing any combination of the 14 capabilities).

Q29: Who routinely pays for contractors to design and facilitate regional exercises?

A29: As the subgrantee, you accept the responsibility for the deliverables. The subgrantee will adhere to the OGAPP manual for the use of federal funds.

Q30: Note 2: If the Subgrantee participates in a regional ...requirements of **B, C, and D** for the local Jurisdictions”. Should it not read “2, 3, and 4”?

A30: This question likely references Objective 11.1, Note 2. Yes. This is a formatting issue. This should be B, C, and D.

Q31: Objective 7: Does this cover all regional meetings or just the main quarterly planners meetings? Such as regional Epidemiology group, regional PIO workgroup, regional infection control, etc.

A31: This focuses on the main quarterly planners meetings (regional deliverable 1.1-1.4). Epi meetings are a separate deliverable (14). Regional PIO meetings are not a deliverable of this grant. ODH encourages you to continue the collaboration activities.

Q32: Epidemiology deliverables? The percentages (funding) allocated for the all the epidemiology deliverables are not enough to fund a full time epidemiologist. Can you explain how to budget for them in this new format?

A32: In some cases, it is highly likely that you will come ahead in regards to funding. ODH encourages you to collaborate for services in which you anticipate you will not have enough funding to cover a role, while maintaining the thresholds for coverage.

Q33: If we submit the outbreak report status and its blank due to no outbreaks do you we still receive the money for that deliverable?

A33: Yes, please note that the subgrantee would need to inform ODH that no outbreaks have occurred in that reporting period.

Q34: Is the agency that houses the RPHC typically expected to disburse a portion of the regional allocation funds to LHDs within the jurisdiction? In other words is the agency expected to have the capacity to collect invoices, ensure that the requested funds were used for authorized purposes and disburse funds routinely?

A34: The RPHC subgrantee will adhere to the OGAPP manual for the use of federal funds, adhere to contracts. The LHD that submits on behalf of the region accepts responsibility for completing the deliverables outlined in the appendices and accepts the roles and expectations described in the RPHC Expectations Document (Appendix H).

Q35: What happens to the deliverable dollars if we are a CRI/MSA? Do we receive that money? If not, is that reallocated elsewhere, or deducted from the total amount available to our county? Is a new section/tab going to be put in OPOD to enter the Regional Drop-Site? Is this part of the changes that are planned to occur in next week/month?

A35: You will be reimbursed for the CRI deliverable and the CORE deliverable as occurs today. After submission and approval of the ORR assessment, you can expense for the funds. When expensing these funds, you will expense for both Core Deliverable 19 and CRI Deliverable 1.

Q36: Appendix C1.1 – Page 12, Deliverable 19, Objective 19.1 –The submission date for this deliverable is 9/30/17. We will have already submitted our ORR and JDS to ODH on 4/1/17 as part of BP5 PHEP grant deliverable #23. It seems odd that only 6 months later this requirement is being asked again. Can an explanation be provide why the 9/30/17 completion date is required? Why can't this requirement be due on 4/1/18?

A36: ODH understand this is five months after the initial submission. This date was selected to align with the timeframe for CRI and allow time for technical assistance and ODH review.

Q37: For deliverable 16, it talks about the data drills. It states that one must be completed by April 2018, however on the Appendix V itself, it states that 3 drills must be completed this year. Which is correct?

A37: For Non – CRI Only, the subgrantee will complete one federal Data Collection Drill **by April 1, 2018**, using the ODH MCM Data Collection Drill Templates (See Appendix V) submitted via GMIS.

**For CRI:** Three drills must be completed **by April 1, 2018**, the subgrantee will submit three required Data Collection Drills on the MCM Data Collection Drill Templates (see Appendix V) with ODH specified documentation.

Q38: Appendix C1.1 – page 12, Deliverable #20 - We are also completing this same deliverable for the current BP5 PHEP grant Deliverable #10, which is attending an ODH OHP PHEP

Program Planners Meeting in May 2017. This deliverable seems redundant. Is there a reason we are meeting again a year later? If there is a good reason, that is fine.

A38: Yes we are having the meeting again.

These were the questions captured by the discussion from 11:00 AM – 12:00 PM on December 20, 2016 during the Bidder's Call. ODH aimed to capture all questions as vocalized on the call. Any remaining questions should be shared with the ODH PMU Consultant on Appendix I.

Q1: Please explain how this year is competitive year?

A1: ODH will award up to 88 grants for Core Public Health Emergency Preparedness, up to eight grants will be awarded for Regional Public Health Planning and up to twenty-three Cities Readiness Initiative grants. We will only be funding one applicant per county. Any organization that meets the criteria as a qualified applicant can apply. ODH will review all applications and award one agency per county.

Q2: Appendices E- H are new documents are new documents requiring the Health Commissioner Signature. Is this true?

A2: Yes. The signature of the Health Commissioner is necessary to ensure the subgrantee has awareness of the requirements and expectations of the grant recipients.

Q3: Can we save a word document as a PDF?

A3: Yes, this approach is acceptable. However, documents that have been printed and then scanned will not be acceptable as we cannot search the document. The exceptions to this are Appendix A and Appendix B.

Q4: Can we still give funds to other local health departments within our region for preparedness activities?

A5: Yes. The funding will be reimbursed for completion of the deliverables. Please refer to the OGAPP manual for additional information regarding allowable expenses.

Q6: Can a member of the Triad also be the ERC?

A6: No. A member of the Triad cannot serve in another capacity in the PHEP grant.

Q7: How long are we supposed to wait for the consultant to respond?

A7: The dates were chosen to ensure reimbursement can occur in a timely fashion and allow time for ODH to review. There are some deliverables that are easier to review than others. This has impacted the review due date. Most deliverables can be submitted prior to the due date. If ODH reviews and approves before the due date, the subgrantee can expense for that deliverable in the next expenditure report. It is important to note that all income is earned income. The subgrantee will have to expense prior to being reimbursed.

Q8: When we complete a deliverable, we will report this as "Objective 1.1 - \$260.65" It will not matter if we did not spend that much money?

A8: Correct.

Q9: Many dates look like they are quarterly; we are requesting that this be done monthly.

A9: If you are able to submit the documentation and receive approval, you can expense them earlier. A deliverable will not be accepted after the due date. This is to ensure overall review timeliness.

Q10: Quarterly reporting dates vary between deliverables. Is this meant to be the same date?

A10: This is not meant to be the same date. We have added time for certain deliverables to ensure that there is enough time to review.

Q11: Will these questions be posted?

A11: The Office of Health Preparedness will post these on OPHCS and send out through the list serve.

Q12: Where should plans be uploaded in OPPD?

A12: Within the OPPD Profile see the Improvement standards - Section 5.4.2 Upload documents here. If you have any questions related to OPPD please contact Wally Burden at the Ohio Department of Health.

Q13: Where should the attachment be uploaded?

A13: All documents should go into the program narrative section.

Q14: For Deliverable 11, If we participate in other exercise sponsored by EMA, and trying to get credit can we use a template different from the one provided by ODH/OHP?

A14: You can participate in the exercise. If you wish to receive PHEP credit and PHEP funds for this participation, you must use the templates provided by ODH. You do not have to require the other agencies to use the ODH template but rather extract your information from their AAR and upload it into the ODH template.

Q15: What is the purpose of having two competitive years?

A15: We want to ensure any issues or unintended consequences can be mitigated. Having a competitive year in BP2 will allow ODH to remedy any issues occurring in the first budget year.

Q16: Appendix F – What does the asterisk mean in the Epi Standards?

A16: Thank you for bringing this to our attention. We will remove this.

Q17: How does the use of GMIS relate to the ODH program consultant?

A17: The subgrantee will upload the documents into GMIS as instructed to within the RFP. The ODH PMU consultant will obtain and review what you submitted. Once the documentation has been reviewed and approved through the proper review channels, the PMU Consultant will notate in GMIS that the subgrantee may now expend against the deliverable for reimbursement. The subgrantee may not expense for deliverables until approval is received from the Consultant.

Q18: If we submit the ERP, will we have enough time to make edits?

A18: ODH has built in time for review and necessary dialogue for this deliverable.

Q19: Can you explain the Information Sharing and Volunteer Management Request? Do we have to do those as a deliverable?

A19: The appendices BB and CC are not deliverables. They are required if requested from ODH. By receiving PHEP funds, the subgrantee agrees to submit the information requested from ODH should this information be requested from CDC.

Q20: OPPD – In the OPPD submission of plans, do all of the jurisdictions need to go in and submit the ERPS, do all need to submit.

A20: Yes – all jurisdictions listed in the NOIAF need to be submitted.

Q21: When posting the documents into GMIS. Do we send an email/deliverable to our consultants?

A21: Yes, we highly recommend that you share an email or the deliverable with the consultant listed on Appendix I. This could include language like: “I posted Objective 1.2 into GMIS”

Q22: There were several questions related to the requirements of the epidemiologists.

A22: Graduate level courses, as listed in the RFP, must be completed within 12 months of hire. If an Epidemiologist is currently hired by the subgrantee, the Epidemiologist must demonstrate completion of a graduate level course by June 30, 2018 (12 months after the start of the grant).

Surge/Back up Epi Coverage: ODH encourages adequate coverage of epidemiologists. We recommend similar training for all individuals possibly responsible for epidemiology work. However, this is currently at the discretion of the subgrantee.

Q23: If we have a population less than 300,000, can we have proportional epi coverage?

A23: No. The threshold for 1 FTE is 1 to 300,000 population. The subgrantee must employ or contract with an entity for 1 FTE epidemiology coverage (meeting the qualifications described within the RFP). If your jurisdiction is less than 300,000 population, you are welcome to collaborate with another jurisdiction to meet the 1 FTE.

Q24: For the position requirements for the primary Epidemiologist, the OSU Summer Course does not count as graduate level courses. Is this correct?

A24: This is correct. The OSU Epidemiology Summer Program does not serve as a graduate level course.

Q25: Are the LHD epidemiology needs not being met?

A25: OHP has been working closely with the Office of the Medical Director and The Bureau of Infectious Disease on the requirements.

Q26: Does the funding for the 1 FTE Epi need to come from the grant?

A26: No, funding for the 1 FTE does not need to come from the grant. The subgrantee is required to have 1 FTE to fulfill the expectations and deliverables of the grant. The subgrantee will be reimbursed for the completion of the deliverables described in the RFP.