



OHIO DEPARTMENT OF HEALTH

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Ted Strickland /Governor

Alvin D. Jackson, M.D. / Director of Health

To: Prospective Regional Healthcare Coordination Grant Applicants

From: Deborah Arms, Chief, Division of Prevention
Ohio Department of Health

Subject: Notice of Availability of Funds – State Fiscal Year 2009
Continuation Grant, for the Budget Period of August 9, 2008 to August 08,
2009, for Regional Health Care Coordination Preparedness Program

The Ohio Department of Health (ODH), Division of Prevention, Bureau of Public Health Preparedness (BPHP), announces the availability of grant funds to support the Regional Health Care Coordination (RHC) Preparedness Program. The goal of the RHC program is to build medical surge capability through associated planning, personnel, equipment, training and exercises capabilities at the state, regional, and local levels.

The total amount of funds to be awarded is \$9,490,000. The funds will be awarded as follows:

- Regional Health Care Coordination – seven grants will be awarded for a total base amount of \$9,005,000.
- Statewide Health Care Coordination Activities – one grant will be awarded for a total of \$485,000.

All interested applicants must attend GMIS 2.0 training to be eligible to apply for funding. Unless previously done so, complete and return the GMIS 2.0 training form (attached to the RFP) if training for GMIS 2.0 is needed. This training will allow you to submit an application via the Internet using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet using the GMIS 2.0.

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

Please contact Lynne Bratka, Administrator at (614) 466-5972, or by e-mail at lynne.bratka@odh.ohio.gov, if you have any questions regarding this RFP.

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

**Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High Street
Columbus, OH 43215**



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

**DIVISION OF
*PREVENTION***

**BUREAU OF
*PUBLIC HEALTH PREPAREDNESS***

***REGIONAL HEALTH CARE COORDINATION GRANT
REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2008_
(08/09/08 – 08/08/09)***

**Local Public Applicant Agencies
Non-Profit Applicants**

CONTINUATION GRANT APPLICATION INFORMATION

Table of Contents

I APPLICATION SUMMARY and GUIDANCE

- A. Policy and Procedure 1
- B. Application Name 1
- C. Purpose..... 1
- D. Qualified Applicants 1
- E. Service Area..... 3
- F. Number of Grants and Funds Available 3
- G. Due Date 7
- H. Authorization 7
- I. Goals 8
- J. Program Period and Budget Period 8
- K. Local Health Districts Improvement Standards..... 8
- L. Public Health Impact Statement 9
- M. Appropriation Contingency 10
- N. Programmatic, Technical Assistance & Authorization for Internet Submission 10
- O. Acknowledgment 10
- P. Late Applications..... 10
- Q. Successful Applicants 10
- R. Unsuccessful Applicants..... 10
- S. Review Criteria 10
- T. Freedom of Information Act 11
- U. Ownership Copyright..... 12
- V. Reporting Requirements 12
- W. Special Condition(s) 13
- X. Unallowable Costs 13
- Y. Audit 15
- Z. Submission of Application..... 15

II. APPLICATION REQUIREMENTS AND FORMAT

- A. Application Information 18
- B. Budget 18
- C. Assurances Certification 20
- D. Project Narrative 21
- E. Civil Rights Review Questionnaire – EEO Survey 22
- F. Attachments 23
- G. Electronic Funds Transfer (EFT) Form 23
- H. Internal Revenue Service (IRS) W-9 Form & Vendor Forms 23
- I. Public Health Impact Statement Summary 23
- J. Public Health Impact/Response Statement 23
- K. Liability Coverage 24
- L. Non-Profit Organization Status 24
- M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire 24
- N. Ethics Certification - 24

O. Attachments as Required by Program.....	25
1. Hospital Spending Plan Statement	
2. NIMS Certification Chart	
3. Work Plan (Regional Coordination)	
4. Work Plan (Statewide Coordination activities) (OHA ONLY)	
5. Hospital Spending Plan Template (if different From the ODH Template)	
6. One set of key personnel job descriptions and resumes (for new hires only)	
7. Budget justification, additional pages	
8. Statement assuring support from 51% of hospitals within the OHSPR for which the agency is applying	

III APPENDICES

- A. Map of Homeland Security Planning Regions in Ohio
- B. SMART Objectives
- C. ASPR Hospital Chart
- D. Grant funding formula chart
- E. NIMS Compliance
- F. GMIS 2.0 Training Form

I. APPLICATION SUMMARY and GUIDANCE

An application for an ODH grant consists of a number of required parts – an electronic component submitted via the internet website: ODH Application Gateway – GMIS 2.0 which includes various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted on time will result in the entire application not being considered for review.**

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

- A. Policy and Procedure:** Uniform administration of all ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). This manual must be followed to assure adherence to the rules, regulations and procedures for preparation of all Sub grantee applications. The GAPP manual is available on the ODH web-site <http://www.odh.ohio.gov> (Click on “About ODH,” click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** Regional Health Care Coordination (RHC) Preparedness Program
- C. Purpose:** To build medical surge capability through associated planning, personnel, equipment, training and exercises capabilities at the state, regional, and local levels. Developing medical surge will include the aspects of the goals as outlined the Pandemic and All Hazards Preparedness Act (PAHPA), e.g. Integration, Medical, At-Risk Individuals, Coordination, and Continuity of Operations; the National Preparedness Goal and the level 1 & 2 sub capabilities identified within the Hospital Preparedness Program grant (CFDA 93.889). Maintenance of state and regional assets is also a focus of this funding.
- D. Qualified Applicants:** Only agencies, currently funded under the Regional Health Care System Coordination for Disaster Preparedness Program are eligible to apply. Eligible applicants are: *Hospital Council of Northwest Ohio (Northwest), The Center for Health Affairs (Northeast), Akron Regional Hospital Association (Northeast Central), Health Improvement Collaborative of Greater Cincinnati (Southwest), Greater Dayton Area Health Information Network (West Central), Research & Education Foundation of the Ohio Hospital Association (OHA) (Southeast and select Statewide activities), and Central Ohio Trauma System (Central)*. All applicants must be a local public or non-profit agency. For continuation grants, the applicant must have demonstrated acceptable performance standards during the previous grant period.

Applicant agencies in the regions above must:

- b. **For this continuation year, supply a statement that the agency will maintain a copy of the support letters from 51% of hospitals in their region to act as the lead agency.** The letters must be available for review during any site monitoring visits or upon request. This support must be shown through signature letters from chief hospital/network officers (CEO, COO, CFO).
- c. Be physically located in the region for which they will provide services.
- d. Have prior experience working with health care providers, particularly in the area of disaster preparedness.
- e. Commit at least a .5 full time equivalent (FTE) to project coordination and designate an individual as Regional Health Care Coordinator.
- f. Participate in at least 75% of ODH monthly meetings, as well as the Statewide Regional Quarterly meetings and trainings as requested by having the Regional Health Care Coordinator or more senior level member of the agency present.
- g. Coordinate with the ODH State SNS Coordinator to ensure that ASPR participating hospitals have been notified of and receive training on State and federal medical assets which may include SNS.
- h. Update the Point of Contact information in the Ohio Public Health Analysis Network (OPHAN) at a minimum of quarterly to ensure current information is available for the Point of Contact and other pertinent hospital information for each ASPR participating hospital.
- i. Respond within 3 business days to requests from ODH for input necessary to complete the annual ASPR grant application, ASPR Semi-annual progress reports, and other requests for data that may occur as presented to and from the State.
- j. Attend or document in writing prior attendance at GMIS training and have the capacity to accept and electronic funds transfer (EFT).
- k. Be a local public or non-profit tax exempt organization as determined by Section 501(c) 3 of the Internal Revenue Code, with a current, valid letter of exemption. For continuation grants, the applicant must have demonstrated acceptable performance standards during the previous grant year.
- l. Meet the following requirements for the funded Regional Health Care Coordinator:
 1. Have a minimum of an **Associates** Degree.
 2. Have 2+ years experience working with hospitals, health care providers, emergency management agencies, public health or other related organizations specifically in emergency management planning activities.
 3. Have 2+ years experience in group facilitation and consensus building.

The Research & Education Foundation of the Ohio Hospital Association (OHA) is the only authorized applicant for statewide healthcare coordination **for the following selected statewide activities:**

- Maintain the Statewide “PrepareOhio.com” healthcare disaster preparedness website;
- Assist in the implementation of standard statewide definition of levels of surge for hospitals and providers;
- Maintain the designated statewide bed tracking system, currently referred to as “Surgenet” and ensure that the system continues to meet HA vBED standards in place as of February 12, 2008;
- Implement hospital components of the statewide burn surge plan;
- Coordinate implementation of a statewide patient tracking system, resource management system, and permission system;
- Provide decontamination capability assessment and special needs population decontamination training statewide;
- Coordinate hospital-based mass fatality assessment and planning statewide;
- Coordinate the development of a statewide hospital evacuation plan

The Applicant agency above must meet all eligibility requirements as for all Applicant agencies on this RFP.

E. Service Area: Applicants must conduct activities within and for the Ohio Homeland Security Planning Region (OHSPR) in which they are located. A map of the OHSPRs is provided in **Appendix A.**

F. Number of Grants and Funds Available: Seven grants are available for regional healthcare coordination in the Northwest, Northeast Central, Northeast, West Central, Central, and Southwest Ohio Homeland Security Planning Regions and one for regional healthcare coordination in the Southeast region with additional State wide activities.

FUNDING FORMULA

ODH has established a funding formula for the allocation of the Regional Health Care Preparedness Grant. This funding formula is designed to address such factors as regional coordination operational needs, number of hospitals, population, the number of critical infrastructure sites in each region, Acute Care Center special project, and select statewide activities. To that end, the following formula has been created:

- A base amount is provided to each applicant for regional coordination operations. This base amount is dependent upon the population in the region as determined in the original RHC RFP. \$120,000 is provided for regions with a population less than 1 million; \$130,000 is provided for regions with a population of at least 1 million but less than 1.5 million. \$150,000 is provided for regions with a population of 1.5 million or

more. A total of \$980,000 has been allocated for this component. Population percentages will be updated for non-continuation grant years only.

- Applicant agencies receive a portion of their funding based on the number of “ASPR qualified hospitals” (as defined as a hospital registered under Ohio Revised Code 3701.07 as a general, specialty heart, pediatric, or specialty pediatric burns hospital) (See Appendix C) they have in their region as of February 12, 2008, multiplied by \$10,000. A total of \$1,730,000 has been allocated for this component.
- Applicant agencies receive a portion of funds based on their region’s percentage of the state’s population. These population figures remain consistent with the levels established in the first year of this grant. Population percentages will be updated for non-continuation grant years only. For this grant cycle, a total of \$5,500,000 has been allocated for this component.
- Applicant agencies receive a portion of funds based on their region’s percentage of the state’s total number of critical infrastructure sites (CIS). The number of critical infrastructure sites remains consistent with the levels established in the first year of this grant. CIS numbers will be updated for non-continuation grant years only. For this grant cycle, a total of \$600,000 has been allocated for this component.
- Applicant agencies for the Northwest, West Central and Southeast OHSPR will receive \$65,000 for the coordination of the Acute Care Center(s) (ACC) within their region as part of the State’s ACC special project. A total of \$195,000 has been allocated for this component.
- In addition to the funding provided for the Southeast regional healthcare coordination, OHA will receive an additional \$485,000 for statewide healthcare coordination activities. These funds are allocated in the following manner:
 - \$160,000 to maintain the statewide “PrepareOhio.com” healthcare disaster preparedness website; assist in the implementation of standard statewide definition of levels of surge for hospitals and providers; maintain designated statewide bed tracking system, currently referred to as “Surgenet” and ensure that the system continues to meet HAvBED standards in place as of February 12, 2008; and implement hospital components of statewide burn surge plan;
 - \$100,000 to coordinate implementation of statewide patient tracking and resource management system and permission system;
 - \$75,000 to provide seven (7) decontamination capability assessment and special needs population decontamination trainings;
 - \$50,000 to coordinate hospital-based mass fatality assessment and planning, and
 - \$100,000 to coordinate the development of a statewide hospital evacuation plan.

A table of funding available to each region, based on the formula described, is provided in **Appendix D**.

ALLOCATION LIMITATIONS

A minimum of fifteen percent (15%) of the regional applicant's total funding award, exclusive of agency regional coordination funds listed below,

must be dedicated to funding activities that address the non hospital health care preparedness of the regional healthcare system. Hospital and healthcare systems refer to all facilities that receive medical and trauma emergency patients on a daily basis. Provisions must be made to ensure that partners outside of the traditional hospital or "critical care" operations, such as nursing homes, assisted living communities, long term care facilities, and specialty hospitals (i.e., psychiatric, rehabilitation facilities), FQHCs, Neighborhood Health Centers, and private medical physicians are included in surge planning and response to the extent possible. Such funding may be used for the coordination, assessment, planning, training, and exercises as defined in the work plan. Furthermore, the applicant is not required to directly fund non "critical care" health care system providers. These activities must be described clearly in the budget narrative.

This funding may include activities such as:

- Trainings that are open to non-hospital health care partners, including software and web based trainings. These trainings may include hospital partners;
- Exercises, i.e. contractor to assist with regional exercise design, implementation, after action reviews, corrective action plans, SOG development;
- Regional equipment and supplies, such as pharmaceutical caches, that are also available for non-hospital healthcare providers;
- Special projects with non-hospital healthcare providers or hospitals that are coordinating and providing services that are not consider traditional "hospital services";
- Planning with non traditional hospital health care facilities such as FQHCs, Neighborhood Health Centers, private medical doctors, mental health and Veteran's hospitals; and,
- Regional planners and trainers costs associated with planning and training for non-hospital healthcare providers.

Applicant agencies may budget funds to offset the costs for salaries and wages for hospital personnel to attend training, or to participate in exercises and drills.

Applicant agencies **may budget up twenty percent (20%) or \$200,000, whichever is greater, of their award** for their operational budget. The applicant agency must clearly describe in the budget narrative how these funds will be used to directly provide program coordination for grant deliverables.

Applicant agencies may budget a total amount of up to \$15,000 multiplied by the number of ASPR hospitals in their region to be distributed to hospitals for the purchase of hospital level equipment and supplies. Hospital purchases should support the sub capabilities identified in the 2007 ASPR grant guidance and be based on needs based on the region's HVAs and other needs assessments. Costs for MARCS radios, user fees and repair costs as well as fees for bed tracking, patient tracking, resource management, and permission systems are outside of this restriction. Costs, such as salaries and wages, to support hospital personnel attendance and participation in exercises, drills and trainings are not to be included in this category. Costs for regional equipment caches for hospital use are outside of this restriction.

Each hospital may be awarded funds from this allocation based on identified need, HVA assessments, and the region's ability to assure that Level one sub-capabilities have been met and based on the decision of the regional steering committee. ODH reserves the right to review any allocations upon request. Funding limits to any particular ASPR hospital are at the determination of the regional health care steering committee and are not bound by any particular funding limit per hospital.

Waivers will not be required for hospital allocations providing that the region has determined and approved the amount to be allocated, the total funds allocated are within the regional hospital limit described above, and the region has adequately described the process by which the hospital spending plans will be reviewed and approved. Waivers will be required if the region is requesting to go beyond its funded amount in this category. Waiver requests will be considered on a case by case basis and waivers for additional allocations will only be granted in very limited circumstances.

The applicant agency is responsible for ensuring that a hospital has met the Level 1 sub capabilities or must clearly outline how and when the hospital will meet the Level 1 sub capabilities prior to the purchase of equipment or supplies not directly related to Level 1 sub capabilities. This information must be provided in the Program Narrative.

Prior to the allocation of any funds to an ASPR participating hospital, the hospital must supply the applicant agency with the following information:

- A summary description of how the hospital intends to work with the previously identified health care facilities that are outside of their hospital network
- Provide summary information regarding the number and type of exercises that the hospital has participated in on a county, regional and

state level during 2007 and agree to provide future updates regarding exercise participation at the county, regional, and state level during the funded year.

- A written statement ensuring that the hospital is NIMS compliant to the best of its knowledge. This statement must be maintained by the applicant agency and made available upon request. It is not necessary to submit these statements with the application. If the hospital is not NIMS compliant, a timeline and action steps to be taken to ensure compliance by August 9, 2009 must be submitted to the applicant agency. The timeline and action steps must be maintained by the applicant agency and made available upon the request of ODH. It is not necessary to submit the timeline and action steps with the application. **Any hospital that is not NIMS compliant at the time of the application must receive approval from ODH prior to the expenditure of any funds.**

Applicant agencies must submit the NIMS Certification Chart (Attachment 2) which identifies the status of NIMS compliance for ASPR participating hospitals at the time of the application. For additional guidance on NIMS compliance, refer to Appendix E.

Funds for the implementation of regional healthcare coordination activities by the seven applicants total \$9,005,000. Funds for the implementation of statewide activities by OHA total \$485,000. A total of **approximately \$9,490,000** for statewide and regional healthcare coordination will be available for the seven (7) grants. Applicant agencies may apply for the amount listed for their region in the spreadsheet in **Appendix D**.

All funds identified in this application are subject to change, pending final award amount from ASPR. 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:** Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by **Monday, May 19, 2008**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Applications received late will not be considered for review or funding.

Please contact **Lynne Bratka, (614) 466-5972, or lynne.bratka@odh.ohio.gov** with any questions regarding this RFP.

H. Authorization: Authorization of funds for this purpose is contained in The Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Public Law 107-188, Section 319C-1 of the Public Health Service Act, 42 U.S.C. 247d-3a and the Catalog of Federal Domestic Assistance (CFDA) Number 93.889.

I. Goals: The goals of ODH in releasing funds for this initiative are:

- The goals outlined in section 319C-2 of the Public Health Services Act as amended by PAHPA:

For more information, see www.hhs.gov/aspr/oepo/hfp/index.html

- i. Integration
 - ii. Medical
 - iii. At Risk Individuals
 - iv. Coordination
 - v. Continuity of Operations
- The National Preparedness Goals (Overarching and Capability Specific)
 - i. Expanded Regional Collaboration
 - ii. Implementation of the NIMS and NRP
 - iii. Implementation of the National Infrastructure Protection Plan(NIPP)
 - iv. Strengthen Information Sharing and Collaboration Capabilities
 - v. Strengthen Interoperable Communications Capabilities
 - vi. Strengthen Chemical, Biological, Radiological/Nuclear, and Explosive (CBRNE) Detection, Response, and Decontamination Capabilities
 - vii. Strengthen Medical Surge and Mass Prophylaxis

J. Program Period and Budget Period: The program period began September 1, 2006 and will end August 8, 2009. The budget period for this application is August 9, 2008 through August 8, 2009. Continuation of projects beyond the budget period is contingent upon the availability of funds to support the approved project, compliance with special conditions of the notice of award, and the sub grantee's performance.

K. Local Health Districts Improvement Standards: This grant will program will address Local Health District Improvement Standards as follows:

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

- Standard 3701-36-04-02 – Response plans exist that delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.
- Standard 3701-36-04-04 – Urgent public health messages are received and communicated quickly and clearly and actions are documented.

Goal 3710-36-06: Assure a Safe and Healthy Environment

- Standard 3701-36-06-03 – Services are available to respond to environmental events or other disasters that threaten the public’s health.

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

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

The Local Health District Improvement Standards are available on the ODH web-site <http://www.odh.ohio.gov>. (Click on “Local Health Districts” then “Local Health District Standards” and click the link “Local Health District Improvement Goals/Standards/Measures.”)

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 Local Health Districts Improvement Standards.

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

- (1) The Local Health District Improvement Standard(s) to be addressed by grant activities;
- (2) A description of the target population to be served;
- (3) A summary of the services to be provided or activities to be conducted; and,
- (4) A plan to coordinate and share information with appropriate local health districts.

The Applicant must submit the above summary as part of their 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 Local Health Districts Improvement Standards (**Required for competitive cycle only; not required for continuation cycle, if unchanged**).

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 when the program summary is submitted with the grant application. If an Applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available (**Required for competitive cycle only; not required for continuation cycle, if unchanged**).

M. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. **In view of this, the sub grantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**

N. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon the posting of the Request for Proposal to the ODH website. Please contact Lynne Bratka, (614) 466-5972 or lynne.bratka@odh.ohio.gov for questions regarding this RFP.

For competitive RFPs ONLY: Applicant must attend or must document in writing, prior attendance at Grants Management Information System 2.0 (GMIS 2.0) training in order to receive authorization for Internet submission.

O. Acknowledgment: An ‘Application Submitted’ status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.

P. Late Applications:

Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. 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, May 19, 2008.**

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 Administration, Central Master Files; but they must be delivered by 4:00 p.m. on the application due date. FAX attachments will not be accepted. **GMIS 2.0 applications and required application attachments received late will not be considered for review.**

Q. Successful Applicants: Successful applicants will receive official notification in the form of a “Notice of Award” (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.

R. Unsuccessful Applicants: Within 30 days after a decision to disapprove or not fund a grant application for a given program period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.

S. 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. Describes specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the Ohio Department of Health, considering the anticipated results;
6. Demonstrates 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 request for proposal;
- 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds.**
- 10. Has demonstrated compliance to GAPP, Chapter 100.**

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

- T. Freedom of Information Act:** The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services 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 to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5.

U. Ownership Copyright: Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The Department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the Ohio Department of Health. All material(s) must clearly state:

Funded by Ohio Department of Health/DHHS, ASPR, NBHPP

Bureau: _Public Health Preparedness

Program: Health Care System Preparedness Program

V. Reporting Requirements: Successful applicants are required to submit sub grantee program and expenditure reports. Reports must adhere to the Ohio Department of Health, Grants Administration Policies and Procedures (GAPP) Manual. Reports must be received before the Department will release any additional funds.

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

Reports shall be submitted as follows:

1. Program Reports: Sub grantee Program Reports **must** be completed and submitted **via the SPES (Sub grantee Performance Evaluation System)** by the following dates: January 23, 2009, September 15, 2009. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

Submission of Sub grantee Program Reports via the Ohio Department of Health's SPES indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP).

2. Sub grantee Program Expenditure Reports: Sub grantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates: November 23, 2008, February 23, 2009, May 23, 2009, and August 23, 2009.

Submission of Sub grantee Program Expenditure Reports via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

3. **Final Expense Reports:** A Sub grantee Final Expense Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** on or before **September 23, 2009**. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Sub grantee Final Expense Report. The Sub grantee Final Expense Report serves as invoice to return unused funds.

Submission of the Sub grantee Final Expense Report via the Ohio Department of Health’s GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the “submit” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

4. **Inventory Report:** A listing of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via the Internet as part of the Sub grantee Final Expense Report. At least once every two years, inventory must be physically inspected by the sub grantee. 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.

- W. Special Condition(s):** Responses to all special conditions **must be submitted via GMIS 2.0 within 30 days of receipt of the first quarter payment**. A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the sub grantee’s first payment. The 30-day time period, in which the sub grantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.

Submission of response to grant special conditions via the Ohio Department of Health’s GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the “submit” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

- X. 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, but must be used solely for the purpose as specified in this announcement;

2. To disseminate factually incorrect or deceitful information;
3. Consulting fee for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees -- unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>);
17. All costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts, for compensation, with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants; and
22. Replacement or maintenance of any existing equipment or items that a health care provider already has in their inventory that was not previously purchased with ASPR funds or not deemed for emergency response;
23. Fit testing of N95 masks by outside contractors;
24. Testing costs to evaluate employees who do not pass fit testing;
25. Medication for patient treatment or patient prophylaxis unless specifically waived by ODH on a case by case basis;
26. Ante rooms that do not have a negative air pressure system attached; and
27. Construction or major renovations without ODH approval.

Applicant agencies are encouraged to refer to the United States Office of Management and Budget (see <http://www.whitehouse.gov/OMB/circulars/a122/a122.html>) for additional federal funding restrictions.

Use of grant funds for prohibited purposes will result in the loss or recovery of those funds.

Y. Audit: *Sub grantees currently receiving funding from the Ohio Department of Health are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, 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 not later than 9 months after the end of the sub grantee's fiscal year.*

Potential sub grantees (not currently receiving funding from the Ohio Department of Health) must submit an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, and if applicable, a corrective action plan and a data collection form (for single audits) with this grant application.

Sub grantees that have an agency fiscal year that ends on or after January 1, 2004 and expend \$500,000 or more in Federal awards per fiscal year are required to have a single audit. 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 Circular A-133.

Sub grantees that have an agency fiscal year that ends on or after January 1, 2004 which expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The financial audit is not an allowable cost to the program.

Once an audit is completed, a copy must be sent to the ODH, Grants Administration, Central Master Files address within 30 days. Refer to GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Z. Submission of Application:

The Internet application submission must consist of the following:

**Complete
& Submit
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts

Compliance Section D
Summary

5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Ethics Certification
8. Attachments as required by Program
 1. Hospital Spending Plan Template
 2. NIMS Certification Chart
 3. Work Plan (Regional Coordination)
 4. Work Plan (Statewide Coordination activities (OHA ONLY))
 5. Hospital Spending Plan Template (if different from the ODH Template)
 6. One set of key personnel job descriptions and resumes (for new hires only)
 7. Budget justification, additional pages
 8. Statement assuring support from 51% of hospitals within the OHSPR for which the agency is applying

An original and one (1) copy of the following forms, available on the Internet, must be completed, printed, signed in blue ink with original signatures by the Agency Head or Agency Financial Head and mailed to the address listed below:

**Complete,
Sign &
Mail To
ODH**

1. Electronic Funds Transfer (EFT) Form. **(Required if new agency, thereafter only if banking information has changed)**
2. IRS W-9 Form **(Required if new agency, thereafter only when tax identification number or agency address information has changed). One of the following forms must accompany the IRS W-9 Form:**
 - a. Vendor Information Form **(New Agency Only)**
 - b. Vendor Information Change Form **(Existing Agency with tax identification number, name and/or address change(s))**
 - c. Change request in writing on Agency letterhead **(Existing Agency with tax identification number, name and/or address change(s))**

Two (2) copies of the following documents must be mailed to the address listed below:

**Copy &
Mail To
ODH**

1. Public Health Impact Statement **(for competitive cycle only; for continuation, only if changed)**
2. Statement of Support from the Local Health Districts

(for competitive cycle only; for continuation, only if changed)

3. Liability Coverage (**Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period**)
4. Evidence of Non-Profit Status (**Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed**)

One (1) copy of the following documents must be mailed to the address listed below:

<p>Complete Copy & Mail To ODH</p>

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (**Required by ALL Non-Governmental Applicant Agencies**)
2. An original and one copy of **Attachments** (non-Internet compatible) as required by Program:
 - NONE

**Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line Grants Management Information System 2.0 (GMIS 2.0), will be provided after your GMIIS 2.0 training session for those agencies requiring training. All others will receive access after the Request for Proposal (RFP) is posted to the ODH website.

All applications must be submitted via GMIS 2.0. Submission of all parts of the grant application via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Submission of the Application signifies your authorization as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP 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 in its entirety. 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 12 of the RFP for unallowable costs.

Match or Applicant Share is not required by this program for this grant year. Match or Applicant Share may be required in future years. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 1. Primary Reason and Justification Pages:** Provide a detailed narrative budget justification that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants, and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the application for additional information.

Applicant agencies must also describe in detail in the Budget Justification how funding will be allocated to ensure that all spending limitations and requirements as described on page 5 of the RFP have been met. Funding amounts for each of the categorical items must appear in the narrative. As character space is limited in GMIS, applicant agencies may submit the budget justification (narrative) as an attachment.

- 2. Personnel, Other Direct Costs, Equipment, & Contracts):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period August 9, 2008 to August 8, 2009

Funds may be used to support personnel, their training, travel (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>) and supplies directly related to planning, organizing, and conducting the Initiative/program activity described in this announcement.

Where appropriate, retain all contracts on file. The contracts should not be sent to ODH. A completed “Confirmation of Contractual Agreement” (CCA) form must be submitted via GMIS 2.0 for each contract once it has been signed by both parties. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

No contractual agreements may be made with a hospital within the region unless the following apply:

- i. The hospital is registered under Ohio Revised Code 3701.07 as a general, specialty heart, pediatric, or specialty pediatric burns hospital.
- ii. A previously funded ASPR hospital* has participated actively in regional planning activities, as evidenced by attending not less than 75% of the regional hospital planning meetings, during 2007. This does not apply to a hospital that previously was not an ASPR hospital.
- iii. The ASPR hospital has completed a self-assessment for disaster preparedness that is Joint Commission compliant (or the equivalent)
- iv. The ASPR hospital has designated a 24/7 point of contact for disaster preparedness/emergency management.
- v. The ASPR hospital must function under an Incident Command System (ICS) with the Hospital Incident Command System (HICS) being the preference.
- vi. The ASPR hospital has ordered or budgeted for Multi-Agency radio Communications System (MARCS) equipment that will be programmed to be fully functional with the Ohio MARCS system. This does not apply to a hospital that previously was not an ASPR hospital.
- vii. The ASPR hospital has the capacity or has made provisions through the use of previously available ASPR funds or internal hospital funds to meet the ASPR defined isolation standard. Any ASPR hospital that does not or has not made provisions to meet the standard must use State fiscal Year 2008 (SFY 08) ASPR funds or other funds to meet the standard. An ASPR hospital that does not meet the standard and does not demonstrated its commitment to meeting the standard shall become ineligible for SFY 08 funds and shall forfeit the designation of an ASPR hospital with respect to SFY 08 funds. This does not apply to a hospital that previously was not an ASPR hospital.
- viii. The ASPR hospital is able to achieve and maintain NIMS compliance. Applicant agencies must complete the NIMS certification document (**Attachment 2**) and submit with the application. Please refer to **Appendix E** for additional information regarding NIMS compliance.
- ix. The ASPR hospital must be able to comprehensively track facility compliance with NIMS activities and report on the activities.
- x. The ASPR hospital is willing and able to participate in all designated state tracking systems as identified by ODH, such as surgenet.org, as well as the patient tracking, resource tracking, and permission systems, and participate in scheduled drills for the designated systems including those utilized for Interoperable communications, such as the Multi Agency Redundant Communications System (MARCS) and the Ohio Public Health Communication System (OPHCS).

Applicants must submit the Hospital Spending Plan Statement (**Attachment 1**) to indicate the process by which contractual agreements are made with the

hospitals. If the applicant agency will utilize a spending plan template **other than the sample template provided by ODH in previous years**, a copy of the spending plan template that will be used by the region must be submitted with the application.

Applicants must maintain records to verify that the health care provider and ASPR hospitals are eligible to receive funding. All contracts must be retained on file. A copy may be requested by ODH during the budget period. Contracts are not to be submitted with the application. A completed “Confirmation of Contractual Agreement” (CCA) form must be submitted via the Internet for each contract. **The submitted CCA must be approved by ODH before contractual expenditures are authorized. Technical assistance is available from Program staff.**

Submission of the “Confirmation of Contractual Agreement” (CCA) via the Ohio Department of Health’s GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the “submit” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations. CCAs cannot be submitted until after the grant period begins.

Where appropriate, itemize all equipment (**minimum \$300.00 unit cost value**) to be purchased with grant funds in the Equipment Section.

- 3. Compliance Section D:** Answer each question on this form as accurately as possible. Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.
 - 4. Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources, budget categories and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete this section will cause delays in receipt of grant funds.
- C. Assurances Certification:** Each sub grantee must submit the Federal and State Assurances for Sub grantees form. This form is submitted automatically with each application via the Internet. 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 sub grantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative: Based on the Modular Emergency Management Systems (MEMS) model, and for the achievement of the sub capabilities outlined in the 2007 ASPR Grant guidance (reference), describe the activities the applicant agency will utilize to address the health care system preparedness efforts in the region and how the coordination of these activities fit into the MEMS model. The narrative must also include a description of any existing and new positions and how these positions will support the activities. The narrative must be separated into the following sections:

Sub capability_____

Current Status

Identified Needs

Work with Regional Partners

Proposed budget amount

(Repeat this section for each sub capability as needed)

Submit the attached Work Plan (**Attachment 3**) to identify program goals, objectives, activities/tasks, person(s) responsible and timelines specific to designated statewide coordination activities. All objectives must be measurable and SMART (see Appendix B). In developing the work plan, the following four sub-capabilities must be incorporated into the development and maintenance of all capabilities:

1. *National Incident Management System (NIMS)*
2. *Education and Preparedness Training*
3. *Exercises, Evaluation and Corrective Actions*
4. *Needs of At-Risk Populations*

In addition, OHA will submit a Work Plan (see Attachment 4) to identify program goals, objectives, activities/tasks, person(s) responsible and timelines specific to designated statewide coordination activities.

All objectives must be measurable and SMART (see Appendix B). In developing the work plan, the following four sub-capabilities must be incorporated into the development and maintenance of all capabilities:

1. *National Incident Management System (NIMS)*
2. *Education and Preparedness Training*
3. *Exercises, Evaluation and Corrective Actions*
4. *Needs of At-Risk Populations*

Successful applicants will propose dynamic activities that have the potential to significantly improve and ultimately upgrade the preparedness of Ohio's

health care system and collaborating entities to respond to natural and manmade events in a coordinated, regionalized fashion. Applicants are strongly encouraged to read the Department of Homeland Security's Target Capabilities, particularly Medical Surge and Mass Care as well as the 2007 ASPR Grant Guidance to gain a further appreciation of Federal and State programmatic goals. **For the purpose of this grant and the applicant's responsibility towards Mass Care, people with health care needs who are in a mass care setting are defined as individuals with chronic or short term but stable medical or behavioral health conditions needing immediate healthcare and prompt intervention within a short period of time to prevent a deterioration in their physical or mental status.** Federal guidance will be communicated with applicants upon notification of availability and will further assist in providing program guidance during the course of the fiscal year.

NOTE: Within the funding eligibility criteria "hospital" and "health care providers may be used as distinct terms. However, within the objectives and programmatic components of this RFP the term "health care provider" encompasses both terms unless otherwise stipulated.

The Research & Education Foundation of Ohio Hospital Association must reflect the following additional activities on their work plan:

- Maintain the Statewide "PrepareOhio.com" healthcare disaster preparedness website;
- Assist in the implementation of standard statewide definition of levels of surge for hospitals and providers;
- Maintain the designated statewide bed tracking system, currently referred to as "Surgenet" and ensure that the system continues to meet HAvBED standards in place as of February 12, 2008;
- Implement hospital components of the statewide burn surge plan;
- Coordinate implementation of a statewide patient tracking system, resource management system, and permission system;
- Provide decontamination capability assessment and special needs population decontamination training statewide;
- Coordinate hospital-based mass fatality assessment and planning statewide; and,
- Coordinate the development of a statewide hospital evacuation plan.

E. Civil Rights Review Questionnaire - EEO Survey: The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Sub grantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

F. Attachment(s): Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. 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 Administration Central Master Files address on or before Monday **May 19, 2008**. All attachments must clearly identify the authorized program name and program number. **An original and one copy of non-Internet attachments are required.**

G. Electronic Funds Transfer (EFT) Form: Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required only if new agency, thereafter only when banking information has changed.)**

H. Internal Revenue Service (IRS) W-9 & Vendor Forms: Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required if new agency, thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9:**

- 1. Vendor Information Form (New Agency Only) OR**
- 2. Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s)).**
- 3. Change request in writing on Agency letterhead (Existing Agency with tax identification number, name and/or address change(s))**

Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed appropriate Vendor Form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy with the IRS, W-9 form.

I. Public Health Impact Statement Summary: Submit two (2) copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed).**

J. Public Health Impact Response/Statement: Submit two (2) copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for**

competitive cycle only; for continuation, only if changed).

K. Liability Coverage: Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two (2) copies of the Certificate of Insurance Liability (**Non-Profit Organizations only; current liability coverage and thereafter at each renewal period**).

L. Non-Profit Organization Status: Non-profit organizations **must** submit documentation validating current status. Submit two (2) copies of the Internal Revenue Services (IRS) letter approving your non-tax exempt status (**Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed**).

M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire: The DMA is a Questionnaire that must be completed by all grant applicant agencies to certify that they have not provided “material assistance” to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must** be dated and signed, in blue ink, with the Agency Head’s signature. The DMA Questionnaire (in PDF format. [Adobe Acrobat](http://www.homelandsecurity.ohio.gov/DMA_Terrorist/HLS_0038_Contracts.pdf) is required) is located at the Ohio Homeland Security Website:

http://www.homelandsecurity.ohio.gov/DMA_Terrorist/HLS_0038_Contracts.pdf

- Print a hard copy of the form once it has been downloaded. The form must be completed in its entirety and your responses must be truthful to the best of your knowledge. (**Required by all Non-Governmental Applicant Agencies**)

N. Ethics Certification: Attach a statement in the Project Narrative Section that, as a duly authorized Representative of the Sub grantee Agency, you certify that in accordance with Executive Order 2007-01S:

- a. Sub grantee Agency has reviewed and understands the Governor’s Executive Order 2007-01S.
- b. Sub grantee Agency has reviewed and understands the Ohio ethics and conflict of interest laws, and
- c. Sub grantee Agency will take no action inconsistent with those laws and this order.
- d. Sub grantee Agency understands that failure to comply with the Executive Order 2007-01S is, in itself, grounds for termination of this grant and may result in the loss of other grants with the State of Ohio.

Refer to GMIS 2.0 Bulletin Board – Governor’s Executive Order 2007-01S (Ethics)

O. Attachments as Required by Program:

Submit via GMIS as attachments

1. Hospital Spending Plan Template
2. NIMS Certification Chart
3. Work Plan (Regional Coordination
4. Work Plan (Statewide Coordination activities
(OHA ONLY)
5. Hospital Spending Plan Template (if different
From the ODH Template)
6. One set of key personnel job descriptions and resumes (for new
hires only)
7. Budget justification, additional pages
8. Statement assuring support from 51% of hospitals within the
OHSPR for which the agency is applying

III. APPENDICES

- A. Map of Homeland Security Planning Regions in Ohio
- B. SMART Objectives
- C. ASPR Hospital Chart
- D. Grant funding formula chart
- E. NIMS Compliance
- F. GMIS 2.0 Training Form

HOSPITAL SPENDING PLAN STATEMENT

1. Please complete **one** of the following statements for the Homeland Security Region:

The _____ Homeland Security Planning Region will utilize the Hospital Spending Plan Template that has been previously provided by ODH. Updated templates are available at any time during the budget period upon request by the agency.

The _____ Homeland Security Planning Region will utilize a Hospital Spending Plan Template different from the one previously provided by ODH. **If the applicant agency will utilize their agency spending plan template, a copy must be provided as an attachment with the application.**

2. Please complete the following statement with no more than a one page summary.

The _____ Ohio Homeland Security Region utilizes the following process to review and approve hospital spending plans:

NIMS CERTIFICATION CHART

For each hospital within the Ohio Homeland Security Planning Region of the applicant agency, please indicate if the hospital is NIMS compliant by placing an ‘X’ in the corresponding column.

Region	Hospital Name	NIMS Compliant	
		Yes (X)	No (X)
NW	Blufton Hospital		
NW	Lima Memorial Hospital		
NW	St Rita's Medical Center		
NW	Joint Township District Memorial Hospital		
NW	Community Memorial Hospital		
NW	Defiance Regional Medical Center		
NW	Mercy Hospital Of Defiance		
NW	Firelands Reg Med Ctr-Main Campus		
NW	Fulton County Health Center		
NW	Blanchard Valley Regional Health Center		
NW	Henry County Hospital		
NW	The Bellevue Hospital		
NW	Fisher Titus Memorial Hospital		
NW	Mercy Hospital Of Willard		
NW	Bay Park Community Hospital		
NW	Flower Hospital		
NW	University of Toledo Medical Center		
NW	St Anne Mercy Hospital		
NW	St Charles Mercy Hospital		
NW	St Lukes Hospital		
NW	St Vincents Mercy Medical Center		
NW	Toledo Hospital and Toledo Children's		
NW	Mercer Health		
NW	H B Magruder Memorial Hospital		
NW	Paulding County Hospital		
NW	Memorial Hospital		
NW	Fostoria Community Hospital		
NW	Mercy Hospital Of Tiffin		
NW	Van Wert County Hospital		
NW	Community Hospitals and Wellness Centers- Bryan		
NW	Community Hospitals/Wellness Center - Montpelier		
NW	Wood County Hospital		
NW	Community Hospital and Wellness Center- Archbold		
NE	UH Conneaut Medical Center		
NE	UH Geneva Medical Center		
NE	Cleveland Clinic Foundation		
NE	Fairview Hospital		
NE	Hillcrest Hospital		
NE	Huron Hospital		

Region	Hospital Name	NIMS Compliant	
		Yes (X)	No (X)
NE	Lakewood Hospital		
NE	Lutheran Hospital		
NE	Marymount Hospital		
NE	Euclid Hospital		
NE	South Pointe Hospital		
NE	Metro Health Medical Center		
NE	Parma Community General Hospital		
NE	Southwest General Health Center		
NE	St John West Shore Hospital		
NE	St Vincent Charity Hospital		
NE	UH Bedford Medical Center		
NE	UH Richmond Heights Hospital		
NE	UH Case Medical Center		
NE	University Hospitals Rainbow Babies and Children's Hospital		
NE	UH Geauga Regional Hospital		
NE	Lake East Hospital		
NE	Lake West Hospital		
NE	Community Allen Medical Center		
NE	Amherst Hospital		
NE	Community Health Partners Regional Medical Center		
NE	EMH Regional Medical Center		
NE	Ashtabula County Medical Center		
NEC	Samaritan Regional Health System		
NEC	East Liverpool City Hospital		
NEC	Salem Community Hospital		
NEC	Joel Pomerene Memorial Hospital		
NEC	St Elizabeth Health Center		
NEC	St. Elizabeth Boardman Health Center		
NEC	Northside Medical Center/Western Reserve Care Sys		
NEC	Akron Children's Hospital at Beeghly Medical Park		
NEC	Lodi Community Hospital		
NEC	Medina General Hospital		
NEC	Wadsworth Rittman Hospital		
NEC	Robinson Memorial Hospital		
NEC	Medcentral Health System Shelby		
NEC	Medcentral Health System - Mansfield		
NEC	Alliance Community Hospital		
NEC	Aultman Hospital		
NEC	Affinity Medical Center –Doctor's Campus		
NEC	Affinity Medical Center Massillon Campus		
NEC	Mercy Medical Center		
NEC	Akron Children's Hospital		
NEC	Akron City Hospital		
NEC	St. Thomas Hospital		
NEC	Akron General Medical Center		
NEC	Barberton Citizens Hospital		

Region	Hospital Name	NIMS Compliant	
		Yes (X)	No (X)
NEC	Cuyahoga Falls General Hospital		
NEC	St Joseph Health Center		
NEC	Trumbull Memorial Hospital		
NEC	Twin City Hospital		
NEC	Union Hospital		
NEC	Dunlap Memorial Hospital		
NEC	Wooster Community Hospital		
C	Bucyrus Community Hospital		
C	Galion Community Hospital		
C	Grady Memorial Hospital		
C	Fairfield Medical Center		
C	Fayette County Memorial Hospital		
C	Nationwide Children's Hospital		
C	Doctors Hospital		
C	Grant Medical Center		
C	Mt Carmel Health-East		
C	Mt Carmel Health-West		
C	Ohio State University Hospitals		
C	Ohio State University Hospitals East		
C	Riverside Methodist Hospital		
C	Mt. Carmel St Ann's Hospital		
C	Hardin Memorial Hospital		
C	Knox Community Hospital		
C	Licking Memorial Hospital		
C	Mary Rutan Hospital		
C	Madison County Hospital Inc		
C	Marion General Hospital		
C	Morrow County Hospital		
C	Berger Hospital		
	Dublin Methodist Hospitals		
C	Memorial Hospital Of Union County		
C	Wyandot Memorial Hospital		
WC	Mercy Memorial Hospital- Urbana		
WC	Community Hospital Of Springfield		
WC	Mercy Medical Center Of Springfield		
WC	Wayne Hospital		
WC	Greene Memorial Hospital		
WC	Upper Valley Medical Center		
WC	Children's Medical Center		
WC	Good Samaritan Hospital		
WC	Southview Hospital		
WC	Grandview Hospital & Medical Center		
WC	Kettering Medical Center		
WC	Miami Valley Hospital		

Region	Hospital Name	NIMS Compliant	
		Yes (X)	No (X)
WC	Sycamore Medical Center		
WC	Dayton Heart Hospital		
WC	Wilson Memorial Hospital		
SW	Adams County Hospital		
SW	Brown County General Hospital		
SW	McCullough-Hyde Memorial Hosp		
SW	Mercy Hospital Fairfield		
SW	Atrium Medical Center		
SW	The Fort Hamilton Hospital		
SW	Mercy Hospital Clermont		
SW	Clinton Memorial Hospital		
SW	Cincinnati Children's Hospital		
SW	Shriners Hospital For Children Burns		
SW	Bethesda Hospital		
SW	Christ Hospital		
SW	Deaconess Hospital		
SW	Good Samaritan Hospital		
SW	Mercy Franciscan Hosp Western Hills		
SW	Mercy Franciscan Hospital Mt Airy		
SW	Mercy Hospital Anderson		
SW	The Jewish Hospital		
SW	The University Hospital		
SW	Greenfield Area Medical Center		
SW	Highland District Hospital		
SE	Doctors Hospital of Nelsonville		
SE	O Bleness Memorial Hospital		
SE	Barnesville Hospital Association, Inc		
SE	Belmont Community Hospital		
SE	East Ohio Regional Hospital		
SE	Coshocton County Memorial Hospital ECF		
SE	Holzer Medical Center		
SE	Southeastern Ohio Regional Med		
SE	Harrison Community Hospital		
SE	Hocking Valley Community Hospital		
SE	Holzer Medical Center Jackson		
SE	Trinity Medical Center-East		
SE	Trinity Medical Center-West		
SE	Bethesda Hospital-Genesis Healthcare System		
SE	Good Samaritan Hospital-Select Specialty Hospital		
SE	Pike County Hospital		
SE	Adena Regional Medical Center		
SE	Southern Ohio Medical Center		
SE	Marietta Memorial Hospital		
SE	Selby General Hospital		

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ASPR FY 09 Health Care System for Preparedness Program Work Plan and Quarterly Report Template

REGION

Program Name

Program Grant Number

Submitted By

Application Work Plan

REPORTING PERIOD

MID-YEAR

FINAL

LEVEL 1- INTEROPERABLE COMMUNICATIONS SYSTEM

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

A.
Accomplished: YES

NO NOT ADDRESSED THIS FY

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

LEVEL 1- BED TRACKING SYSTEM

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

A.
Accomplished: YES

NO NOT ADDRESSED THIS FY

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

LEVEL 1- EMERGENCY SYSTEMS FOR ADVANCE REGISTRATION VOLUNTEER HEALTH PROFESSIONAL (ESAR-VHP)

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

<p>A. Accomplished: YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/> NOT ADDRESSED THIS FY <input type="checkbox"/></p>
<p>B. STATUS:</p>	<p>REMAINING ACTIVITY/TIMELINE FOR COMPLETION</p>

LEVEL 1- FATALITY MANAGEMENT PLANS

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

A.
Accomplished: YES

NO NOT ADDRESSED THIS FY

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

LEVEL 1- HOSPITAL EVACUATION PLANS

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

A.
Accomplished: YES

NO NOT ADDRESSED THIS FY

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

LEVEL 2 - ALTERNATE CARE SITES

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

A.
Accomplished: YES

NO NOT ADDRESSED THIS FY

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

LEVEL 2 - MOBILE MEDICAL ASSETS

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

A.
Accomplished: YES

NO NOT ADDRESSED THIS FY

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

LEVEL 2 - PHARMACEUTICAL CACHES

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

A.
Accomplished: YES

NO NOT ADDRESSED THIS FY

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

LEVEL 2 - PERSONAL PROTECTIVE EQUIPMENT

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

A.
Accomplished: YES

NO NOT ADDRESSED THIS FY

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

LEVEL 2 - DECONTAMINATION

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

A.
Accomplished: YES

NO NOT ADDRESSED THIS FY

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

ASPR related data	
Number of participating hospitals (including Veteran’s Administration (VA) and Indian Health Services)	
• Number of VA hospitals	
• Number of IHS hospitals	
• Number of Trauma Centers	
Number of specialty beds	
• Adult Intensive Care Unit (ICU) beds	
• Medical/Surgical beds	
• Burn beds (Adult and Pediatric)	
• Pediatric ICU beds	
• Pediatric beds	
• Psychiatric beds	
• Negative Pressure Isolation beds	
• Operating Room beds	
Number of other health provider organizations	
• Number of Community Health Centers (including FQHCs)	
• Number of Mental Health Centers	
• Number of Nursing Homes	
Number of other health provider organization participating	
• Number of Community Health Centers (Including FQHCs)	
• Number of Mental Health Centers	
• Number of Nursing Homes	

ASPR related data	
Total number of participating hospitals that can report available beds, according to HAvBED definitions, to the State or State DOH EOC within 60 minutes of a State request, during an exercise or event	
Number of participating hospitals that indicate they have redundant dedicated communications capability	
Number of participating hospitals than indicate they have two-way communications capability	
Number of participating hospitals have a fatality management plan	
Number of participating hospitals have evacuation plans	
Number of beds your region is capable of surging to within 24 hours of an incident or exercise for the following HAvBED categories	
<ul style="list-style-type: none"> • Adult Intensive Care Unit (ICU) beds 	
<ul style="list-style-type: none"> • Medical/Surgical beds 	
<ul style="list-style-type: none"> • Burn beds (Adult and Pediatric) 	
<ul style="list-style-type: none"> • Pediatric ICU beds 	
<ul style="list-style-type: none"> • Pediatric beds 	
<ul style="list-style-type: none"> • Psychiatric beds 	
<ul style="list-style-type: none"> • Negative Pressure Isolation beds 	
<ul style="list-style-type: none"> • Operating Room beds 	
How many doses of antibiotics are available within the region for the purpose of providing prophylaxis to hospital personnel, hospital based EMS, and their family members in the first 72 hours of an event?	
How many doses of antivirals are available within the region for the purpose of providing prophylaxis to hospital personnel, hospital based EMS, and their family members in the first 72 hours of an event?	
What is the estimated number of hospital personnel and hospital based EMS personnel that may require prophylactic antibiotics from the state cache in the first 72 hours of an event?	
What is the estimated number of family members that may require prophylactic antibiotics from the state cache in the first 72 hours of an event?	
How many participating hospitals have adopted the Incident Command (ICS) Structure for handling emergency events?	
Number of hospitals that have participated in an exercise or incident during the reporting period	

ASPR related data	
Number of regional exercises were conducted during the reporting period	
Number of hospitals that have developed improvement plans based on after-action reports	
Number of hospitals that can maintain patients in negative pressure isolation in Emergency Departments	
Number of hospitals that can maintain patients in negative pressure isolation in non ED settings	
How many ambulatory patients can be decontaminated in your region within a 3 hour period	
How many non ambulatory patients can be decontaminated in your region within a 3 hour period	
Number of hospital personnel that have completed the following courses in the current year	
• IS 100 (including 100.FW, 100 HC, 100 LE, 100 PW)	
• IS 200 (including IS 200 HC)	
• IS 300	
• IS 400	
• IS 700	
• IS 800	
How many hospital based lab personnel are trained in the protocols for referral of clinical samples and associated information to public health labs	

ASPR FY 09 Health Care System Preparedness Program Work Plan and Quarterly
Report Template- OHA only
Statewide Activities

Program Name

Program Grant Number

Submitted By

Application Work Plan

REPORTING PERIOD

MID-YEAR

FINAL

Maintain statewide "PrepareOhio.com" healthcare disaster preparedness website

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

A.
Accomplished: YES

NO NOT ADDRESSED THIS FY

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

Assist in the implementation of standard statewide definition of levels of surge for hospitals and providers

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

A.
Accomplished: YES

NO NOT ADDRESSED THIS FY

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

Maintain designated statewide bed tracking system, currently referred to as "Surgenet" and ensure that the system continues to meet HAvBED standards in place as of February 12, 2008

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

A.
Accomplished: YES

NO NOT ADDRESSED THIS FY

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

Coordinate implementation of statewide patient tracking and resource management system and permission systems

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

A.
Accomplished: YES

NO NOT ADDRESSED THIS FY

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

Provide decontamination capability assessment and special needs population decontamination training

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

A.
Accomplished: YES

NO NOT ADDRESSED THIS FY

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

Coordinate hospital-based mass fatality assessment and planning

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

A.

Accomplished: YES

NO

NOT ADDRESSED THIS FY

B.

STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

Coordinate the development of a statewide hospital evacuation plan

Program Objective:

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for quarterly report only

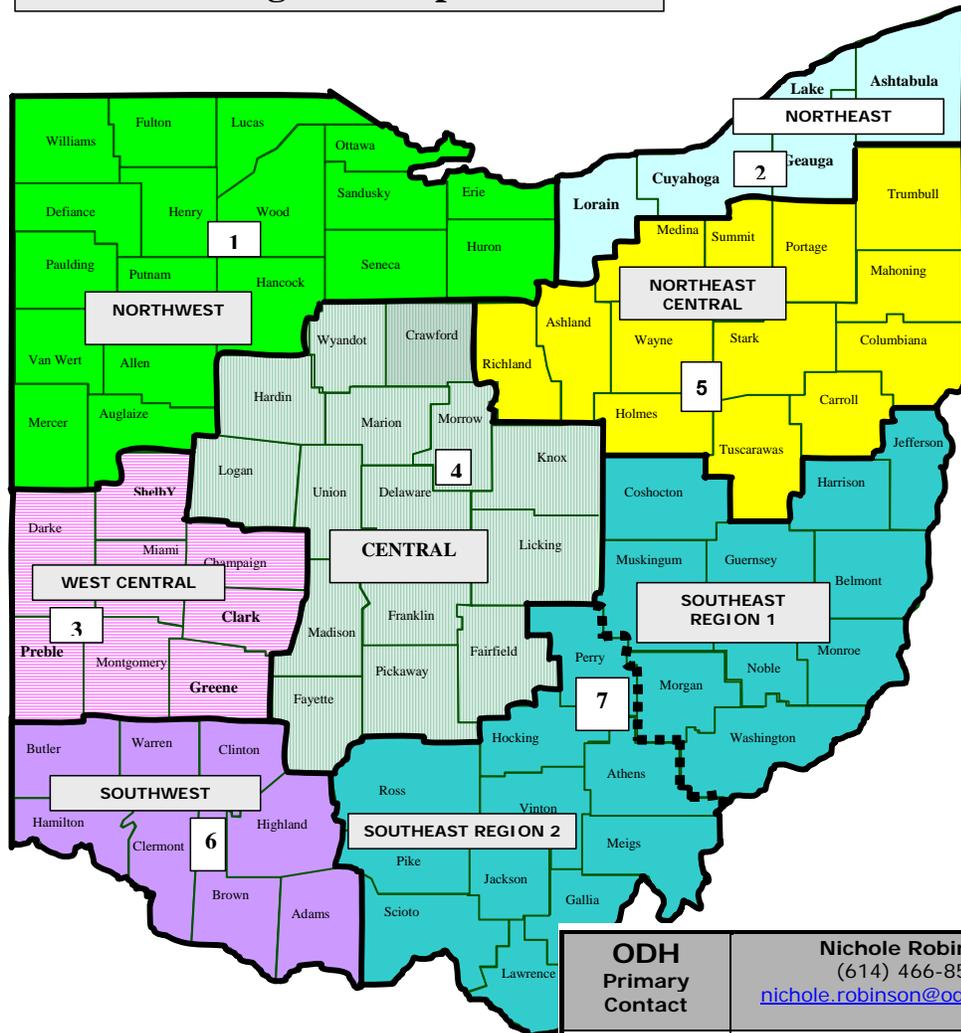
A. Accomplished: YES

NO NOT ADDRESSED THIS FY

B. STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

Ohio Hospital Preparedness Regional Map



ODH Primary Contact	Kathy Snow (614) 995-7077 kathy.snow@odh.ohio.gov
REGION	Regional Coordinator
SOUTHEAST	Sheryl McCorkle 614-221-7614 x 185 sherylm@ohanet.org
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NORTHEAST	Beth Gatlin (216) 255-3665 Beth.gatlin@chanet.org

"SMART" Objectives

Goals vs. Objectives

Understanding the differences between a goal and an objective can be confusing. Goals are broad, brief statements of intent that provide focus or vision for planning. Goals are warm and fuzzy. They are non-specific, non-measurable, and usually cannot be attained. Below is a typical program goal:

"San Francisco children will be healthy"

Objectives:

Objectives are meant to be realistic targets for the program or project. Objectives are written in an active tense and use strong verbs like plan, write, conduct, produce, etc. rather than learn, understand, feel. Objectives can help you focus your program on what matters. They will always answer the following question:

WHO is going to do WHAT, WHEN, WHY (what does it demonstrate), and TO WHAT STANDARD?

Some of the most common errors in writing objectives include:

- writing an objective like an activity,
- writing an objective like a vision; or
- writing too many objectives.

"SMART Objectives " refers to an acronym built around the five leading measures of a strong program. This acronym can be very helpful in writing objects that can be employed to evaluate the quality of programs proposed and carried out.

- ✳ **Specific** - What exactly are we going *to do*, *with or for whom*?
The program states a specific outcome, or a *precise* objective to be accomplished. The outcome is stated in numbers, percentages, frequency, reach, scientific outcome, etc. The objective is clearly defined.
- ✳ **Measurable** – Is it measurable and can we measure it?
This means that the objective can be measured and the measurement source is identified. If the objective cannot be measured, the question of funding non-measurable activities is discussed and considered relative to the size of the investment. All activities should be measurable at some level.
- ✳ **Achievable** - *Can we get it done in the proposed timeframe/in this political climate/ for this amount of money?*
The objective or expectation of what will be accomplished must be realistic given the market conditions, time period, resources allocated, etc.
- ✳ **Relevant** - *Will this objective lead to the desired results?*
This means that the outcome or results of the program directly supports the outcomes of the agency or funder 's long range plan or goal, e. g., the selected MOD priority area.
- ✳ **Time-framed** - *When will be accomplish this objective?*
This means stating clearly when the objective will be achieved.

There are three main types of objectives that may be used in developing a program/project plan: process, impact, and outcome. Objectives can be thought of as a "short hand" version of your activities (process) and what you hope happens as a result (impact, outcome)-that is, the bridge that takes you to your goal. Process objectives focus on the activities that you will do within a specific time period. In contrast, impact and outcome objectives serve to "keep your eyes on the prize " by reminding you of what your activities should lead to.

*** Process Objectives**

Process objectives help you be more accountable by setting specific numbers/types of activities to be completed by specific dates. Process objectives tell what you are doing and how you will do it. They describe participants, interactions and activities.

By June 2000, the Community Action Team will train at least 15 Tenderloin childcare providers on non-violent child rearing practices

*** Impact Objectives**

Impact Objectives tell how you will change attitudes, knowledge or behavior in the short term and describe the degree to which you expect this change.

At the end of the training, 10 of the 15 Tenderloin childcare providers at the training will be able to identify at least 3 non-violent child-rearing practices they will use

*** Outcome Objectives**

Outcome Objectives tell what the long-term implications of your program will be by describing the expected outcome for the community. (Outcome objectives are rarely measurable because many different elements may influence what is being measured.)

By 2005, there will be a decrease in the rate of child abuse by 25% in the Tenderloin.

To develop SMART Objectives that will help you reach your goal fill in the blanks below:

By ___/___/___, _____ will have
WHEN [WHO/WHAT, include a number that you can measure]

_____.

Below is an example of a process and impact objective based on a hypothetical program goal, as well as a list of suggested activities that could be proposed to attain these objectives.

GOAL:

To improve the quality of life for people who come to our facility and to build their strength -emotionally, spiritually and physically -to improve their chances of continued healing as they transition to home care.

Process Objective:

By 3/31/03, all 25 nursing and administrative staff will have completed communication skills training and will be able to demonstrate the ability to actively listen and inquire about emotional health.

Impact Objective:

By 12/31/03, the Creative Healing Center will have increased from 10%to 50%the percentage of patients who say they feel emotionally prepared to leave the hospital at discharge. (Data source: Patient discharge interview and survey).

Examples of Activities That Will Help You Reach Your Objectives:

1. Train all staff in active listening and communication skills so they feel comfortable dealing with emotional issues and ask each family member how they are doing.
2. Provide each staff member with referral packet of resources for after-care questions.
3. Provide each patient an introductory tour of the healing garden and the support/counseling area so that each patient is aware of resources available.

References:

Community Health Education Section, San Francisco Department of Public Health
<http://www.dph.sf.ca.us/CHPP/CAM/3-ToolBox/Skill-basedActivities/WritingSMARTObjs.pdf>

North Carolina Arts for Health Training Institute, Raleigh, NC, March 28, 2003
<http://www.ncartsforhealth.org/developingmeasurableobjectives.html>

ASPR Eligible Hospitals (as of 2/12/08)

APPENDIX C

	Hospital Name	Address	City	County	Region
1	Bluffton Hospital	139 Garau St.	Bluffton	Allen	NW
2	Lima Memorial Hospital	1001 Bellefontaine Ave.	Lima	Allen	NW
3	St Rita's Medical Center	730 West Market St.	Lima	Allen	NW
4	Joint Township District Memorial Hospital	200 Saint Clair St.	Saint Marys	Auglaize	NW
5	Community Memorial Hospital	208 N Columbus St	Hicksville	Defiance	NW
6	Defiance Regional Medical Center	1200 Ralston Ave.	Defiance	Defiance	NW
7	Mercy Hospital Of Defiance	1404 E Second St.	Defiance	Defiance	NW
8	Firelands Reg Med Ctr	1101 Decator St.	Sandusky	Erie	NW
9	Fulton County Health Center	725 S Shoop Ave.	Wauseon	Fulton	NW
10	Blanchard Valley Hospital	1900 South Main St	Findlay	Hancock	NW
11	Henry County Hospital	11-600 State Rd 424	Napoleon	Henry	NW
12	The Bellevue Hospital	1400 W. Main St.	Bellevue	Sandusky	NW
13	Fisher Titus Memorial Hospital	272 Benedict Ave.	Norwalk	Huron	NW
14	Mercy Hospital Of Willard	110 E Howard St.	Willard	Huron	NW
15	Bay Park Community Hospital	2801 Bay Park Drive	Oregon	Lucas	NW
16	Flower Hospital	5200 Harroun Rd.	Toledo	Lucas	NW
17	University of Toledo Medical Center	3000 Arlington Ave.	Toledo	Lucas	NW
18	St Anne Mercy Hospital	3404 Sylvania Ave.	Toledo	Lucas	NW
19	St Charles Mercy Hospital	2600 Navarre Ave.	Oregon	Lucas	NW
20	St Luke's Hospital	5901 Monclova Rd.	Maumee	Lucas	NW
21	St Vincent's Mercy Medical Center	2213 Cherry St.	Toledo	Lucas	NW
22	Toledo Hospital and Toledo Children's	2142 North Cove Boulevard	Toledo	Lucas	NW
23	Mercer Health	800 West Main St.	Coldwater	Mercer	NW
24	H B Magruder Memorial Hospital	615 Fulton St.	Port Clinton	Ottawa	NW
25	Paulding County Hospital	1035 w. Wayne St.	Paulding	Paulding	NW
26	Memorial Hospital	715 South Taft Ave.	Fremont	Sandusky	NW
27	Fostoria Community Hospital	501 Van Buren St.	Fostoria	Seneca	NW
28	Mercy Hospital Of Tiffin	485 W Market St.	Tiffin	Seneca	NW
29	Van Wert County Hospital	1250 S Washington St.	Van Wert	Van Wert	NW
30	Community Hospitals and Wellness Centers- Bryan	433 West High St.	Bryan	Williams	NW

ASPR Eligible Hospitals (as of 2/12/08)

APPENDIX C

	Hospital Name	Address	City	County	Region
31	Community Hospitals/Wellness Center - Montpelier	909 East Snyder Ave.	Montpelier	Williams	NW
32	Wood County Hospital	950 W Wooster St.	Bowling Green	Wood	NW
33	Community Hospital and Wellness Center- Archbold	121 Westfield Dr.	Archbold	Williams	NW
1	UH Conneaut Medical Center	158 W Main Rd.	Conneaut	Ashtabula	NE
2	UH Geneva Medical Center	870 West Main St.	Geneva	Ashtabula	NE
3	Cleveland Clinic Foundation	9500 Euclid Ave.	Cleveland	Cuyahoga	NE
4	Fairview Hospital	18101 Lorain Ave.	Cleveland	Cuyahoga	NE
5	Hillcrest Hospital	6780 Mayfield Rd.	Mayfield Heights	Cuyahoga	NE
6	Huron Hospital	13951 Terrace Rd.	Cleveland	Cuyahoga	NE
7	Lakewood Hospital	14519 Detroit Ave.	Lakewood	Cuyahoga	NE
8	Lutheran Hospital	1730 West 25th St.	Cleveland	Cuyahoga	NE
9	Marymount Hospital	12300 Mccracken Road	Garfield Heights	Cuyahoga	NE
10	Euclid Hospital	18901 Lake Shore Boulevard	Euclid	Cuyahoga	NE
11	South Pointe Hospital	4110 Warrensville Center Road	Warrensville Heights	Cuyahoga	NE
12	Metro Health Medical Center	2500 Metrohealth Drive	Cleveland	Cuyahoga	NE
13	Parma Community General Hospital	7007 Powers Boulevard	Parma	Cuyahoga	NE
14	Southwest General Health Center	18697 Bagley Rd.	Middleburg Heights	Cuyahoga	NE
15	St John West Shore Hospital	29000 Center Ridge	Westlake	Cuyahoga	NE
16	St Vincent Charity Hospital	2351 E 22nd St	Cleveland	Cuyahoga	NE
17	UH Bedford Medical Center	44 Blaine St	Bedford	Cuyahoga	NE
18	UH Richmond Heights Hospital	27100 Chardon Road	Richmond Heights	Cuyahoga	NE
19	UH Case Medical Center	11100 Euclid Ave.	Cleveland	Cuyahoga	NE
20	University Hospitals Rainbow Babies and Childrens Hospital	11100 Euclid Ave.	Cleveland	Cuyahoga	NE
21	UH Geauga Regional Hospital	13207 Ravenna Rd.	Chardon	Gauga	NE
22	Lake East Hospital	10 East Washington St	Painesville	Lake	NE
23	Lake West Hospital	35900 Euclid Ave.	Willoughby	Lake	NE
24	Community Allen Medical Center	200 W Lorain St.	Oberlin	Lorain	NE

ASPR Eligible Hospitals (as of 2/12/08)

APPENDIX C

	Hospital Name	Address	City	County	Region
25	Amherst Hospital	254 Cleveland Ave.	Amherst	Lorain	NE
26	Community Health Partners Regional Medical Center	3700 Kolbe Road	Lorain	Lorain	NE
27	EMH Regional Medical Center	630 East River St.	Elyria	Lorain	NE
28	Ashtabula County Medical Center	2420 Lake Ave.	Ashtabula	Ashtabula	NE
1	Samaritan Regional Health System	1025 Center St.	Ashland	Ashland	NEC
2	East Liverpool City Hospital	425 W 5th St.	East Liverpool	Columbiana	NEC
3	Salem Community Hospital	1995 East State St.	Salem	Columbiana	NEC
4	Joel Pomerene Memorial Hospital	981 Wooster Road	Millersburg	Holmes	NEC
5	St Elizabeth Health Center	1044 Belmont Ave.	Youngstown	Mahoning	NEC
6	St. Elizabeth Boardman Health Center	8401 Market Street	Boardman	Mahoning	NEC
7	Northside Medical Center/Western Reserve Care Sys	500 Gypsy Lane	Youngstown	Mahoning	NEC
8	Akron Children's Hospital at Beeghly Medical Park	6505 Market Street	Youngstown	Mahoning	NEC
9	Lodi Community Hospital	225 Elyria St.	Lodi	Medina	NEC
10	Medina General Hospital	1000 E Washington St.	Medina	Medina	NEC
11	Wadsworth Rittman Hospital	195 Wadsworth Road	Wadsworth	Medina	NEC
12	Robinson Memorial Hospital	6847 N Chestnut	Ravenna	Portage	NEC
13	Medcentral Health System Shelby	335 Glessner Ave.	Mansfield	Richland	NEC
14	Medcentral Health System - Mansfield	20 Morris Road.	Shelby	Richland	NEC
15	Alliance Community Hospital	264 East Rice St.	Alliance	Stark	NEC
16	Aultman Hospital	2600 Sixth St. SW	Canton	Stark	NEC
17	Affinity Medical Center –Doctor’s Campus	400 Austin Ave. NW	Massillon	Stark	NEC
18	Affinity Medical Center Massillon Campus	875 Eighth St. NE	Massillon	Stark	NEC
19	Mercy Medical Center	1320 Mercy Drive NW	Canton	Stark	NEC
20	Akron Children’s Hospital	1 Perkins Square	Akron	Summit	NEC
21	Akron City Hospital	525 E. Market St.	Akron	Summit	NEC
22	St. Thomas Hospital	444 N. Main St.	Akron	Summit	NEC
23	Akron General Medical Center	400 Wabash Ave.	Akron	Summit	NEC
24	Barberton Citizens Hospital	155 Fifth St. NE	Barberton	Summit	NEC

ASPR Eligible Hospitals (as of 2/12/08)

APPENDIX C

	Hospital Name	Address	City	County	Region
25	Cuyahoga Falls General Hospital	1900 23rd St.	Cuyahoga Falls	Summit	NEC
26	St Joseph Health Center	667 Eastland Ave. Se	Warren	Trumbull	NEC
27	Trumbull Memorial Hospital	1350 East Market St.	Warren	Trumbull	NEC
28	Twin City Hospital	819 North First St.	Dennison	Tuscarawas	NEC
29	Union Hospital	659 Boulevard	Dover	Tuscarawas	NEC
30	Dunlap Memorial Hospital	832 South Main St.	Orrville	Wayne	NEC
31	Wooster Community Hospital	1761 Beall Ave.	Wooster	Wayne	NEC
1	Bucyrus Community Hospital	629 North Sandusky Ave.	Bucyrus	Crawford	C
2	Galion Community Hospital	269 Portland Way South	Galion	Crawford	C
3	Grady Memorial Hospital	561 W Central Ave.	Delaware	Delaware	C
4	Fairfield Medical Center	401 N Ewing St.	Lancaster	Fairfield	C
5	Fayette County Memorial Hospital	1430 Columbus Ave.	Washington Ct House	Fayette	C
6	Nationwide Children's Hospital	700 Children's Drive	Columbus	Franklin	C
7	Doctors Hospital	5100 W. Broad Street	Columbus	Franklin	C
8	Grant Medical Center	111 S Grant Ave.	Columbus	Franklin	C
9	Mt Carmel Health-East	6001 E. Broad Street	Columbus	Franklin	C
10	Mt Carmel Health-West	793 W State St.	Columbus	Franklin	C
11	Ohio State University Hospitals	410 W 10th Ave.	Columbus	Franklin	C
12	Ohio State University Hospitals East	1492 East Broad St.	Columbus	Franklin	C
13	Riverside Methodist Hospital	3535 Olentangy River Rd.	Columbus	Franklin	C
14	Mt. Carmel St Anns Hospital	500 South Cleveland Ave.	Westerville	Franklin	C
15	Hardin Memorial Hospital	921 East Franklin St.	Kenton	Hardin	C
16	Knox Community Hospital	1330 Coshocton Road	Mount Vernon	Knox	C
17	Licking Memorial Hospital	1320 W Main St.	Newark	Licking	C
18	Mary Rutan Hospital	205 Palmer Ave.	Bellefontaine	Logan	C
19	Madison County Hospital Inc	210 North Main St.	London	Madison	C
20	Marion General Hospital	Mckinley Park Dr.	Marion	Marion	C
21	Morrow County Hospital	651 W Marion Rd.	Mount Gilead	Morrow	C
22	Berger Hospital	600 N Pickaway St.	Circleville	Pickaway	C
23	Dublin Methodist Hospital	7500 Hospital Dr.	Dublin	Franklin	C

ASPR Eligible Hospitals (as of 2/12/08)

APPENDIX C

	Hospital Name	Address	City	County	Region
24	Memorial Hospital Of Union County	500 London Ave.	Marysville	Union	C
25	Wyandot Memorial Hospital	885 N Sandusky Ave.	Upper Sandusky	Wyandot	C
1	Mercy Memorial Hospital- Urbana	904 Scioto Ave.	Urbana	Champaign	WC
2	Community Hospital Of Springfield	2615 East High St.	Springfield	Clark	WC
3	Mercy Medical Center Of Springfield	1343 Fountain Boulevard	Springfield	Clark	WC
4	Wayne Hospital	835 Sweitzer St.	Greenville	Darke	WC
5	Greene Memorial Hospital	1141 North Monroe Drive	Xenia	Greene	WC
6	Upper Valley Medical Center	3130 North Dixie Highway	Troy	Miami	WC
7	Children's Medical Center	One Children's Plaza	Vandalia	Montgomery	WC
8	Good Samaritan Hospital	2222 Philadelphia Drive	Dayton	Montgomery	WC
9	Southview Hospital	1997 Miamisburg Ctrville Rd.	Dayton	Montgomery	WC
10	Grandview Hospital & Medical Center	405 Grand Ave.	Dayton	Montgomery	WC
11	Kettering Medical Center	3535 Southern Boulevard	Kettering	Montgomery	WC
12	Miami Valley Hospital	One Wyoming St.	Dayton	Montgomery	WC
13	Sycamore Medical Center	2150 Leiter Road	Miamisburg	Montgomery	WC
14	Dayton Heart Hospital	707 Edwin C Moses Blvd.	Dayton	Montgomery	WC
15	Wilson Memorial Hospital	915 West Michigan St.	Sidney	Shelby	WC
1	Adams County Regional Medical Center	230 Medical Center Drive	Seaman	Adams	SW
2	Brown County General Hospital	425 Home St.	Georgetown	Brown	SW
3	McCullough-Hyde Memorial Hosp	110 North Poplar St.	Oxford	Butler	SW
4	Mercy Hospital Fairfield	3000 Mack Road	Fairfield	Butler	SW
5	Atrium Medical Center (formerly Middletown)	One Medical Center Drive	Franklin	Warren	SW
6	The Fort Hamilton Hospital	630 Eaton Ave.	Hamilton	Butler	SW
7	Mercy Hospital Clermont	3000 Hospital Drive	Batavia	Clermont	SW
8	Clinton Memorial Hospital	610 West Main St.	Wilmington	Clinton	SW
9	Cincinnati Children's Hospital Medical Center	3333 Burnet Ave.	Cincinnati	Hamilton	SW
10	Shriners Hospital For Children Burns	3229 Burnet Ave.	Cincinnati	Hamilton	SW
11	Bethesda North Hospital	10500 Montgomery Rd	Cincinnati	Hamilton	SW
12	Christ Hospital	2139 Auburn Ave.	Cincinnati	Hamilton	SW

ASPR Eligible Hospitals (as of 2/12/08)

APPENDIX C

	Hospital Name	Address	City	County	Region
13	Deaconess Hospital	311 Straight St.	Cincinnati	Hamilton	SW
14	Good Samaritan Hospital	375 Dixmyth Ave.	Cincinnati	Hamilton	SW
15	Mercy Franciscan Hosp Western Hills	3131 Queen City Ave.	Cincinnati	Hamilton	SW
16	Mercy Franciscan Hospital Mt Airy	2446 Kipling Ave.	Cincinnati	Hamilton	SW
17	Mercy Hospital Anderson	7500 State Road	Cincinnati	Hamilton	SW
18	The Jewish Hospital	4777 East Galbraith Road	Cincinnati	Hamilton	SW
19	The University Hospital	234 Goodman St.	Cincinnati	Hamilton	SW
20	Greenfield Area Medical Center	550 Mirabeau St.	Greenfield	Highland	SW
21	Highland District Hospital	1275 North High St.	Hillsboro	Highland	SW
1	Doctors Hospital of Nelsonville	1950 Mt St Marys Drive	Nelsonville	Athens	SE
2	O Bleness Memorial Hospital	Hospital Drive	Athens	Athens	SE
3	Barnesville Hospital Association, Inc	639 West Main St., Po Box 309	Barnesville	Belmont	SE
4	Belmont Community Hospital	4697 Harrison St.	Bellaire	Belmont	SE
5	East Ohio Regional Hospital	90 North Fourth St.	Martins Ferry	Belmont	SE
6	Coshocton County Memorial Hospital ECF	1460 Orange St.	Coshocton	Coshocton	SE
7	Holzer Medical Center	100 Jackson Pike	Gallipolis	Gallia	SE
8	Southeastern Ohio Regional Med	1341 North Clark St.	Cambridge	Guernsey	SE
9	Harrison Community Hospital	951 East Market St.	Cadiz	Harrison	SE
10	Hocking Valley Community Hospital	State Route 664n Box966	Logan	Hocking	SE
11	Holzer Medical Center Jackson	500 Burlington Road	Jackson	Jackson	SE
12	Trinity Medical Center-East	380 Summit Ave.	Steubenville	Jefferson	SE
13	Trinity Medical Center-West	4000 Johnson Rd.	Steubenville	Jefferson	SE
14	Bethesda Hospital-Genesis Healthcare System	2951 Maple Ave.	Zanesville	Muskingum	SE
15	Good Samaritan Hospital-Select Specialty Hospital	800 Forest Ave.	Zanesville	Muskingum	SE
16	Pike County Hospital	Dawn Lane	Waverly	Pike	SE
17	Adena Regional Medical Center	272 Hospital Rd.	Chillicothe	Ross	SE
18	Southern Ohio Medical Center	1805 27th St.	Portsmouth	Scioto	SE
19	Marietta Memorial Hospital	401 Matthew St.	Marietta	Washington	SE
20	Selby General Hospital	1106 Colegate Drive	Marietta	Washington	SE

Regional Health Care System Coordination for Disaster Preparedness
Grant Funding- August 9, 2008-August 8, 2009

	# of hospitals	Total Population	% of State population	# CIS Sites	% State CIS Sites
NW	33	1,379,000	12.2%	172	21.72%
NE	28	2,101,000	18.5%	73	9.22%
NECO	31	2,272,000	20.0%	119	15.03%
CEN	25	1,895,000	16.7%	189	23.86%
WC	15	1,133,000	10.0%	63	7.95%
SW	21	1,665,000	14.7%	97	12.25%
SE	20	896,000	7.9%	79	9.97%
	173	11,341,000	100.0%	792	100.0%

	Base	Hospital Base	Population Base	CIS	SUBTOTAL	ACC Coordination	Total Award
NW	\$130,000	\$330,000	\$668,768	\$130,303	\$1,259,071	\$65,000	\$1,324,071
NE	\$150,000	\$280,000	\$1,018,914	\$55,303	\$1,504,217		\$1,504,217
NECO	\$150,000	\$310,000	\$1,101,843	\$90,152	\$1,651,994		\$1,651,994
CEN	\$150,000	\$250,000	\$919,011	\$143,182	\$1,462,192		\$1,462,192
WC	\$130,000	\$150,000	\$549,467	\$47,727	\$877,194	\$65,000	\$942,194
SW	\$150,000	\$210,000	\$807,468	\$73,485	\$1,240,953		\$1,240,953
SE	\$120,000	\$200,000	\$434,530	\$59,848	\$814,378	\$65,000	\$879,378
RHC Subtotals	\$980,000	\$1,730,000	\$5,500,000	\$600,000	\$8,810,000	\$195,000	\$9,005,000

STATEWIDE COORDINATION (OHA) \$485,000

RHC Grant Total \$9,490,000

***Note:SE RHC/Statewide Coordination = OHA Total Award \$1,364,378**

**National Incident Management System (NIMS)
Compliance Activities for
Hospitals (public and private) 1**

Organizational Adoption

Element 1

Adopt NIMS at the organizational level for all departments and business units, as well as promote and encourage NIMS adoption by associations, utilities, partners and suppliers.

Example of compliance:

- *The seventeen elements included in this document are addressed in the organization's emergency management program documentation.*

Command and Management

Element 2

Incident Command System (ICS)

Manage all emergency incidents and preplanned (recurring/special events) in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS. ICS implementation must include consistent application of Incident Action Planning and Common Communications Plans.

Example of compliance:

- *The organization's Emergency Operations Plan explains the use of ICS, particularly incident action planning and a common communications plan.*

Element 3

Multi-agency Coordination System

Coordinate and support emergency incident and event management through the development and use of integrated multi-agency coordination systems. That is, develop and coordinate connectivity capability with Hospital EOC and local Incident Command Posts (ICPs), local 911 centers, local Emergency Operations Centers (EOCs) and the state EOC as applicable.

Example of compliance:

- *The organization's Emergency Operations Plan explains the management and coordination linkage between the organization's emergency operations center and other, similar, external centers(multi-agency coordination system entities)*

1 Draft developed for discussion by the HICS National Working Group and consideration by the NIMS Integration Center to address the question of "what types of activities should health care organizations engage in to ensure NIMS compliance?" The draft was developed from the NIMS National Standard Curriculum Training Development Guidance. Adaptations of the language for each element for health care organizations follows legislative format, with underlined items (additions) and strikethroughs (deletions). Examples of compliance were added to provide additional specificity to a health care organization.

Element 4

Public Information System (PIS)

Implement processes and/or plans to communicate timely, accurate information including through a Joint Information System and Joint Information Center.

Example of compliance:

- *The organization's Emergency Operations Plan explains the management and coordination of public information with health care partners and jurisdictional authorities, such as local public health, emergency management, and so on.*

Preparedness Planning

Element 5

Health care organizations will track NIMS implementation on a yearly basis as part of the organization's emergency management program.

Example of compliance: NIMS organizational adoption, command and management, preparedness/planning, preparedness/training, preparedness/exercises, resource management, and communication and information management activities will be tracked from year-to-year with a goal of improving overall emergency management capability.

Element 6

Develop and implement a system to coordinate appropriate hospital preparedness funding to employ NIMS across the organization.

Example of compliance:

- *The organization's emergency management program documentation includes information on local, state and federal preparedness grants that have been received and work progress.*

Element 7

Revise and update plans and SOPs to incorporate NIMS components, principles and policies, to include planning, training, response, exercises, equipment, evaluation and corrective action.

Example of compliance:

- *The organization's emergency management program work plan reflects status of any revisions to the Emergency Operations Plan, training materials, response procedures, exercise procedures, equipment changes and/or purchases, evaluation and corrective action processes.*

Element 8

Participate in and promote interagency mutual aid agreements, to include agreements with the public and private sector and non-governmental organizations.

Example of compliance:

- *The organization's emergency management program documentation includes information on mutual aid agreements.*

Preparedness Training

Element 9

Complete IS-700: NIMS: An Introduction.

Example of compliance:

- *The organization's emergency management program training records track completion of IS 700 or equivalent by personnel who are likely to assume an incident command position described in the hospital's emergency management plan.*

Element 10

Complete IS-800: NRP: An Introduction.

Example of compliance:

- *The organization's emergency preparedness program training records track completion of IS 800 or equivalent by individual(s) responsible for the hospital's emergency management program.*

Element 11

Complete ICS 100 and ICS 200 training.

Examples of compliance:

- *The organization's emergency preparedness program training records track completion of ICS 100 or equivalent by personnel who are likely to assume an incident command position described in the hospital's emergency management plan.*
- *The organization's emergency management program training records track completion of ICS 200 or equivalent by personnel who are likely to assume an incident command position described in the hospital's emergency management plan.*

Preparedness Exercises

Element 12

Incorporate NIMS/ICS into internal and external, local and regional emergency management training and exercises.

Example of compliance:

- *The organization's emergency management program training and exercise documentation reflects use of NIMS/ICS.*

Element 13

Participate in an all-hazard exercise program based on NIMS that involves responders from multiple disciplines, multiple agencies and organizations.

Example of compliance:

- *The organization's emergency management program training and exercise documentation reflects the organization's participation in exercises with various external entities.*

Element 14

Incorporate corrective actions into preparedness and response plans and procedures.

Example of compliance:

- *The organization's emergency management program documentation reflects a corrective action process.*

Resource Management

Element 15

Maintain an inventory of organizational response assets.

Example of compliance:

- *The organization's emergency management program documentation includes a resource inventory (e.g. medical/surgical supplies, pharmaceuticals, personal protective equipment, staffing, etc.).*

Element 16

To the extent permissible by law, ensure that relevant national standards and guidance to achieve equipment, communication, and data interoperability are incorporated into acquisition programs.

Example of compliance:

- *The organization's emergency management program documentation includes emphasis on the interoperability of response equipment, communications and data systems with external entities.*

Communications and Information Management

Element 17

Apply standardized and consistent terminology, including the establishment of plain English communications standards across the public safety sector.

Example of compliance:

- *The organization's emergency management program documentation reflects an emphasis on the use of plain English by staff during emergencies.*

Ohio Department of Health
GMIS 2.0 TRAINING

ALL INFORMATION REQUESTED MUST BE COMPLETED for EACH EMPLOYEE
FROM YOUR AGENCY WHO WILL ATTEND A GMIS 2.0 TRAINING SESSION.
(Please Print Clearly or Type)

Grant Program _____ RFP Due Date _____

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 and as listed, if applicable, currently in GMIS.

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Employee to attend training _____

Telephone Number _____

E-mail Address _____

GMIS 2.0 Training Authorized by: _____
(Signature of Agency Head or Agency Fiscal Head)

Required
Please Check One: _____ Yes – I ALREADY have access to the
ODH GATEWAY (SPES, ODRS, LHis, etc)

_____ No – I DO NOT have access to the ODH GATEWAY

Please indicate your training date choices: 1st choice _____, 2nd choice _____, 3rd choice _____

Mail, E-mail, or Fax To: **GAIL BYERS**
Grants Administration Unit
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43215
E-mail: gail.byers@odh.ohio.gov Fax: [614-752-9783](tel:614-752-9783)

CONFIRMATION OF YOUR GMIS 2.0 TRAINING SESSION WILL BE E-MAILED TO YOU